

Care Quality Commission Report – October 2016 Inspection

1. Introduction

The Care Quality Commission (CQC) published reports in January 2017 following its re-inspection of East Sussex Healthcare NHS Trust in October 2016. The reports recognised significant improvements since the last inspections in September 2014 and March 2015 and our CQC rating moved from 'inadequate' to 'requires improvement'. This paper provides a high level overview of the findings and the actions in place to support us in achieving our ambition of becoming 'Outstanding by 2020'.

2. Findings

The CQC inspected both acute sites, Eastbourne District General Hospital and Conquest Hospital, in October 2016 and reviewed services against the five domains of safe, effective, caring, responsive and well-led. The CQC gave the organisation a total of 114 ratings of which 52 were 'good' and two were 'inadequate', this compares to 11 'good' and 23 'inadequate' in 2015. Within the reports the CQC commended 15 areas for outstanding practice. Both hospitals were rated Inadequate for the safe domain of Urgent Care, although Urgent Care was rated 'needs improvement' overall. Annex A provides an overview of the current CQC ratings for each hospital and also the previous ratings (depicted by the circle in the corner).

2.1 Improvements identified during the inspection included:

- Improved surgery at all hospitals, with services at both Conquest Hospital and Eastbourne DGH upgraded to 'good' overall from 'inadequate'.
- All services rated 'good' for 'caring', with very positive feedback from patients with respect to the caring nature of staff.
- Improved leadership with a coherent and consistent view of strategic, operational issues and risk.
- A 'transformed' organisational culture
- Significant improvements in out-patients and clinical administration.
- Critical care rated as good across the organisation.
- Improved infection control and cleanliness with significant improvements in hand hygiene compliance across the Trust with the organisation noted as a largely clean environment

- Maternity services rated as 'good' for safe, caring and well led having previously been rated as 'inadequate' overall.
- The services previously rated 'good' (Medicine, Out of Hospital, Critical Care) remain rated as 'good'.

In addition to the improvements identified above, the report highlighted some areas of poor practice which resulted in two 'must do' and 34 'should do' actions that require addressing across the organisation. The 'must do' are to:

- Implement consultant cover to meet the minimum requirements of 16 hours per day, as established by the Royal College of Emergency Medicine.
- Review national best practice guidance for play services and implement a local service.

The 'should do' actions include improving patient experience and choice at the end of life, ensuring consistency of record keeping and risk assessments, improving patient flow, meeting constitutional standards and reducing the backlog of plain film reporting.

3. Quality Improvements

A number of workstreams were already in place as part of the Trust's Quality Improvement Programme (QIP) and these have been reviewed and revised so they encapsulate the relevant CQC must and should do actions. The three key areas in the QIP are End of Life Care, Mortality and Morbidity and Urgent Care and Patient Flow. A timeline, driver diagram and measurable metrics have been developed for each project and a governance framework is in place to monitor progress (outlined in Annex B).

3.1. Urgent Care

The aim of the project is to ensure that patients on the urgent and emergency care pathway are treated in the right place at the right time first time by the right staff in order to:

- Ensure patient safety
- Improve patient experience
- Improve clinical outcomes
- Address staff concerns

The project is being delivered through 5 workstreams; A&E improvements, revised medical model, discharge planning, capacity planning and governance arrangements.

There are a number of challenges due to operational pressures; increasing A&E attendances and continued high number of delayed transfers of care result in medically fit for discharge patients in hospital beds. This has a detrimental impact on bed availability for other patients. We are working closely with health economy partners to address these challenges.

The SAFER flow bundle is being rolled out across the organisation; this is a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. It supports timely Senior Clinician Review and early discharge of patients.

There is also a national issue with availability of A&E medical staff and, in addition to an ongoing recruitment campaign, we are looking at innovative ways to find solutions such as a 'grow your own doctors' campaign. These initiatives will support the Trust in meeting the CQC's must do action by ensuring there are safe levels of medical staffing within the ED to provide effective care.

3.2 End of Life Care

The aim of the End of Life Care (EoLC) project is to:

- Ensure adults approaching end of life have access to consistent care that meets national best practice standards.
- Reduce unwarranted variation in care delivery across ESHT for people approaching end of life and/or requiring specialist palliative care.

The Project will ensure changes and improvements in clinical practice, governance and operational management are well co-ordinated; progress is monitored and reported to provide maximum contribution to the achievement of 'high quality end of life care aims'.

A strategy and local EoLC standards have been developed and Specialist Palliative Care leads identified. A programme of staff training on EoLC is being advanced and a quality audit of the last days personalised care plan commenced in February.

3.3 Divisional Quality Improvements

Divisions have accountability for actions outside of the scope of the QIP; for example the improvement of 'play services' in paediatrics will be actioned by the Women's and Children's Division and monitored at their monthly Integrated Performance Review, which is chaired by the CEO.

A high level 'Improvement Highlight Report' has also been developed which brings together the CQC must and should do's and progress will be mapped and RAG rated. This will be monitored at the Trust's Improvement Group and by the Executive team. External review will take place at the NHS England/NHS Improvement led Quality Improvement Oversight meeting.

In addition to the above the Trust has a number of key improvement priorities including:

- Embedding operational and governance structures
- Recruiting and retaining more permanent clinical staff
- Reducing waiting times for investigations and planned surgery
- Further development of community services
- Achieving financial sustainability.
- Collaborating with the County Council and CCGs in the East Sussex Better Together programme.

