

East Sussex Healthcare 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?	Good	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Inadequate	

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Summary of findings

Overall summary

East Sussex Healthcare NHS Trust (ESHT) provides acute hospital and community health services for people living in East Sussex and the surrounding areas. The trust serves a population of 525,000 people and is one of the largest organisations in the county. Acute hospital services are provided from Conquest Hospital in Hastings and Eastbourne District General Hospital, both of which have Emergency Departments. Acute children's services and maternity services are provided at the Conquest Hospital and a midwifery-led birthing service and short-stay children's assessment units are also provided at Eastbourne District General Hospital.

The trust provides a minor injury unit service from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. A midwifery-led birthing service along with outpatient, rehabilitation and intermediate care services are provided at Crowborough War Memorial Hospital. At both Bexhill Hospital and Uckfield Community Hospital the trust provides outpatients, day surgery, rehabilitation and intermediate care services. Outpatient services and inpatient intermediate care services are provided at Lewes Victoria Hospital and Rye, Winchelsea and District Memorial Hospital. At Firwood House the trust jointly provides, with Adult Social Care, inpatient intermediate care services.

Trust community staff also provide care in patients' own homes and from a number of clinics and health centres, GP surgeries and schools.

The trust employs almost 7,000 staff and has 820 inpatient beds across its acute and community sites. The trust serves the population of East Sussex which numbers 525,000.

We carried out this comprehensive inspection in September 2014. We held two public listening events in the week preceding the inspection visit, met with individuals and groups of local people and analysed data we already held about the trust to inform our inspection planning. Teams, which included CQC inspectors and clinical experts, visited the two acute hospitals, community hospitals and midwifery led centres and

teams working in the community. We spoke with staff of all grades, individually and in groups, who worked in acute and community settings. We also carried out two unannounced inspection visits after the announced visit.

We received concerns about the provision of pharmacy services. We looked at this in our unannounced visits using a team of CQC pharmacists. As the issues identified are across the whole hospital (rather than within one core service), we have included our findings on pharmacy as a trust wide service in the provider report.

In consultation and with the support of the Clinical Commissioning Groups who commission their services and the Health Overview and Scrutiny Committee of East Sussex County Council, the trust had recently made permanent what had previously been a temporary reconfiguration of services. The temporary reconfiguration had been in response to safety concerns. In July 2013 a group of consultant obstetricians working in both hospitals had raised concerns about the safety of maternity services. The reconfiguration moved consultant led maternity services from the Eastbourne District General Hospital site to a single consultant-led unit at the Conquest Hospital. Eastbourne District General Hospital retained a small midwifery-led unit. As a consequence of moving maternity services, gynaecology and children's services also had to be moved to the single site provision. There is much local opposition to the changes and concern about maternal and child safety within the Eastbourne population. Additionally, some surgical services (including trauma and orthopaedic services) are now also centralised at the Conquest Hospital. The additional travel costs and times between the two hospitals has also been a concern for local people. There was some reconfiguration of other services but we heard less about these from local people.

The trust had followed guidance on both consultation and reconfiguration set out by the Secretary of State for Health. The consultation process was led by the local Clinical Commission Groups and has been assessed by an audit of its corporate governance. The assessment of this process by internal audit company provided assurance to the board and stakeholders that "Corporate governance, in relation to the maternity project specifically,

Summary of findings

considered to be executed to a high standard and in compliance with the selection of Good Governance Institute outcomes examined". It also set out that "Structures and decision-making processes clearly set out and followed".

We inspected the clinical services as they are currently configured our remit does not include commenting on local decisions about the configuration of services. We have, where pertinent, considered the safety and effectiveness of the services post reconfiguration and whether the trust is responsive to individual and local needs.

Our key findings were as follows:

- The trust board recognises that staff engagement is an area of concern. Despite this we found a disconnect between the trust board and its staff.
- We saw a culture where staff were afraid to speak out or to share their concerns openly.
- We found that management of outpatients' reconfiguration has led to service deterioration and a failure to respond to the needs of people using the service.
- We saw that waiting times in outpatients were excessive and did not meet government targets.
- We saw that surgical services and outpatients' services did not report incidents in a way that would lead to the trust improving services from that learning.
- In a number of areas; we were concerned about medicines management and pharmacy services.
- The trust board had taken steps to secure stakeholder engagement in the development of its plans and has worked in partnership with commissioners to ensure stakeholders have been engaged in the consultations on service reconfiguration.
- Despite this work there remained a poor relationship between the board and some key stakeholders. This

has led some of the public to lose confidence that the service configuration meets their needs. A much higher than expected number of people attended the listening event and contacted us with their concerns.

We saw several areas of outstanding practice including:

- Clinical leadership and consultant presence in critical care.
- Introduction of a handheld electronic system for recording patients' observations
- Nurse-led discharge.

