

Review of compliance

East Sussex Hospitals Trust
Eastbourne District General Hospital

Region:	South East
Location address:	Eastbourne District Hospital Kings Drive, Eastbourne, East Sussex BN21 2UD
Type of service:	Treatment of disease, disorder or injury Assessment or medical treatment of persons detained under the Mental Health Act 1983 Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies
Date the review was completed:	16 February 2011
Overview of the service:	Eastbourne District General Hospital is located on the outskirts of Eastbourne town centre on

one of the main thoroughfares into Eastbourne. The Hospital has commanding views of the town and its rural locality.

The hospital provides a comprehensive range of acute surgery and medicine, for all ages.

This includes:

- Coronary Care Unit (CCU)
- Chaplaincy Centre
- Children's Unit - Friston Children's Unit
- Cancer Care Centre
- Day hospital for the Elderly
- Day Surgery
- Delivery Suite
- Diagnostic laboratories and services
- Dietetics and Special Therapy Services
- Emergency Department
- Endoscopy Suite
- Gynaecology Ward
- High Dependency Unit
- Hydrotherapy Pool
- Intensive Care Unit (ICU)
- Maternity Unit
- Early Pregnancy Unit
- Medical Assessment Unit
- Medical and Elderly Unit
- Occupational and Physiotherapy Services
- Operating Theatres
- Outpatients Departments
- Private patients unit
- Radiology - MRI and CT suites
- Special Care Baby Unit (SCBU)
- Urology investigation suite

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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Eastbourne District General Hospital was not meeting one or more essential standards. We are taking further action to protect the safety and welfare of people who use services

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews of NHS organisations. The review covered the entire East Sussex Hospitals Trust, but this report focuses on our findings at the Eastbourne District General hospital site.

How we carried out this review

We reviewed all the information we hold about the Trust, carried out a visit to Eastbourne District General on 16 February 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the Trust's records, and looked at the care records of people who use services.

We visited the Accident and Emergency Department, the maternity unit, Wilmington ward, Cuckmere ward and Trust Headquarters.

What people told us

We spoke to people using the services and staff in each of the areas that we visited. People who use the service generally felt that they were looked after well and that staff were attentive and caring.

Comments received included, "Care is not bad" that you "get told about things if you ask, they will tell you" "Care is first class, no evidence of the horror stories you hear".

One person felt they were receiving conflicting information from doctors, and that they were being passed between the medical and surgical teams. Another commented that they found doctors “quite helpful”.

The provision of food in the hospital was not reviewed but people spoken with offered their opinion. Two people on maternity said that the food was poor and they have been eating sandwiches since they were admitted two days ago. One person stated that they had to rely on friends and family for fruit and pasta to be brought in by them to get a balanced diet as they felt the choices available did not offer this.

Overall people stated that the level of cleanliness was very good and that the wards are swept and cleaned on a regular basis. People have seen that beds and equipment are cleaned between uses. Most people said that hand cleaning is carried out by staff in advance of any care being provided.

Comments received in respect of the cleanliness of the hospital included, “Reasonably clean, considering the number of people going through”, “Quite impressed, regularly cleaned, they clean equipment between uses and wash hands properly” “Cleanliness is very good there is a permanent cleaner every morning, they clean and wash everything”

A relative of a patient said that they felt that there was a very good standard of cleanliness and that staff were very good at washing hands and wearing aprons. Another patient said that cleanliness on the ward was pretty good but it was not particularly tidy. One person said that hand washing does not always happen.

People stated when asked that they thought there were enough staff on duty on each shift. Comments regarding staff included ‘excellent’, ‘helpful’, ‘staff did extremely well’, “plenty of staff on duty” “Yes there are enough staff, no complaints, not had to wait for anything” “The call bell is important if you have limited mobility, they’re very responsive”. One patient stated they had seen other patients who could not use the call bell waiting for staff to respond but this had not personally happened to them. One person reported that lots of bells went off at night and they had pulled the bell and waited approximately 5 minutes for staff to attend and provide pain relief.

One person on the ward commented “staff appear knowledgeable”.

What we found about the standards we reviewed and how well Eastbourne District Hospital was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

- Overall, we found that improvements are needed for this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that improvements are needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- Overall, we found that improvements are needed for this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

- Overall, we found that improvements are needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- Overall, we found that improvements are needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

- Overall, we found that improvements are needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

- Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

- Overall, we found that improvements are needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- Overall, we found that improvements are needed for this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

- Overall, we found that improvements are needed for this essential standard.

