

East Sussex Healthcare NHS Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

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

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

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

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

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

Overall summary

Our rating of this trust stayed the same . We rated it as Requires improvement   

What this trust does

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

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

Summary of findings

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

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

In the year to November 2017 there were

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

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

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

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Summary of findings

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

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

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

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

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

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

What we found

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

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

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

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

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

Summary of findings

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

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

Overall trust

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

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

However

- The leadership team had the capacity and capability to deliver high quality, sustainable care. The board and senior leaders were able to demonstrate a sound understanding of the requirements of their roles and their responsibilities. Leaders at all levels had followed the board lead in modelling good leadership practice. Two core services on the Conquest site were rated outstanding for leadership with other leadership teams not far behind.
- There was much improved cross site working and relations. Most staff felt they worked for the trust rather than at individual hospitals. There were pockets of staff where this didn't hold true but this was a very small minority.
- There was a clear and known Vision and strategy for achieving the trust objectives. All staff that we spoke with knew the statement "Outstanding by 2020" and were committed to achieving this. The staff now believed it was possible and showed great pride in the work they were doing.
- The clinical strategy had been created in consultation with staff and local stakeholders. It reflected the needs of the local community and aimed to deliver. "The right care at the right time in the right place". Key priorities were identified and service redesigned was well underway to streamline care between community, acute hospitals and primary care.
- There were acknowledged serious financial challenges and the trust was in Financial Special Measures but the focus for the entire board was on maintaining and improving the quality and safety of the services provided. No financial decisions were made without undertaking a quality impact assessment.
- The updated Risk and Quality Delivery Strategy provided a very clear and comprehensive account of the risk management tools and processes across the trust. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services.
- The Integrated Performance Report provided a holistic understanding of performance, which integrated people's views with information on quality, operations and finances. The IPR was used by the board for assurance and by the divisions to benchmark and drive improvements.
- Engagement was a real strength of the organisation. Innovative and effective work with East Sussex Healthwatch had led to changes in care practice and provision. The trust had built positive relationships with other local agencies and was well represented at external meetings and groups. Internally, the staff reported feeling much more engaged and motivated by a visible executive team who recognised the challenges and valued them.

Summary of findings

- The needs of patients attending with mental illness were given due consideration. The board was well engaged with ensuring the needs of patients with mental illness were met. The East Sussex Better Together initiative members had redesigned the end to end pathway around the interface of Mental Health with Acute Medicine. In the ED at Conquest Hospital, the care of patients with mental illness was given parity with those attending with physical illness.
- Community services were not inspected at this inspection but the overall rating of good remained from the last time these services were inspected and was used to aggregate the overall trust rating.

Are services safe?

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

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

However:

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

Are services effective?

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

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

However:

- The trust had recruitment policies and procedures together with job descriptions to help ensure staff who were employed were experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.

Summary of findings

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

Are services caring?

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

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment.
- We saw a number of occasions when staff, “went the extra mile”. All the staff we spoke with across the trust placed compassion and empathy as integral to providing good care.
- Staff considered all aspects of a patient’s wellbeing, including the emotional, psychological and social.
- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes. The trust was in 8th place nationally for their FT response rate.
- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

Are services responsive?

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

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

Summary of findings

However

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

Are services well-led?

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

- The trust had made improvements whilst experiencing significant financial challenge. Despite the financial difficulties, the trust board and staff remained unanimously committed to maintaining and improving the quality and safety of patient care.
- There was a very clear vision and objectives that were known to all staff. The goal of 'Outstanding by 2020' had, for many staff, become genuinely possible rather than simply a strapline displayed on posters. Staff were now identifying their achievements and celebrating successes where before the overall feeling was of a very negative and demotivated workforce.

Summary of findings

- There had been a palpable improvement in the organisational culture. All staff groups and all grades of staff talked to us about having pride in their work. Staff felt engaged, valued and listened to.
- A strengthening of the Governance Framework and Board Assurance Framework meant the board had more robust assurance of the risks, risk reduction and where necessary, mitigation.
- Local leaders were taking on the values of the board and senior leaders. A clear message of zero tolerance of bullying and inappropriate behaviour had been given out by several executive directors at the start of their tenure. They then developed leadership that was responsive to the needs of the staff, that listened and that cared about their workforce through role modelling, formal learning opportunities and engagement with front line staff.
- We noted improvements in all areas of the trust we visited, including in core services we did not inspect on this visit.

Ratings tables

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

Outstanding practice

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

Areas for improvement

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

Action we have taken

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

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

What happens next

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

Outstanding practice

- Innovative measures and the identification of new roles partially mitigated recruitment challenges and promoted opportunities for staff already in post to develop new skills. The introduction of the matron's assistant role meant matrons could dedicate their time to improve safe high quality care, as their assistant undertook the majority of their administrative duties.