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

Importantly, the trust must:

- Rebuild the relationship with its staff grounded in openness, developing a culture of the organisation with regard to people feeling able to speak out.
- Undertake a root and branch review across the organisation to address the perceptions of a bullying culture.
- Improve relationships with stakeholders and the population it serves; specifically relating to their concerns about service configuration.
- Review and improve the trust's pharmacy service and management of medicines.
- Review the reconfiguration of outpatients' services to ensure that it meets the needs of those patients using the service.
- Review the length of waiting time for outpatients' appointments such that they meet the governments RTT waiting times.
- Ensure that health records are available and that patient data is confidentially managed.
- Review staffing levels to ensure that they are sufficient for service provision.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of trusts.

Are services safe?

We saw a number of issues that led to a rating for safety at the trust of inadequate.

We saw low staffing levels in Surgery, Maternity and Pharmacy specifically.

In some areas, incident reporting, the feedback from incidents and the learning by both the organisation and individual staff was not as good as it should have been.

We were concerned about medicines management, particularly in surgery and in outpatients. Pharmacy services across the trust were also of concern.

Patients' records were not securely stored in outpatients. Medical records were unavailable and in poor state of repair. Clinicians had difficulty locating information upon which to base a decision.

We observed staff, in the main, following good hygiene and hand washing practices. However we saw some areas where we were concerned by lack of compliance with good hand hygiene and trust policy, as well as staff who appeared to lack basic understanding of the policy.

In many areas the hospital was clean and tidy; however we had concern over the cleanliness in some areas of Maternity services.

Inadequate



Are services effective?

We found that the effectiveness of services at the trust required improvement.

Policies were out of date and compliance with them was poorly monitored.

Surgical teams did not undertake morbidity and mortality reviews regularly and consistently.

At the time of our inspection, the trust also had a higher than expected mortality levels measured by the Summary Hospital Level Mortality Indicator.

A backlog of referrals was delaying patients accessing timely care.

The trust was following NICE guidance where appropriate

Requires improvement



Summary of findings

Are services caring?

We found that services across the trust were caring and have rated this good. We received many positive comments from patients and their carers.

We had a higher number of people attend our listening event than would be expected for a trust this size. We heard a number of experiences from patients and carers before our visit. Some of these were harrowing; some related to care and compassion; some to the responsiveness of the organisation. Whilst we noted these stories and empathise with those families who had poor care from the trust, during our visit talking to patients on the ward all experiences we heard were highly positive and patients praised the staff at both sites.

Good



Are services responsive to people's needs?

The responsiveness of the trust's services requires improvement. The trust had consistently not met the operating standard for NHS consultant-led referral to treatment times (RTT) over the past year (the national standard is 18 weeks for patients who do not have a suspected cancer diagnosis).

Some specialties had longer waiting times than others. For example, rheumatology, where patients were left waiting 48 to 49 weeks for an appointment.

The redesign of outpatients' services had been poorly implemented. Essential tasks had been missed in the service redesign.

In maternity, there was a failure of the trust to respond effectively to the fears and anxieties of the people it served. Ineffective communication meant that many of the public did not understand the advantages of midwifery-led care to pregnant and postnatal women and their babies.

Requires improvement



Are services well-led?

The trust had just undertaken a major and contentious reconfiguration of some of its clinical services. We did not see a clear vision for the trust going forward from this.

Following the reconfiguration, there was a loss of trust from some of the stakeholders in the trust management.

A large number of people contacted the CQC before, during and after the inspection to tell us their experience and some to raise concern about the trust.

There was a disconnect between the trust board and the staff.

We saw a culture of concern and sometimes fear from staff in the trust about raising their concerns.

Inadequate



Summary of findings

We had a much larger than expected number of staff contact us who were not prepared to reveal their identity until we could assure their confidentiality.

Staff across a number of areas told us of their experiences about their perceived failure of managers to act on their reported concerns.

The majority of the information we reviewed highlighted a deficient complaints system covering both poor support for people who wished to raise a concern, and how the trust handled complaints.

Pharmacy service leadership was lacking.

Summary of findings

What people who use the trust's services say

Friends and Families Test score for inpatient services in June 2014 was 67. This is below the England average for NHS organisations of 73 and the Surrey and Sussex average score of 74. The quarter one scores nationally ranged from 67 to 78. However, more recent Friends and Family data showed improvement: 95% in August - Surrey and Sussex Area Team Average and England Average were both 94%; 94% in September - Surrey and Sussex Area Team Average and England Average both 93; 94% in October – the same as Surrey and Sussex Area Team and England average. This data was not available at the time of the inspection visit.

The Cancer Patient Experiences Survey (CPES) showed that the trust was in the middle 60% of trusts for 23 of the 34 key performance indicators. It was in the top 20% of trusts for a further 10 key performance indicators of this survey. In general, scores had risen for each question from the previous year. There was only one 'red rated' area from this survey where the Trust was in the bottom 20% of trusts which related to whether people were given enough privacy when discussing confidential issues.

The Patient Led Assessments of the Care Environments (PLACE) showed the trust was rated below the national averages for all four key areas of cleanliness; food; facilities and privacy, dignity and wellbeing

The number of complaints has decreased since 2011/12 by around 10%, following a nearly 20% increase in complaints between 2010/11 and 2011/12. The number of complaints is higher than would be expected for a trust of this size. More recent data from Patient Led Assessments of the Care Environments (PLACE) showed the trust has made improvements in all of the 4 key areas. The trust is now in line with the national average and above the national average for food.