We found that the Eastbourne District General Hospital was not meeting one or more essential standards. We are taking further action to protect the safety and welfare of people who use services.

Action we have asked the service to take

We have asked the Trust to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are major concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who use the Accident and Emergency (A&E) service made no specific comments about this outcome.

The majority of those patients spoken with in the ward areas had not looked at their individual care notes. Two people said that they didn't think they were allowed to look at them. A number asked what was included in the folders. One person indicated they had seen the bedside notes. When asked if staff involved them when recording their notes everyone said no.

Other evidence

The Trust declared compliance against this outcome in their provider Compliance Assessment in January 2011 with the exception of one element. Policies that are in place and referred to throughout the assessment are undergoing review either currently or planned through 2011.

The CQC Quality and Risk Profile found a range of issues: the proportion of

respondents to the survey of women's experience of maternity care who stated that during their postnatal stay that they were not given the information or explanations they needed was much worse than expected. The proportion of respondents to the Outpatient survey who stated that while in the outpatient's department there were not any information about their treatment or condition was also much worse than expected.

During the review of the Accident and Emergency department the staff members were found to be respectful and courteous and addressed patients in an appropriate manner at all times.

The entrance to the A&E department for people attending on foot leads into a corridor where there is a receptionist who takes their details, before directing them to the waiting area. Ambulance crews enter with those on trolleys and wheelchairs by a separate entrance and are required to wait in a public corridor opposite the Clinical Decision Unit (CDU) until there is space in the department for the new admission. During the site visit there was up to five ambulance crews with their patients waiting and the time of wait was up to an hour. This was seen to impact on the dignity and privacy of those patients coming to the department in this way. It was not clear whether the time of admission to the hospital starts from arrival to the department or the time that the ambulance crew handover to the nurse in charge. The time seen on two ambulance sheets of arrival to A&E was not reflected on the computer record.

The resuscitation unit had heavy screening to divide the treatment areas. These did not afford privacy as they were not easy to move and gaps between the screens were evident. During the visit a shrouded body was awaiting collection from this area and this could have been seen by people entering the resuscitation area. During our visit a male patient was seen being catheterised in a cubicle with the curtains partially open. The inspector drew the curtain, but the nurse left shortly afterwards, leaving the curtains open again and leaving the gentleman, who was in a state of partial undress, on display to other passing healthcare staff or visitors to the area.

The four treatment bays at Eastbourne Hospital in the major treatment area are divided by curtains and screens. However these are subdivided to provide eight bays on a permanent basis by the use of heavy metal screens that allow gaps preventing them from providing an adequate level of privacy. Patients and visitors to one side can see and hear what is going in the other side. Observation in the minor treatment area confirmed that although curtains are available in these areas they are not always used when treatments or tests are completed on patients.

During the review visit it was noted that both the Clinical Decisions Unit (CDU) and Herstmonceux unit at Eastbourne Hospital are used by both female and male patients, including for overnight stays. Personal hygiene needs that include the use of commodes are undertaken in the bays with just curtains for privacy. In addition, observation confirmed that patients are not always dressed or covered to ensure their privacy and dignity is maintained within these areas. Patients on the Clinical Decisions Unit were particularly vulnerable to lapses in privacy as this area is open to a busy thoroughfare. One gentleman was observed to have been placed in a chair beside his bed with the lower half of his body exposed and revealing his

incontinence pad. A female patient in the same bay was seen in a gown which was open and exposing her buttocks. One gentleman with swollen legs was observed to have been left sitting without pyjama bottoms on and had been given no blanket or cover. He was clearly trying to cover himself up with his hands and by tugging at his clothing. Staff were asked if appropriate nightwear was available for patients and were told that there was, but it was not seen to be in use.

A patient who had been in the A&E department over night said that he was concerned that he had been given extra tablets last night and in the morning, but said he had not had any explanation of why this had happened nor been able to contribute to the decision. We checked his medical records and there was no evidence that the patient had been informed or consulted about the change in medication.

In the A&E department at Eastbourne hospital the inspectors heard and observed care and treatment decisions being imposed rather than explained and consent being sought. For example diagnostic procedures such as taking of bloods were presented as inevitable and not as a choice patients could make.