4. Conclusion







It is encouraging that the CQC has recognised considerable improvements and this is testament to the commitment and hard work of everyone across the organisation. We are committed to ensuring we consistently provide high standards of care across all of our services and as outlined in this paper, there is a robust programme of work and governance framework in place to support delivery of continued improvement.

The Trust remains in special measures and as a result will benefit from professional and financial support. A CQC re-inspection is expected later in the year.

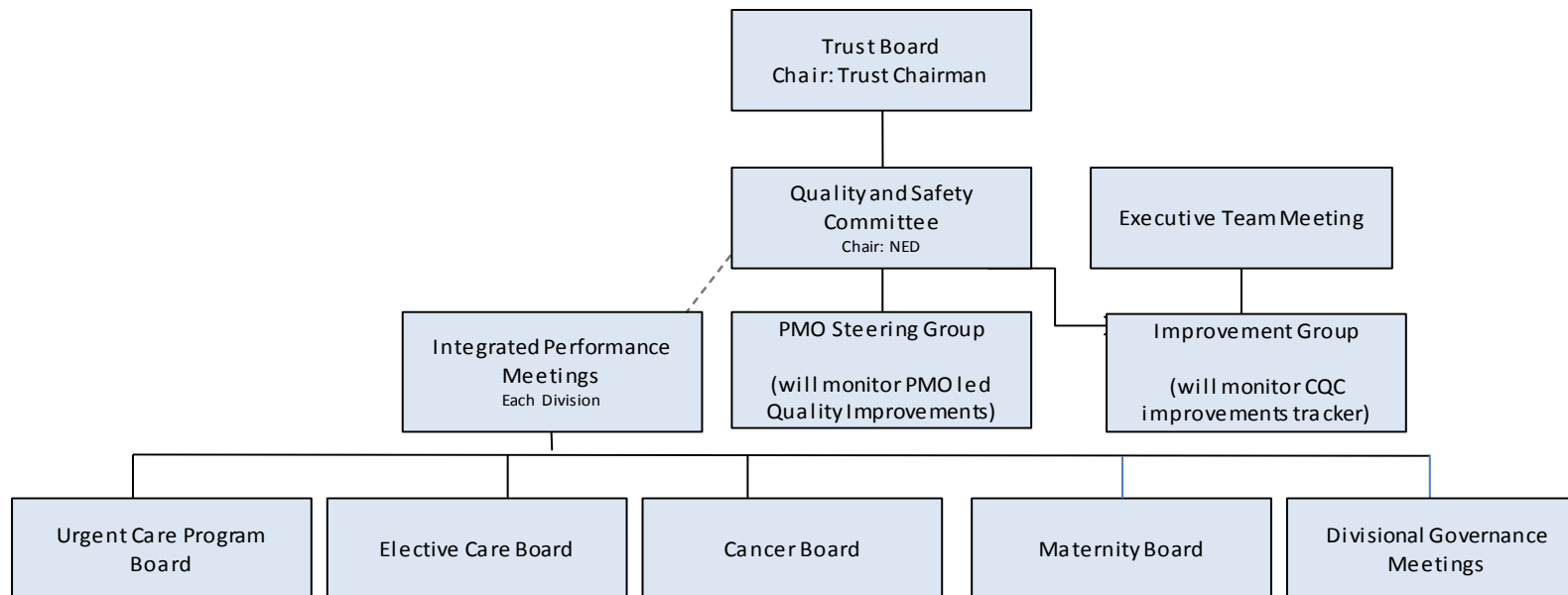
Eastbourne District General Hospital

	Safe	Effective	Caring	Responsive	Well-Led	Overall
A&E	Inadequate 	Requires Improvement 	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medicine	Good	Good	Good	Good	Good	Good
Surgery	Good 	Good 	Good	Requires Improvement	Good 	Good 
Critical Care	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Good 	Requires Improvement 	Good	Requires Improvement	Good 	Requires Improvement 
Services for Children & YP	Requires Improvement	Good	Good	Requires Improvement 	Good	Requires Improvement
EOLC	Good 	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
OPD & Diagnostics	Requires Improvement 	Not rated	Good	Requires Improvement 	Requires Improvement 	Requires Improvement 
Overall	Requires Improvement 	Requires Improvement	Good	Requires Improvement	Requires Improvement 	Requires Improvement 

Conquest Hospital Hastings

	Safe	Effective	Caring	Responsive	Well-Led	Overall
A&E	Inadequate 	Requires Improvement 	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medicine	Good	Good	Good	Good	Good	Good
Surgery	Good 	Good 	Good	Requires Improvement	Good 	Good 
Critical Care	Good	Good	Good	Good	Good	Good
Maternity & Gynae	Requires Improvement 	Good 	Good	Requires Improvement	Good 	Requires Improvement 
Services for Children & YP	Requires Improvement	Good	Good	Requires Improvement 	Good	Requires Improvement
EOLC	Good 	Requires Improvement	Good	Good 	Requires Improvement	Requires Improvement
OPD & Diagnostics	Good 	Not rated	Good	Requires Improvement 	Requires Improvement 	Requires Improvement 
Overall	Requires Improvement 	Requires Improvement	Good	Requires Improvement 	Requires Improvement 	Requires Improvement 

CQC QUALITY IMPROVEMENT GOVERNANCE



The above is an extract from East Sussex Healthcare NHS Trust's wider governance structure to demonstrate the framework for delivery and monitoring of CQC required improvements.