The NHS Choices website rates trusts with a star rating based on feedback and reviews by people using the service. East Sussex Healthcare NHS Trust scored 3.5 stars overall (out of a maximum of 5 stars). Both acute hospitals had an overall score of 3.5 stars based on patient reviews.

Between August 2013 and July 2014 CQC received feedback from 16 people who used our 'Share your knowledge' forms. The issues raised in these comments included: medications/pain relief not being given, rehabilitation services not being offered, dissatisfaction with the complaints process, long waiting lists/times, ineffective discharge of a patient to their home, staffing levels (and its effect on dignity, medications, pain relief and answering of call bells), operation delays, patient charts being completed incorrectly, poor administration, attitude of nursing staff and poor treatment in the accident and emergency department.

The CQC Inpatient Survey 2013 showed that the trust was performing, 'about the same' as other trusts for

11 of the 12 key performance indicators. The trust was performing better than other trusts on the final indicator which was related to delays in discharges. In general, scores for each indicator had improved on the previous year's figures. There were four exceptions to this trend which related to whether people had sufficient emotional support and found someone to talk to about their worries and fears, whether they felt sufficiently involved in decisions about their care and whether they received sufficient assistance to eat.

Areas for improvement

Action the trust MUST take to improve Action the trust MUST take to improve

The trust must:

- Improve the relationship with its staff, specifically the culture of the organisation with regard to people feeling able to speak out.
- Undertake a review of the culture specifically looking at the perceived bullying allegations.

Summary of findings

- Improve relationships with the population it serves; specifically relating to their concerns about service configuration.
- Review and improve the trusts management of medicines in clinical areas.
- Review the reconfiguration of outpatients' services to ensure that it meets the needs of those patients using the service.
- Review the length of waiting time for outpatients' appointments such that they meet the governments RTT waiting times.
- Review staffing levels across the organisation to ensure there are sufficient staff to meet the needs of the service.
- Review the impact of the maternity reconfiguration.
- Ensure that health records are available and that patient data is confidentially managed

Good practice

- Consultant presence on critical care 7 days per week.
- Good leadership in ITU
- Nurse led discharge
- Introduction of VitalPAC

East Sussex Healthcare NHS Trust

Detailed findings

Hospitals we looked

Conquest Hospital, Eastbourne District General Hospital, East Sussex Community Services

Our inspection team

Our inspection team was led by:

Our inspection team was led by:

Chair: Dr Mike Anderson, Chelsea and Westminster NHS Foundation Trust.

Head of Hospital Inspection: Tim Cooper, Care Quality Commission.

The team included CQC inspectors and a variety of specialists: The team of 52 that visited across the trust on 10, 11, 12 September and the team of five who visited the two district general hospitals on 23 September 2014 included senior CQC managers, inspectors, data analysts, inspection planners registered and student general nurses and a learning disability nurse, a consultant midwife, theatre specialist, consultants and junior doctors, a pharmacist, a dietician, therapists, community and district nursing specialists, experts by experience and senior NHS managers.

Background to East Sussex Healthcare NHS Trust

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.

In 2012, 22.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 543*, better than the average for England. This represents 3,007 stays per year. The rate of self-harm hospital stays was 145.2*, better than the average for England. This represents 719 stays per year. The rate of smoking related deaths was 263*, better than the average for England. This represents 1,037 deaths per year. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. The rate of new cases of malignant melanoma is

Detailed findings

worse than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse and early deaths from cardiovascular diseases are better than average.

Priorities in East Sussex include circulatory diseases, cancers and respiratory diseases to address the life expectancy gap between the most and least deprived areas.

The trust has revenue of £364 million with current costs set at £387 million giving an annual deficit budget of £23 million. A turnaround team had been appointed to address this ongoing deficit.

The trust serves a population of 525,000 people across East Sussex. It provides a total of 706 beds with 661 beds provided in general and acute services at the two district general hospital and community hospitals. In addition there are 49 Maternity beds at Conquest Hospital, and the two midwifery led units and

19 critical care beds (11 at Conquest Hospital, 8 at Eastbourne District General Hospital).

At the time of the inspection there was a stable trust board which included a chairman, five non-executive directors, chief executive and executive directors. The chair was appointed in July 2011 for a period of four years. The chief executive officer joined the trust in April 2010 and his appointment was made substantive in July 2010.

We carried out this comprehensive inspection in September 2014. We held two public listening events in the week preceding the inspection visit, met with individuals and groups of local people and analysed data we already held about the trust to inform our inspection planning. Teams, which included CQC inspectors and clinical experts, visited the two acute hospitals, community hospitals and midwifery led centres and teams working in the community. We spoke with staff of all grades, individually and in groups, who worked in acute and community settings. We also carried out two unannounced inspection visits after the announced visit.