The inspectors reviewed the record of one male patient who was in the A&E department in a confused state and had been in the department for several hours, including overnight. Although his main carer, his wife, had been observed to be with him for some of that time, there was no evidence in the care records that she had been consulted on his behalf about any care or treatment decisions and processes.

The lack of care for individual needs was the subject of a recent safeguarding investigation by East Sussex Social Services Department on Jevington Ward, Eastbourne hospital in January 2011. The report findings included poor documentation on the ward, lack of detailed care planning including risk assessments and appropriate preventive measures to ensure the safety of the individual.

Our judgement

People using the service are not routinely treated in a way that promotes privacy and dignity. It was both heard and observed that involvement of people in care and treatment decisions were not routinely embedded in practice and that there were inadequacies in the amount of information provided to people to inform their choices.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are major concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
A patient who had been in the A&E department over night said that he was concerned that he had been given extra tablets last night and in the morning. He was not aware that his planned treatment had included new tablets in addition to his normal regime.
A further patient confirmed that he was fully informed of the procedures and treatments undertaken during his stay on the unit. Although he was not asked directly for consent for treatment and procedures including the taking of bloods he said he was told they were going to take blood and then was asked if it was okay.

Other evidence
The Trust declared compliant against this outcome in their Provider Compliance Assessment in January 2011 with the exception of two elements. Two audits of junior doctors ‘Survey of Doctors in Training to Determine Consent Practice at ESHT’ in January 2009 and June 2010 have indicted that when consent is delegated in the trust to junior doctors a significant minority (26%) are not capable of performing the procedure for which they are taking consent. 32% of doctors

indicated that they had not received some form of training on consent and a 'small minority' of doctors were taking consent for procedures that they are not capable of performing and for which they have received no training. This goes against National Health Service Litigation Authority recommendations and trust policy.

Discussion with people in the A&E department indicated that people are not always clear about the treatment that they are receiving and consent is assumed rather than asked for.

One patient on Herstmonceux unit had raised bed rails on his bed without any protective bumpers. There was no evidence within the documentation to demonstrate that a risk assessment had been completed or that any consent was sought. In addition his bed had been tilted at the foot. There was no clinical reason for this recorded and when asked, the agency nurse in charge of this unit said he believed it was to stop him from getting out of the bed and wandering. This patient had been agitated and confused and there was no documentation to record that his mental capacity had been assessed or that a representative had been sourced.

The inspectors reviewed the record of one male patient who was in a confused state and had been in the A&E department for several hours, including overnight. Although his main carer, his wife, had been observed to be with him for some of that time, there was no evidence in the care records that she had been consulted on his behalf about any care or treatment decisions and processes.

Consents for treatment were noted in only some of the records viewed on the two wards visited, however the obtaining of consents did not extend to the use of bed rails. We asked a patient with bed rails if they were happy to have the rails and they indicated that they were. A qualified staff member reported that it was not routine practice to seek written consent for bed rails, and the verbal consent of the patient would be written in the clinical notes; these were checked for the individual concerned and no record of verbal consent could be evidenced.

We found that safeguarding vulnerable adults training was not in place across the trust and available to all. This was of particular concern because staff may not be aware that some people who use services may require more support than others in obtaining consent. In addition low numbers of staff said that they had been provided with Deprivation of Liberty and Mental Capacity Act training.

In the Accident and Emergency departments at both Eastbourne and Conquest hospitals the inspectors heard and observed care and treatment decisions being imposed rather than explained and consent being sought. For example diagnostic procedures such as taking of bloods were presented as inevitable, not a choice that patients could make.

Our judgement

Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients. Low numbers of staff have been trained in safeguarding vulnerable adults, Deprivation of Liberty and Mental Capacity Act training. It was heard and observed that care and treatment decisions were routinely imposed rather than informed consent being sought.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are major concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People who use the maternity service said they were involved in decisions about all aspects of the care and support they received. Women on the maternity unit told us that they were involved in writing the care plans and that the staff were 'brilliant' and offered them assistance when they needed it.

Two people on maternity said that the food was poor and they have been eating sandwiches since they were admitted two days ago. One person stated that they had to rely on friends and family for fruit and pasta to be brought in by them to get a balanced diet as they felt the choices available did not offer this.

All people spoken to in the A&E department both in the major treatment area and the Herstmonceux unit, that were able to express a view were very positive about the care and staff working on the department and said that they were available when asked for.

