

# Brighton and Sussex University Hospitals NHS Trust

## Quality Report


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

## Ratings

### Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Requires improvement 

Are services at this trust responsive?

Inadequate 

Are services at this trust well-led?

Inadequate 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Royal Sussex County Hospital (RSCH) in Brighton forms part of Brighton and Sussex University Hospitals Trust. RSCH is a centre for emergency and tertiary care. The Brighton campus includes the Royal Alexandra Children's Hospital (The Alex) and the Sussex Eye Hospital.

The hospital provides services to the local populations in and around the City of Brighton and Hove, Mid Sussex and the western part of East Sussex. and more specialised and tertiary services for patients across Sussex and the south east of England.

The Trust has two sites, Royal Sussex County in Brighton and the Princess Royal Hospital in Haywards Heath, consisting of 1,165 Beds; 962 General and acute, 74 Maternity, and 43 Critical care. It employs 7,195.92 (WTE) Staff; 1,050.59 of these are Medical (WTE), 2,302.52 Nursing (WTE), 3,842.81 other.

It has revenue of £529,598km; with a full cost of £574,417k and a Surplus (deficit) of £44,819k

Between 2015-2016 the Trust had 118,233 inpatient admissions; 640,474 Outpatient attendances, and 156,414 A&E attendances.

This hospital was inspected due our concerns about the Trusts ability to provide safe, effective, responsive and well led care. We inspected this hospital on 4-8 April 2016 and returned for an announced inspection on 16 April 2016.

Our key findings were as follows:

### Safe

- Incident reporting was understood by staff but there was a variation in the departments on completion rates and a lack of learning and analysis.
- The trust had reported seven never events (5 of which were at RSCH) between Jan' 15 to Jan' 16, all seven were attributed to surgery and four of which were related to wrong site surgery incidents.
- Not all areas of the hospital met cleaning standards and the fabric of the buildings in some areas was poor, and posed a risk to patients, particularly with regard to fire safety.
- We had particular concerns that the risk of fire was not being managed appropriately. We found that the Barry and Jubilee buildings were a particular fire safety risks as they were not constructed to modern safety standards and had been altered and redesigned many times during their long history. They were overpopulated, overcrowded and cluttered with narrow corridors and inaccessible fire exits. We found flammable oxygen cylinders were stored in the fire exit corridors. We found that fire doors with damaged intumescent strips which would not provide half an hour fire barrier in the event of horizontal evacuation.
- Patients in the cohort area of the emergency department were not assessed appropriately; there was a lack of clinical oversight of these patients and a lack of ownership by the Trust board to resolve the issues.
- There were no systems in place for the management of overcrowding in the 'cohort' area. Staff were not able to provide satisfactory details of "full capacity" protocols or triggers used to highlight demand exceeding resources to unacceptable levels of patients in the area.
- The recovery area at RSCH in the operating theatres was being used for emergency medical patients due to having to reduce the pressure on an overcrowded ED and to help meet the emergency departments targets such as 12 hour waits. Some patients were transferred from the HDU to allow admission to that area and some patients were remaining in recovery when there was no post-operative bed available. Some patients were kept in the recovery area for anything between four hours and up to three days
- Staffing levels across the hospital were on the whole not enough to provide safe care for example the mixed ICU and cardiac ICU frequently breached the minimum staff to patient ratios set by the Intensive Care Society and the Royal College of Nursing.
- In some areas the trust had systematically failed to respond to staff concerns about this and mitigating strategies had failed.

# Summary of findings

- Medicines management in the hospital was generally good, with the exception of Critical Care and out patients, significantly below the standard expected.
- We mostly saw that records were well managed and kept appropriately, However in OPD we observed records lying in unlocked areas that the public could access.
- The trust had a safeguarding vulnerable adults and children policy, and guidelines were readily available to staff on the intranet and staff were able to access this quickly. However, safeguarding training for all staff groups was lower than the Trusts target.
- Staff compliance in mandatory training, statutory training and appraisals fell below the trust target of 95% for statutory training and 100% for mandatory training, for both nurses and doctors across every department in the hospital.
- The trust had a Duty of Candour (DOC) policy, DOC template letters and patient information leaflets regarding DOC, and we saw evidence of these. The trust kept appropriate records of incidents that had triggered a DOC response, which included a DOC compliance monitoring database and we saw evidence of these. Most staff we spoke with understood their responsibilities around DOC.