* rate per 100,000 population

Why we carried out this inspection

Context

- Approximately 706 beds plus community services
- Serves a population 525,000
- Employs around 6,942 whole time equivalent members of staff

Activity

- 741,706 outpatient attendances in 2013/2014
- 41,846 inpatient admissions across trust hospitals in 2013/2014
- 101,744 accident and emergency department attendances in 2013/2014 (excluding Minor Injuries Unit figures).
- 3,329 births across trust sites, including homebirths, in 2013/2014

Intelligent monitoring

Data from our July 2014 Intelligent Monitoring show the trust as a band one risk (where band one is the highest risk and band six is the lowest risk). This position had become worse over the past 12 months. More recent data has been made available subsequent to the inspection and they are no longer a mortality risk. The case was closed post inspection

Key Intelligence Indicators

The trust flagged on our monitoring as an outlier for Summary Hospital Level Mortality Indicator (SHMI); although since our visit, these data have improved to within acceptable levels.

Additionally, the trust was highlighted as an outlier for times for Referral to Treatment (RTT).

The NHS Staff Survey showed three areas where the trust was rated worse than expected:

- Proportion of staff receiving support from their line manager.
- Staff who thought the incident reporting procedure was fair and effective.
- Proportion of staff reporting good communication between staff and senior management.

Detailed findings

How we carried out this inspection

To get to the heart of patients experiences of care, we always ask the following five questions of every service provider

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

The inspection teams inspected the following acute hospital eight core services across East Sussex Healthcare NHS Trust –

- Accident and emergency services including the Minor Injuries Units
- Medical care including care of older people in both acute hospitals and community settings
- Surgery
- Critical care
- Maternity services
- Services for Children and Young People
- End of Life Care
- Outpatient services

We also inspected four core community services

- Adult services
- Inpatient Services
- Children's Services
- End of Life Care services

Before the announced inspection we reviewed the information we held about the trust and asked other organisations to share what they knew about the services being provided. These included the local Clinical Commissioning Groups, Trust Development Agency (TDA), NHS England, Local Area Team (LAT), Health Education England (HEE), the General Medical Council (GMC), the

Nursing and Midwifery Council (NMC), the Royal Colleges and the local Healthwatch. We also approached local voluntary organisations and other NHS trusts for comments and information.

We held two public listening events in the week preceding the inspection. One in Hastings and one in Eastbourne, both on 4 September 2014. The one in Eastbourne was particularly well attended.

We met with members of local voluntary and campaign groups to listen to their concerns and comments about services being provided by the trust.

We made an announced inspection of the trust services on 10, 11, 12 September 2014 and an additional unannounced inspection visit to both acute hospitals on 23 September 2014. We interviewed clinical and non-clinical staff of all grades, talked with patients and staff across all areas of the hospitals and in the community. We observed staff interactions with each other and with patients and visitors. We reviewed records including staffing records and records of individual patient's care and treatment. We observed how care was being delivered. We held focus groups to listen to staff working in different areas of the trust.

On 23 September we looked in depth at how medicines were being managed and operating theatre practice.

On 3 September 2014, CQC requested the CEO, Mr Darren Grayson to email staff and ask them not to attend the public listening events unless they were attending with the intention of sharing their experience from a patient perspective. This was to ensure that members of the public had a chance to talk freely to CQC about their experiences, and had an equal opportunity to talk to inspectors. CQC arranged staff specific focus groups during the inspection, and we facilitated several extra sessions during the inspection and gave staff alternative ways to contact us to ensure that all staff had an opportunity to talk to us. However we are concerned that a message sent from the CEO, at our request, was interpreted by some as an attempt by Mr Grayson to prevent staff talking to CQC. This was not the case.

Are services safe?

Summary of findings

We saw a number of issues that led to a rating for safety at the trust of inadequate.

We saw low staffing levels in Surgery, Maternity and Pharmacy specifically.

In some areas, incident reporting, the feedback from incidents and the learning by both the organisation and individual staff was not as good as it should have been.

We were concerned about medicines management, particularly in surgery and in outpatients. Pharmacy services across the trust were also of concern.

Patients' records were not securely stored in outpatients. Medical records were unavailable and in poor state of repair. Clinicians had difficulty locating information upon which to base a decision.

We observed staff, in the main, following good hygiene and hand washing practices. However we saw some areas where we were concerned by lack of compliance with good hand hygiene and trust policy, as well as staff who appeared to lack basic understanding of the policy.

In many areas the hospital was clean and tidy; however we had concern over the cleanliness in some areas of Maternity services.

- Outpatients' reporting of incidents was inconsistent and used different methods. Problems with notes were rarely reported.
- The trust was losing valuable opportunities to learn from these incidents and improve patient care.

Cleanliness, infection control and hygiene

- In many areas we saw that the trust was clean and tidy.
- We had concern over the cleanliness in some areas of Maternity services; particularly (but not exclusively) the post natal ward.
- In Surgical services and in Maternity services we saw staff not following the trust hygiene policies. In some of these we saw that senior staff were failing to follow clear local and national guidance.
- In some areas, we saw that staff understood the infection control policies and processes and were following good practice guidance.

Staffing

- Surgical services had insufficient staffing for the duties required.
- The number of pharmacists employed by the trust is on the trust risk register, and has been there since October 2013.
- The skills mix of the medical staff at Conquest Hospital showed the same level of consultant grade staff (34%) as the England average. There was a higher proportion of middle career doctors employed (32%) compared to the England average of 8%. These middle career doctors had completed at least three years as a junior doctor. The proportion of medical staff of registrar grade (34%) was less than the England average of 51%. This meant that there was overall a higher proportion of less experienced medical staff available.
- A review of the outpatients' process had altered patient flow. This failed to ensure the correct staff were in the right location for the overall patient care process.
- Mandatory training of staff was below target in some areas.