People spoken with on the wards generally felt that they were looked after well and that staff were attentive and caring. Several patients reported that they felt involved in their care and that staff talk to them about it. They commented: "Care is not bad" that you "get told about things if you ask, they will tell you" "Care is first class, no evidence of the horror stories you hear "

One person felt they were receiving conflicting information from doctors and that they were being passed between the medical and surgical teams. Another commented that they found doctors “quite helpful”. One patient said she had been waiting for three days for a surgeon to come and assess her before being able to go home.

Other evidence

The trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with a single exception. The Liverpool Care Pathway (LCP) has not been rolled out in 6 clinical areas in the trust and still requires greater involvement of senior clinicians to initiate LCP.

The CQC Quality and Risk profile included data items from the CQC NHS staff survey. These showed one related key high risk area rated at red. The Trust scored in 2009/10 the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the trust as a place to work or receive treatment.

In the Trust’s “Entire risk register as at February 2011 – 240211”, numerous comments are made as to there being an ongoing inability to meet service users individual needs in maternity services; citing issues such as missed or delayed referrals, increased potential for Serious Untoward Incidents, minimal post natal input, inadequate monitoring of pain and administration of appropriate pain relief.

When interviewed by the team at headquarters on 17 February, the Clinical Director and Consultant Obstetrician and Gynaecologist stated that ‘women who are in labour will be transferred or directed from the unit at the Conquest to the other unit at Eastbourne or vice versa in situations where there are staff problems. This has been happening since I came into post in 2007. The service has been ‘stretched’ and this is impacting on safety’.

When interviewed on 17th February at Headquarters, a midwife supervisor reported that although the divert system was put into place to help manage risk, there are times when the staff have not got the time to ‘pick up the phone and ask for support’. She reported that ‘this doesn’t happen all of the time but things go wrong very quickly.’

There was a calm atmosphere on the maternity unit at Eastbourne Hospital despite being very busy. Care pathways and notes demonstrate an individual approach to care reflecting the wishes of the parents and are commenced in the community and brought into the unit by patients on admission. Staff said that they are flexible, based on what the parents want within safety guidelines for the mother and baby.

If parents/babies have any specific needs these are recorded and discussed with the parents during the clinics and any decisions made about their support needs is recorded. From looking at notes and talking to staff it was evident that additional support is available from other health professionals as required – e.g. physiotherapists.

There are appropriate care guidelines in place for staff to follow however staff said

that the intranet can be difficult to access. This is especially so if you do not know the exact title of the policy/guideline you are looking for. In addition, staff said that there is no system in place for when/if the computer system fails, which has happened on occasion.

Staff said that their actions are reactive rather than proactive and things could be imposed on them e.g. a new triage (by phone) system just commenced (Monday 14/02/2011). Staff stated that whilst it may be appropriate and will be helpful however Day Unit (DU) staff, who are expected to run the system a lot of the time (staffed 4 days by specific triage staff) have only had a short training session on Friday 11th. Change has been imposed rather than involving the staff in the development of the process. The whole system has changed in that the paper diary has gone and all appointments are to be logged electronically. This is a problem as the Day Unit is often run by the Delivery Suite and the system cannot be accessed from there. There is a risk of information about patients being lost and overbooking of patients at times when there are insufficient staff to deal with their needs.

The records completed by the nursing staff in A&E were not always dated and timed and were not completed to a standard that would ensure relevant information was passed on as necessary to staff involved in people's care. They did not record relevant nursing interventions or an ongoing plan of care even for those people who had complex care needs and had been in the short stay department for over 38 hours.

Staff were seen to be working effectively in responding to people's presenting needs and the general waiting time in minor treatments was approximately 2.5 hours although it was noted that some patients were in the department for long periods of time before being timed in at triage. However there was minimal documental evidence that those patients who stayed on the department for longer periods of time had their ongoing needs assessed to ensure a plan of care was implemented to meet all their health and welfare needs. Patients that were waiting to be transferred to wards did not have a clear plan of care in place and there were minimal entries in the documentation viewed of the care delivered by the nursing team.

There was evidence that at times people were cared for on trolleys for at least 12 hours. This was also confirmed by the staff spoken with. This was without any pressure area risk assessment or plan of care to prevent pressure area damage. One patient was receiving intravenous fluids and had a urinary catheter in place. This was not recorded on a fluid chart and the intravenous fluid was not being administered via an appropriate pump. His catheter was found to be lying in his bed whilst the foot of the bed was tilted up. There was no documented reason for this and a concern around the flow of the urine was raised with the registered nurse in charge of that area, who immediately lowered the bed to a level position. The registered nurse was not able to find a stand for the catheter during the visit, but had requested a stand from the equipment store.