Summary of findings

- An innovative local project which created a new NHS role of 'Doctors' Assistant' had earned national recognition being shortlisted for a "BMJ Award for Clinical Leadership" and a HSJ Award.
- We saw and heard about many examples of particularly compassionate care being provided by staff, even when working under pressure in very busy circumstances.
- Across the trust, the leadership teams placed a strong emphasis on supporting staff welfare and there was a variety of different initiatives in place to support staff welfare. Staff also supported local charities, by providing warm clothing to a homeless charity
- The engagement work that the trust was doing internally and externally had been the basis for cultural change across the organisation and with stakeholders. The trust was very well engaged with other local providers and East Sussex Healthwatch, which was allowing service redesign that better met the needs of local people.
- Eastbourne Hospital was the first NHS hospital in Sussex and Kent to offer the innovative UroLift System to treat an enlarged prostate. This new minimally invasive treatment acts like curtain tie-backs to hold open the lobes of an enlarged prostate to create a channel from the bladder. Patients experienced rapid symptom relief, recovered from the procedure quickly, and returned to their normal routines with minimal downtime. It offered men an alternative to drug therapy or more invasive surgery.
- An electronic clinical monitoring system using hand held mobile technology had been introduced on the children's ward at Conquest and Eastbourne Hospitals. The trust was one of the first in the country to use the paediatric module of the system. The monitoring system was already fully operational on all the acute adult wards at both hospitals.
- The National Bowel Cancer Audit showed the trust's Bowel Cancer services to be the best in the South East region. The audit showed the trust to have the lowest mortality rates and second lowest readmission rate in the region, with these indicators significantly better than the national average.
- Data published by the National Emergency Laparotomy Audit (NELA) in 2017 confirmed that the trust was above the national average for all process measures, and excelled in ensuring that a consultant surgeon was present in theatre when the risk of death was greater than 5% (100% achieved). The national average for this process measure was 92.9%.
- A new and state of the art digital mammography machine had been installed at Eastbourne Hospital to improve the diagnosis of patients with suspected breast cancer. It was one of only three of its kind in the UK. It provides high quality mammogram images with a reduced radiation dose which is of enormous potential benefit to patients. The improved quality of images enabled radiologists to diagnose small or subtle cancers particularly in younger patients and those with mammographically dense breasts.
- In the emergency department, Clinical teams had been recognised by the trust and by the Department of Health and Social Care for their achievements and progress. This included a 'team of the year' award for the emergency department an 'unsung hero' award for the healthcare assistant team and recognition as the most improved emergency department in England by the Department of Health and Social Care.
- The clinical team had demonstrated a highly effective rapid response to a major incident that involved a potential biological hazard. They implemented emergency procedures without any advance warning and demonstrated exceptional multidisciplinary working.
- The hospital intervention team had extended their service to 12 hours daily to meet the increasingly complex needs of patients cared for in the clinical decisions unit. As patients spent longer in this unit the hospital intervention team was able to ensure care and rehabilitation plans were initiated in advance of discharge to help improve patient outcomes.

Summary of findings

- At Conquest hospital, there was parity in the care and treatment delivered between patients attending with physical and mental health needs. Patients attending with mental health needs had their physical health needs considered during their assessment.
- Patients with mental health needs could be cared for in different areas of the Conquest Hospital emergency department, dependant on their specific needs.
- At Conquest Hospital, the emergency department had a number of initiatives in place for patients living with dementia, these included; state-of-the-art digital reminiscence therapy system, twiddlemuffs and dementia rummage boxes.
- At Conquest Hospital, the emergency department had implemented the emergency department checklist, which provides a time based framework of tasks that is completed for every patient, other than those with minor complaints. Safety checklists have been shown to improve standardisation and demonstrated improvements in patient safety and care.
- The trust worked in collaboration with the local Healthwatch group. Healthwatch undertook a 24 hour observation of care delivered in the hospital which included the emergency department. In addition, Healthwatch worked in conjunction with the hospital and undertook a night time unannounced observation to engage with and obtain feedback from hard to reach groups.
- Two Nurses in Ophthalmology, along with two Orthoptists, have been trained to provide regular injections to patients with Age Related Macular Degeneration. This has helped increase the trust's capacity to meet the demand for this treatment.
- Audiology services at ESHT have received national accreditation in recognition of the high quality of care they provide. The Improving Quality in Physiological Services (IQIPS) accreditation is given to services that can demonstrate the highest levels of quality of service, care and safety for patients undergoing physiological diagnostics and treatment. Both adult and paediatric services at the Trust have received the accreditation, making ESHT the first Trust in the south east to have full IQIPS accreditation across both its Audiology services.
- Patients at the Conquest Hospital were the first in the South East to be offered a new procedure to lower blood pressure called Renal Denervation Ultrasound. The procedure, performed under a local anaesthetic, directs a small device via the patients' blood vessels to the renal artery where it then uses ultrasound energy to reduce the activity of the renal nerve helping to permanently lower blood pressure.
- The Trust's Heart Failure Team won two awards at the regional Heart Failure Collaborative "Enhancing the Quality of Heart Failure Care". The Heart Failure Collaborative event was run by Kent, Sussex and Surrey Academic Health Science Network in partnership with the British Heart Foundation. The Trust won two awards for acute services Achieving Appropriate Care; Top Performing – Conquest Hospital and Most consistent improver – Eastbourne District General Hospital
- Women who had become pregnant could self-refer to the midwifery service for East Sussex Healthcare NHS Trust. Once registered, a community midwife contacted the woman before her first ultra sound scan to arrange their first appointment with a midwife. They simply completed and submitted the online self-referral form
- A new way of identifying babies requiring extra support following delivery, called the 'The Bobble Hat Care Bundle', had been introduced on the maternity unit at Conquest Hospital. Every baby identified as requiring extra support received a red hat straightaway after birth, to make them clearly identifiable. The use of these bobble hats had reduced the number of unnecessary admissions into the Special Care Baby Unit.
- There was a well-functioning discharge lounge which provided a high standard of care to patients awaiting discharge. In particular the discharge lounge provided a reminiscence area for patients with dementia