Environment and equipment

- In most areas of the trust environment were fit for purpose, enabling staff to undertake their roles safely.

Records

- We saw that access to patients' hospital records were a major challenge in outpatients.

Our findings

Safeguarding

- Staff knew how to report safeguarding issues.
- The process of safeguarding was both understood and followed.

Incidents

- Staff in surgery were not reporting incidents as they should do. The reason for this was both lack of feedback and lack of staff to enable this to happen.
- Agency staff did not have open access to the trust's system nor did they understand how to use it.
- Staff in maternity were not using the appropriate processes to report incidents and not escalating issues for appropriate action.

Are services safe?

- We heard of (and saw reports of) clinics where a number of patients were seen with temporary notes as the full set were not available.
- We saw that in part this related to the fact that the trusts' processes for bringing records to site for clinics was insufficient (i.e. notes were available but not present in clinic).
- We saw a number of examples of poor storage of patients' confidential medical records.
- We saw a number of hospital records in a poor state of repair.

Medicines and Pharmacy Services

During and after our inspection, CQC received was contacted by a number of whistleblowers raising concerns over the way that pharmacy services across the trust are being run and of the quality of care they are offering to patients. We were concerned by the allegations and held two unannounced visits to pharmacy services at both Eastbourne and Conquest Hospitals.

As these services are trust wide; we have included them here.

- An audit of sample of drug charts at Eastbourne showed that only 33% of the charts had a medicine reconciliation within 24hrs of admission at the Eastbourne site. This falls significantly below the national average or recommended level.
- An audit of a sample of drug charts at Eastbourne showed between 50% and 60% of the charts had a pharmacy medicine reconciliation within 24hrs of admission at the Eastbourne site. National guidance recommended pharmacists are involved in medicines reconciliation as soon as possible after admission.
- The pharmacy service provides chemotherapy and other medicines ready for administration, due to the associated risks these areas have been externally audited nationally since 1997. The most recent audit from March 2014 identified 15 major, 8 moderate and 4 minor deficiencies.
- There was a trust wide system to report incidents. The staff we spoke to told us that they raised an incident form when they recognise that an error had occurred. At ward level some nurses told us that feedback was not provided from the incidents raised unless they requested it.
- There was a poor pharmacy service at Eastbourne Hospital because of a problem with recruitment. One consultant told us that it was 'A shame that it is difficult to recruit as pharmacist support is essential and crucial to junior doctor's as part of their training and development.' The pharmacy department had managed this shortfall in staffing by targeting their service to more critical areas of the hospital. Other areas had a minimal service or no service at all. All staff spoken to were happy with whatever little support they received from the pharmacy service.
- A gap analysis and action plan dated December 2013 showed that trust's pharmacy service was partially compliant with the Royal Pharmaceutical Society (PRS) professional standards for hospital pharmacy standards guidance. The major cause was the ongoing staffing issues. There was anxiety amongst pharmacy staff as to what the imminent restructure will mean to them.
- The pharmacist inspector visited six wards or departments at the Conquest Hospital and medicines were stored securely. However, on one ward medicines for epidural use were kept in the same cupboard as other injectable medicines.
- On one unit at the Conquest Hospital we were shown professional samples that had been received by the unit. As they were via an unofficial route we could not be assured of their probity or if they had been stored correctly prior to receipt by the service. Staff on the Special Care Baby Unit told us that on one or two occasions they had been out of stock of a critical medicine.
- On two wards at the Conquest Hospital medicines were being stored outside of their recommended temperature ranges. On one unit a medicine requiring refrigeration was not stored in a refrigerator and the other ward was above 25C when inspected.
- We had concerns about the process and control of internal movements of controlled drugs within theatres and recommend that the trust reviews these.
- Feedback from staff working in the community services highlighted that patients may be transferred from the acute sites without all their medicines, some lacked dispensing labels and on occasions the community site identified medicines that had been omitted in error since the patient's initial admission.
- We were told by nurses on two wards we visited that communication about non-stock or out of stock medicine was not communicated clearly to the ward by pharmacy staff, making it difficult for the ward staff to

Are services safe?

revise the treatment plan. Similarly, the community team told us that information about 'out of stock' items did not have further information like the anticipated delivery date to allow an informed decision on the next plan of action.

- The number of pharmacists employed by the service has been recorded on the pharmacy risk register since

October 2013. The register entry states that the service has a lack of pharmacists when benchmarked to comparator trusts and £300K will be invested this financial year on pharmacy staff. Whilst carrying these vacancies the service has been continually prioritising the cover provide to wards and departments.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the effectiveness of services at the trust required improvement.

Policies were out of date and compliance with them was poorly monitored.

Surgical teams did not undertake morbidity and mortality reviews regularly and consistently.

At the time of our inspection, the trust also had a higher than expected mortality levels measured by the Summary Hospital Level Mortality Indicator.