## Effective

- Staff generally followed established patient pathways and national guidance for care and treatment. Although we saw some examples of where patient pathway delivery could be improved.
- National clinical audits were completed. Mortality and morbidity trends were monitored monthly through SHIMI (Summary Hospital-level Mortality Indicator) scores. Reviews of mortality and morbidity took place at local, speciality and directorate level although a consistent framework of these meetings across all specialities was not in place. The trust's ratio for HSMR was better than the national average of 80%.
- Staff knew how to access and used trust protocols and guidance on pain management, which was in line with national guidelines.
- Patient's nutritional needs were generally met although patients in the cohort area at RSCH, ED at PRH and recovery RSCH did not always have easy access to food and water. In critical care there was no dedicated dietician.
- Appraisal arrangements were in place, but compliance was low across the hospital. Trust wide 68% of staff had received an annual appraisal against the trust target of 75%. Accountability for these lapses was unclear.
- Some services were not yet offering a full seven-day service. For example in medical care constraints with capacity and staffing had yet to be addressed. Consultants and support services such as therapies operated an on-call system over the weekend and out of hours. This limited the responsiveness and effectiveness of the service the hospital was able to offer.
- There were innovative and pioneering approaches to care with evidence-based techniques and technologies used to support the delivery of high quality care and improve patient outcomes in children and young peoples services

## Caring

- Staff were caring and compassionate to patients' needs, and patients and relatives told us they received a good care and they felt well looked after by staff.
- Children and young people at the end of their lives received care from staff who consistently went out of their way to ensure that both patients and families were emotionally supported and their needs met.
- Privacy, dignity and confidentiality was compromised in a number of areas at RSCH, particularly in the cohort area, out patients department and on the medical wards in the Barry building.
- The percentage who would recommend the trust (Family and Friends Test) was lower than the England average for the whole time period until the most recent data for Dec '15, where is it currently above the England average.

# Summary of findings

- Patients reported they were involved in decisions about their treatment and care. This was reflected in the care records we reviewed.
- We saw no comfort rounds taking place whilst we were in the ED department. This meant patients who were waiting to be treated may not have been offered a drink or had their pressure areas checked.

## Responsive

- The admitted referral to treatment time (RTT) was consistently below the national standard of 90% for most specialties. The trust had failed to meet cancer waiting and treatment times.
- The length of stay for non-elective surgery was worse than the national average for trauma and orthopaedics, colo-rectal surgery and urology
- The percentage of patients whose operations were cancelled and not treated within 28 days was consistently higher than the England average.
- According to data provided by the trust, between January 2015 and December 2015 3,926 people waited between 4 to 12 hours (and 71 people over 12 hours) from the time of “decision to admit” to hospital admission. Since the inspection an additional 12 patients have been reported as waiting over 12 hours.
- Interpreters were available for those patients whose first language was not English. This was arranged either face to face or through a telephone interpreter. Staff told us that under no circumstances would a family member be able to act as an interpreter where a clinical decision needed to be made or consent needed to be given.
- We saw examples of wards including the dementia care ward that operated the butterfly scheme. The butterfly scheme is a UK wide hospital scheme for people who live with dementia. We also saw that they had a dignity champion. This is someone who works to put dignity and respect at the heart of care services.

## Well Led

- Staff in general reported a culture of bullying and harassment and a lack of equal opportunity. Staff survey results for the last two years supported this.

Staff from BME and protected characteristics groups reported that bullying, harassment and discrimination was rife in the organisation with inequality of opportunity. Data from the workforce race equality standard supported this. Staff reported that inconsistent application of human resource policies and advice contributed to inequality and division within the workforce and led to a lack of performance and behaviour management within the organisation. These cultural issues had been longstanding within the trust without effective board action.

- There was a clear disconnect between the Trust board and staff working in clinical areas, with very little insight by the board into the key safety and risk issues of the trust, and little appetite to resolve them.
- The trust had a complex vision and strategy which staff did not feel engaged with. There was a lack of cohesive strategy for the services either within their separate directorates or within the trust as a whole. Whilst there were governance systems in place they were complex and operating in silos. There was little cross directorate working, few standard practices and ineffective leadership in bringing the many directorates together.
- The culture at RSCH was one where poor performance in some areas was tolerated and 50% of staff said in the staff survey they had not reported the last time they were bullied or harassed.
- There was a problem with stability of leadership within the trust. There were several long term vacancies of key staff. During the inspection we noted a number of senior management staff had taken leave for the period of the inspection.
- BME staff felt there was a culture of fear and of doing the wrong thing. They told us this was divisive and did not lead to a healthy work place where everyone was treated equally.
- Ward managers and senior staff reported that they received little support from the trust’s HR department in managing difficult consultants or with staff disciplinary and capability issues. They told us that HR advised staff to put in a grievance as a first step in resolving any issue. However the Trust

# Summary of findings

workforce evidence that HR Department supported 36 disciplinary matters and 16 dismissals and that the grievance rate had reduced significantly during 2015/16.

- The relocation of neurosurgery intensive care from Hurstwood Park to Brighton in June 2015 had been managed without appropriate planning and risk assessment and also lacked evidence of robust staff consultation. This had led to a culture in which nurses did not feel valued and there was significant and sustained evidence of non-functioning governance frameworks.
- The executive team failed on multiple occasions to provide resources or support to clinical staff in critical care to improve safety and working conditions and there was no acknowledgement from this team that they understood the problems staff identified.