Summary of findings

- The compassion and warm interactions between all grades of staff across the trust was a very notable improvement. There were several examples of staff going 'above and beyond' expectations.

Areas for improvement

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

Action the trust **MUST** take to improve

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

Action the trust **SHOULD** take to improve

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

- The trust should ensure staff can demonstrate knowledge and competency in the use of trust policies and national standards. This must include adherence to Royal College of Emergency Medicine safety alerts.
- The trust should establish safe working processes to ensure teenagers who present in the emergency department of Eastbourne District General Hospital receive adequate care and support because all staff understand their responsibilities in relation to young people aged 16 – 18 years.
- The trust should implement safe practices for the use of the children's waiting room in the emergency department at Eastbourne District General Hospital.
- The trust should review the resources and tools available for staff when providing care to patients with learning difficulties who present in the emergency department of Eastbourne District General Hospital.
- The trust should identify methods of ensuring patients in the waiting area have access to up to date information about waiting times whilst in the emergency department of Eastbourne District General Hospital
- The trust should ensure staff consistently use the resources provided enhanced care for patients living with dementia who present in the emergency department of Eastbourne District General Hospital.
- The trust should provide more specialised training and/or provide more appropriate tools to support staff in the care and treatment of patients with a risk of self-harm or suicidal intent who present in the emergency department of Eastbourne District General Hospital.
- The trust should ensure that staff in the emergency department at Eastbourne Hospital improve the quality and consistency of patient records. This must include risk assessments, the consistency and frequency of observations, pain scoring and reviews and the standard and legibility of staff entries.
- The trust should consider refurbishment of the bereavement facilities for the maternity unit at Conquest Hospital, which were clinical, in need of updating and unsuitable for the needs of grieving families.
- In the emergency department at Conquest hospital the facilities available for families to spend time with their deceased relative as recommended by the Royal College of Emergency Medicine guidelines were limited. Families could spend time with a deceased relative in the resuscitation department or chapel of rest.

Summary of findings

- Out of date medicines were found within a fridge in the resuscitation unit and three out of date pieces of disposable equipment were found in the resuscitation trolleys at the conquest emergency department. The trust should ensure that there are appropriate systems in place to mitigate against these risks.
- The emergency department's performance in the Royal College of Emergency Medicine was varied; however some of this audit were undertaken two years ago and may not reflect the improvements made.
- The toilets in the emergency department on the Conquest site posed a risk to service users with a mental health illness. They contained a number of fixtures and fittings that could be used as ligature points. This was rectified shortly after our inspection after it was raised with the department staff.
- The trust should review why they are an outlier for maternal readmissions to hospital after discharge.
- The trust should ensure that all areas of the maternity unit at the Conquest hospital are clean and well maintained.
- The trust should ensure nursing staff working in outpatient clinics where children were cared for are trained to children's safeguarding level three. Medical and dental staff should be trained to level 2 in child safeguarding.
- The trust should improve signage to make clinics more dementia friendly and to address visual deficit needs.
- The trust should ensure that all staff to have completed mandatory training, including medical staff
- The trust should ensure that all patients who are discharged are appropriate dressed.
- The trust should continue to work on reducing the number of outlying patients who may not have ready access to the specialist care they need.
- Some areas within the theatre environment created safety hazards and were in need of refurbishment. The service was aware of the hazards and these were monitored monthly at the risk register meeting.

Is this organisation well-led?

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

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

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

Summary of findings

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

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

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

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

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

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

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

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

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Eastbourne District General Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018
The Conquest Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Overall trust	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

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

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

Ratings for Eastbourne District General Hospital

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

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

Ratings for Conquest Hospital

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

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