A backlog of referrals was delaying patients accessing timely care.

The trust was following NICE guidance where appropriate.

- Some services had very long waiting lists to be seen; delaying patients beginning their clinical treatment for their condition.

Multidisciplinary team (MDT) working

- In medical care services and A&E we saw effective MDT working.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- We saw that staff followed the principles of the mental capacity act in dealing with patients.
- Where patients lacked the capacity to consent, staff acted appropriately and followed appropriate processes.

Pharmacy Services

During and after our inspection, CQC received from a number of whistleblowers concerns over the way that pharmacy services across the trust are run, and of the quality of care they are offering to patients. We were concerned by the allegations and undertook two unannounced visits to pharmacy services at both Eastbourne and Conquest Hospitals.

- Based on the Trust Development Agency Medicines Optimisation and Pharmaceutical Services Self-Assessment the trust had developed a medicines optimisation strategy in August 2013. This initial assessment had found the scores across all six domains at around 50% of the best possible score. The action plan developed from the self-assessment described 36 areas of which 26 require further work to be undertaken.
- At the conquest site an omitted dose audit was undertaken in July 2014, 60 drug charts were reviewed 588 omitted doses were identified of which 66 were for critical medicines, 69 lacked a reason and for 459 the actions taken were not recorded. Review meetings held with the Kent Surrey Sussex Deanery had identified that a lack of staff was limiting the opportunity for staff to undertake work related training
- The Pharmacy service has recently updated the “transfer of care gap analysis action plan”, the main changes are the slipping of target dates mainly by 12 months due to either the need for additional resources or “lack of engagement”.

Our findings

Evidence based care and treatment

- In August 2014, as part of an ongoing review and monitoring process, 239 hospital policies were recorded as being out of date. This demonstrated that the trust policies were not always being monitored or reviewed regularly. We were unable to ascertain how many policies had been reviewed and updated prior to the inspection.
- We asked how the trust could be certain clinical areas were following the correct policies. We were told that one way of measuring this was through senior managers carrying out quality walks.

Patient outcomes

- We found the mortality overview group were aware of the variable submissions of morbidity and mortality reports from different clinical units, yet no firm action had been taken to address this.
- Our intelligent monitoring shows that a summary hospital mortality indicator at the trust was higher than expected. Although since our visit, these data have improved to within expected levels.
- A backlog of referrals and follow-up visits in ophthalmology services were delaying patients accessing timely care.

Are services effective? (for example, treatment is effective)

- Some of the equipment within pharmacy needed updating. Staff told us that the portable IT system used on the wards at Eastbourne often crashed. This meant that the time to do the job was reduced when there were already time constraints.
- The aseptic unit was deemed obsolete by design by the specialist team that reviews aseptic units.

Are services caring?

Summary of findings

We found that services across the trust were caring and have rated this good. We received many positive comments from patients and their carers.

We had a higher number of people attend our listening event than would be expected for a trust this size. We heard a number of experiences from patients and carers before our visit. Some of these were harrowing; some related to care and compassion; some to the responsiveness of the organisation. Whilst we noted these stories and empathise with those families who had poor care from the trust, during our visit talking to patients on the ward all experiences we heard were highly positive and patients praised the staff at both sites.

Our findings

Compassionate care

- We saw good care provided across the trust.

- Patients commented positively on their care and on the staff providing it.

Understanding and involvement of patients and those close to them

- Patients reported being involved in their care.
- Services were able to describe the processes they used to involve patients.

Emotional support

- The trust provided support for patients where required.

Pharmacy Services

We held two unannounced visits to pharmacy services at both Eastbourne and Conquest Hospitals.

- Patients spoken to all expressed no issues with their medicines and were happy with the way their medicines were handled. The nursing staff counselled patients and provided information about their medicines. The pharmacy technicians and sometimes the nurses reconcile medicines when patient were admitted into hospital. We spoke to one patient who was managing their own medicines. We saw that their medicines were not stored safely.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The responsiveness of the trust's services requires improvement. The trust had consistently not met the operating standard for NHS consultant-led referral to treatment times (RTT) over the past year (the national standard is 18 weeks for patients who do not have a suspected cancer diagnosis).

Some specialties had longer waiting times than others. For example, rheumatology, where patients were left waiting 48 to 49 weeks for an appointment.

The redesign of outpatients' services had been poorly implemented. Essential tasks had been missed in the service redesign.

In maternity, there was a failure of the trust to respond effectively to the fears and anxieties of the people it served. Ineffective communication meant that many of the public did not understand the advantages of midwifery-led care to pregnant and postnatal women and their babies.

Our findings

Service planning and delivery to meet the needs of local people

- We heard a considerable anxiety from the public about the recent service reconfiguration, the changes to provision and the impact of those changes.
- Many people told us that the trust had not listened to their concerns.
- Issues such as the travel time and distance between the two hospitals were taking centre-stage in the discussion and eclipsing the issues about managing a complex service on two sites.
- We were approached by many people to tell us their experience of care and how the new service provision model failed to meet their needs.
- It is of note that the Eastbourne locality have formed two groups to campaign against the changes.