## **We saw several areas of outstanding practice including:**

- The play centre in The Alex children's hospital had an under the sea themed room with treasure chests full of toys and a bubble tank. There was also an interactive floor where fish swam around your feet and changed direction according to your footsteps.
- The children's ED was innovative and well led, ensuring that children were seen promptly and given effective care. Careful attention had been paid to the needs of children attending with significant efforts taken to reassure them and provide the best possible age appropriate care.
- The virtual fracture clinic had won an NHS award for innovation. It enabled patients with straightforward breaks in their bones to receive advice from a specialist physiotherapist by telephone. It reduced the number of hospital attendances and patients could start their treatment at home.
- We found that an outstanding service was being delivered by dedicated staff on the Stroke Unit (Donald Hall and Solomon wards). The service was being delivered in a very challenging ward environment in the Barry building. Staff spoke with passion and enthusiasm about the service they

delivered and were focused on improving the care for stroke patients. The results of audits confirmed that stroke care at the hospital had improved over the past year.

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

Importantly the trust must:

- Ensure that there are sufficient numbers of staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of patients using the service at all times.
- Ensure that all staff have attended mandatory training and that all staff have an annual appraisal.
- Ensure that newly appointed overseas staff have the support and training to ensure their basic competencies before they care for and treat patients.
- Undertake an urgent review of staff skill mix in the mixed/neuro ICU unit and this must include an analysis of competencies against patient acuity.
- Establish clear working guidelines and protocols, fully risk assessed, that identify why it is appropriate and safe for general ICU nurses to care for neurosurgery ICU patients. This should include input from neurosurgery specialists.
- Take steps to ensure the 18 week Referral to Treatment Time is addressed so patients are treated in a timely manner and their outcomes are improved. The trust must also monitor the turnaround time for biopsies for suspected cancer of all tumour sites.
- Ensure that medicines are always supplied, stored and disposed of securely and appropriately. This includes ensuring that medicine cabinets and trollies are kept locked and only used for the purpose of storing medicines and intravenous fluids. Additionally the trust must ensure patient group directives are reviewed regularly and up to date.
- Implement urgent plans to stop patients, other than by exception being cared for in the cohort area in ED.
- Adhere to the 4 hour standard for decision to admit patients from ED, i.e. patients should not wait longer than 4 hours for a bed.

# Summary of findings

- Ensure that there are clear procedures, followed in practice, monitored and reviewed to ensure that all areas where patients receive care and treatment are safe, well-maintained and suitable for the activity being carried out. In particular the risks of caring for patients in the Barry and Jubilee buildings should be closely monitored to ensure patient, staff and visitor safety.
- Ensure that patient's dignity, respect and confidentiality are maintained at all times in all areas and wards.
- Stop the transfer of patients into the recovery area from ED /HDU to ensure patients are managed in a safe and effective manner and ensure senior leaders take the responsibility for supporting junior staff in making decisions about admissions, and address the bullying tactics of some senior staff.
- Review the results of the most recent infection control audit undertaken in outpatients and produce action plans to monitor the improvements required.
- Ensure its governance systems are embedded in practice to provide a robust and systematic approach to improving the quality of services across all directorates.
- Urgently facilitate and establish a line of communication between the clinical leadership team and the trust executive board.
- Undertake a review of the HR functions in the organisations, including but not exclusively recruitment processes and grievance management.
- Develop and implement a people strategy that leads to cultural change. This must address the current persistence of bullying and harassment, inequality of opportunity afforded all staff, but notably those who have protected characteristics, and the acceptance of poor behaviour whilst also providing the board clear oversight of delivery.
- Review fire plans and risk assessments ensuring that patients, staff and visitors to the hospital can be evacuated safely in the event of a fire. This plan should include the robust management of safety equipment and access such as fire doors, patient evacuation equipment and provide clear escape routes for people with limited mobility.

In addition the trust should:

- Review the consent policy and process to ensure confirmation of consent is sought and clearly documented.
- Review the provision of the pain service in order to provide a seven day service including the provision of the management of chronic pain services.
- Consider improving the environment for children in the Outpatients department as it is not consistently child-friendly.
- Ensure security of hospital prescription forms is in line with NHS Protect guidance.
- Ensure that there are systems in place to ensure learning from incidents, safeguarding and complaints across the directorates.
- Ensure all staff are included in communications relating to the outcomes of incident investigations.
- Implement a sepsis audit programme.
- Provide mandatory training for portering staff for the transfer of the deceased to the mortuary as per national guidelines.
- Ensure there is a robust cleaning schedule and procedure with regular audits for the mortuary as per national specifications for cleanliness and environmental standards.
- Review aspects of end of life care including, having a non-executive director for the service, a defined regular audit programme, providing a seven day service from the palliative care team as per national guidelines and recording evidence of discussion of patient's spiritual needs.
- The trust should ensure all DNACPR, ceilings of care and Mental Capacity assessments are completed and documented appropriately as per guidelines.
- The trust should implement a formal feedback process to capture bereaved relatives views of delivery of care.

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

# Overview of ratings

## Our ratings for Royal Sussex County Hospital, Brighton

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



# Overview of ratings

## Our ratings for Princess Royal Hospital, Haywards Heath

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Brighton and Sussex University Hospitals NHS Trust

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