Meeting people's individual needs

- The majority of the people we spoke to gave us comments intended to help the trust improve its services. We were frequently told by people, "I don't want others to experience what I did".
- Patients were not being seen for follow-up appointments within the timescale requested by their clinician. There were no alerting systems in place to warn staff that patients had not been seen for follow-up appointments in a timely manner
- The Patient Led Assessments of the Care Environments (PLACE) showed the trust was rated below the national averages for all four key areas of cleanliness; food; facilities and privacy, dignity & wellbeing. Although subsequent to the inspection visit the data for the PLACE has shown and improvement by the trust.

Access and flow

- The new service redesign in outpatients had been poorly implemented. As a result, patients were waiting in long queues, being sent to the wrong areas, and being lost in the hospital and missing their appointments, due to computer systems that were not fit for purpose.
- Essential tasks had been missed in the service redesign, as staff were not consulted about the job roles that they completed. As a result, essential documentation about patient pathways was not being completed.

Learning from complaints and concerns

- The trust does receive a higher than average number of complaints for its size although numbers of complaints have fallen over the last two years. Full analysis of the reduction has not been completed but the consensus with staff was that waiting times had reduced and care was more person centred now than it had been previously, and that these factors had improved the patient experience.
- NHS choices website is also used to gather feedback about the service provided at the trust. We noted that when people complained on the website they were responded to and urged to contact the PALS department to discuss their concerns further.
- A large number of people contacted the CQC before, during and after the inspection to tell us their experience and some to raise concerns about the trust.

Are services responsive to people's needs?

(for example, to feedback?)

- The majority of the information we reviewed highlighted a deficient complaints system covering both poor support for people who wished to raise a concern, and how the trust handled complaints.
- We have reviewed a sample of written responses from the trust which did not assure us that the trust had adequately addressed their individual concerns.
- LiA (Listening Into Action) group set up to aid learning from incidents and patients feedback. This group encourages people who have raised a complaint to come and talk to health care professionals to give a first-hand account of their experiences. CQC was contacted by members of the public who contributed to this group who expressed their satisfaction with the learning that had occurred from their complaints

Pharmacy Services

We held two unannounced visits to pharmacy services at both Eastbourne and Conquest Hospitals.

- The pharmacy service hold Pharmacy User Group meetings with the ward and department managers to review the pharmacy service provided and agree changes to improve or prioritise service delivery
- We were told by nurses on two wards visited at Eastbourne that communication about non stock or out of stock medicine was not communicated clearly to inform the next treatment plan.
- Similarly the community team told us that information about 'out of stock' items did not have further information of the delivery date to allow informed decision on the next plan of action.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

The trust had just undertaken a major and contentious reconfiguration of some of its clinical services. We did not see a clear vision for the trust going forward from this.

Following the reconfiguration, there was a loss of trust from some of the stakeholders in the trust management.

A large number of people contacted the CQC before, during and after the inspection to tell us their experience and some to raise concern about the trust.

There was a disconnect between the trust board and the staff.

We saw a culture of concern and sometimes fear from staff in the trust about raising their concerns.

We had a much larger than expected number of staff contact us who were not prepared to reveal their identity until we could assure their confidentiality.

Staff across a number of areas told us of their experiences about their perceived failure of managers to act on their reported concerns.

The majority of the information we reviewed highlighted a deficient complaints system covering both poor support for people who wished to raise a concern, and how the trust handled complaints.

Pharmacy service leadership was lacking.

Our findings

Vision and strategy

- The chief executive's presentation to the CQC at the beginning of the inspection made it clear that the trust were aware of many of the issues that we found on our inspection.
- The trust had recently completed a major and contentious reconfiguration of clinical services. This had consumed a great deal of the board and executive directors' time over the preceding eighteen months.
- We noted the trust did not have a clear forward 5 year strategy, although there was a business plan in place.

Governance, risk management and quality measurement

- The trust board had a Quality and Standards Committee. There had been a recent review of its terms of reference.
- Staff we spoke with were unable to identify the governance structure or provide us with any feedback on its function, successes or any learning that had led to changes in practice.
- We were not assured that clinical governance, risk and quality management was effective and were not confident that the governance, risk and quality boards influenced or impacted at 'shop floor' level. Our interviews with governance leads indicated "there was a lot to do" in the trust.
- We were also made aware that the occupational health department struggled to ensure the trust delivered its duty of care to staff. They had insufficient resources to support staff suffering from stress related conditions including burnout or to support staff returning back to work.
- Concerns were also raised about the quality of support received from the HR department. CQC received comments from several staff who felt that they were not supported by the HR team. We were told of instances where staff had received inappropriate support and given misleading information.

Leadership of the trust

- We asked staff how involved they felt members of the board were in what happened in their clinical areas. They told us "we know they are there" and "they are interested but in a disconnected kind of way".
- The most recent NHS staff survey showed the trust performing badly in most areas (18 out of 20 metrics).
- Staff reported feeling supported in their teams and by their immediate line managers and colleagues of a similar grade. However, staff told us that they did not feel supported by middle management.
- Many people made positive comments about the Director of Nursing.

Culture within the trust

- The trust was an outlier in the scale of representation made to CQC before and during the inspection by both patients and staff from the trust.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Equally, the level of concern and anxiety from staff about the impact of this and their concern of being identified was almost unprecedented.
- CQC were contacted by an unusually high number of staff (some of whom were classified as whistleblowers) before, during and after the inspection, who told us that they did not feel supported by middle and board level management and the human resources (HR) department.
- The themes identified related to how change was implemented, the quality of staff consultation or in some cases lack of consultation, low morale, bullying and harassment culture from senior management.
- It was evident from the various methods used by staff to protect their anonymity when making initial contact with CQC, that they were genuinely worried. This indicated there was an unhealthy culture which did not promote effective listening.
- There were numerous examples of staff reporting the impact of low staffing levels which were seen in incident reports.
- An unusually high number of staff contacted us before and during the visit to share their concerns.
- Major service changes had been implemented and whilst the trust demonstrated its efforts to engage staff, the majority of staff we talked with felt it was insufficient and ineffective

Public and staff engagement

- We had a high level of contact with the public before, during and after the inspection.
 - Some members of the public contacted us to tell us about their positive experiences at East Sussex Healthcare NHS Trust. However, the majority of contact with CQC was to raise concerns about the standard of care and the welfare of the staff.
 - The trust had recently reconfigured some of its services and changed the location from which they were provided.
 - The consultation process, led by the local Clinical Commission Groups, which preceded the reconfiguration, had been subject to an audit of its governance which had been very positive about the management of the process.
- Despite this, the reconfiguration had faced strong objections from the public and had led to a breakdown in external relationships with some stakeholders and an element of the local community.
 - There was a strong feeling amongst staff and by some members of the public that they were not listened too, or engaged with by the senior leadership.
 - CQC are aware that the relationship between the trust board, some local patient representation groups and a local MP had deteriorated, resulting in communication difficulties.
 - We were unable to identify a clear strategy that sought to deal with these concerns.
 - The trust had a staff awards incentive in operation.
 - Staff groups in many areas did not appear to be engaged with the change programme.

Pharmacy Services

- We held two unannounced visits to pharmacy services at both Eastbourne and Conquest Hospitals. After speaking to a number of pharmacy staff they referred the inspection team to a previous report published by The Healthcare Commission January 2006 entitled “Investigation into allegations of bullying and harassment and the process for handling complaints at East Sussex Hospitals NHS Trust”. The staff felt that the issues identified in this report had not been fully resolved and were compromising patient care.
- The trust has a medicines optimisation strategy and work is ongoing to review and update this document in line with best practice; however the strategy score had not increased between August 2013 and May 2014.
- During our visit and following our visit several pharmacy staff spoke with us about internal tension. This impacted on the service not working together to deliver effective care and treatment. One example given was that information needed to suggest an alternative medicine for a patient was not passed on within pharmacy due to the culture of the department.
- The trust has since informed us that they are aware of these problems and there is a programme in place to improve working relationships.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Records</p> <p>20. (1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—</p> <ul style="list-style-type: none">(a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and.(b) such other records as are appropriate in relation to—<ul style="list-style-type: none">(i) persons employed for the purposes of carrying on the regulated activity, and.(ii) the management of the regulated activity. <p>(2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are—</p> <ul style="list-style-type: none">(a) kept securely and can be located promptly when required;(b) retained for an appropriate period of time; and.(c) securely destroyed when it is appropriate to do so. <p>Why you are failing to comply with this regulation:</p> <ul style="list-style-type: none">• The outpatient department was not protecting patient’s confidential data. Patient records were left in public accessible areas without staff present and failing to comply with the Data Protection Act 1998.• The outpatient department were not tracking patient health records because this job had not been considered during the redesigning of the service. The location of medical records were often unknown and

This section is primarily information for the provider

Compliance actions

resulted in delays or temporary notes being used. Trusts have a responsibility to track all patients' health records (Records Management - NHS Code of Practice Part 2 January 2009).

Ensure that medical records and other sources of confidential personal information are managed such that the service is compliant with the requirements of the Data Protection Act 2003 and the guidance issued by the professional associations and Royal Colleges.

Regulated activity

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

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations
2010 Staffing

The provider had not ensured that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed in order to safeguard the health, safety and welfare of service users

Why you are failing to comply with this regulation:

- Staffing in Maternity, Surgery and Pharmacy should be reviewed to ensure it meets the needs of service provision.
- Staffing in Children's services should be reviewed to ensure that there are sufficient staff of the appropriate grades to take a leadership/management responsibility on each shift.

Regulated activity

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

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

The provider had not ensured effective operation of systems was in place to, regularly assess and monitor the quality of the services provided and identify, assess and manage risks relating to the health, welfare and safety of service users and others.

Why you are failing to comply with this regulation:

- The trust has not managed the concerns of the local population with regard to service reconfiguration.

This section is primarily information for the provider

Compliance actions

- Service users and stakeholders remain concerned with many anxieties still unaddressed.
 - Staff groups remain disengaged with the reconfiguration process.
- Waiting times in outpatients exceed to governments RTT (referral to treatment) target.
- Service reconfiguration in outpatients has not been effective in meeting the needs of those using the service.