In the A&E department at Eastbourne Hospital effective bed management was seen to be a significant issue. Patient pathways in practice were unclear. Patients wait for extended periods in A&E before being transferred to a ward. This causes the departments to become jammed, adds discomfort to the patient and waiting

relatives, placing additional pressure on the staff to deliver ongoing care and treatment well after the decision to admit has been made. There are up to three 'bed meetings' per day but these were not seen to be effective in managing the desired flow through of patients. In turn we saw up to five sets of paramedics waiting in corridors with patients on stretchers for up to an hour before a trolley became free and handover could be achieved. This means that ambulances are held up in the department and not available to meet their community commitments in a timely fashion. Patients once admitted to the wards are frequently moved around from ward to ward particularly at Eastbourne.

On the wards visited each patient has a folder at the foot of their bed containing care notes that require completion on a daily basis by unqualified staff; and this information would also be viewed by any visiting professionals. The patient medication administration record is also stored here. In addition to these care records clinical notes are maintained in individual folders which are located near to the nurse station. These folders contain details of the assessment, diagnosis, treatment, plan of care and discharge plan for each individual. All professionals including doctors, nurses, physiotherapists and allied health professionals contribute to these records.

The teams examined more than eight care plans and risk assessments on the wards. In the majority of cases, there was a mismatch between risk assessments, care plans and corresponding nursing records. There was evidence that many risk assessments were either not completed at all or were inaccurate. Care plans were most often cursory even for those with the highest care needs. There was a lack of review and evaluation of the care planned or delivered and its impact upon the patient.

In general clinical notes provided a good audit trail for the treatment received by individual patients, however, completion of nursing assessments within the integrated care plans was poor. There was no clear linkage between clinical and bed notes with regard to decisions to monitor nutrition or pressure ulcers.

There were inconsistencies in the content of bed notes across wards. Some risk information viewed was found to be incomplete or completed inaccurately, and did not always reflect the risks identified in the care plan. Care plans viewed were not personalised to reflect the needs of each individual and failed to provide staff with information to deliver a person centred approach to care particularly if they were unfamiliar with the ward.

In one person's notes there was reference to a fall of 6kg in weight over an eight day period yet no reference to monitoring food intake.

In relation to one person it was seen in the daily entry in their bed notes over the period of a week that the patient transferred safely using a Zimmer frame. The patient stated that they had been using a walking stick for a week. This was also noted in the clinical notes indicating a mismatch between the clinical and bed notes. This patient was due to be discharged on the day of inspection but it was noted that the discharge planner information remained uncompleted.

One patient who was awaiting further tests to be arranged stated that they felt that

their care could be provided as a day patient rather than as an inpatient. They stated that their continued stay in hospital where they were not receiving any active treatment and were not eating or sleeping well was contributing to a feeling of being very low and depressed.

A patient who had been admitted to the ward as a result of a fall at home reported that they had also fallen out of bed whilst on the ward. They stated that as a result of the fall on the ward they had sustained further injuries. The patient indicated that they had lain on the floor for approximately one hour before being found by staff. A review of clinical and bed notes found no evidence of an accident form having been completed although a reference to the fall was noted in the clinical notes. The notes recorded the patient had injured their shoulder and leg in the fall but no new body map was evident in the notes to record injury sites. The patient informed us that they had developed a pressure ulcer on their leg as a result of the injury sustained in hospital. There was no evidence that a falls risk assessment that had been completed for the patient on entry to the ward had been revised or updated as a result of the subsequent fall. The integrated care plan for this patient had not been completed nor relevant risk assessments.

The bedside and clinical notes of a patient were viewed who was awaiting a home visit with an Occupational Therapist, as part of their discharge plan. Showering and washing routines were well documented. A continence issue was reported on daily; however, no information was provided in either the bedside or clinical notes, as to how the incontinence was being managed. A referral to a urologist was noted in the clinical notes. Discussion with a staff member who was familiar with the patient indicated that a toileting programme was in place for this patient. However, this information was not recorded in the patient notes to inform any unfamiliar staff of this patient's routine. The impact of the patient's incontinence on returning home is not reflected in the discharge plan or how support around this is to be provided either to the patient or the family. The clinical notes provided good evidence of physiotherapy and occupational therapy involvement and clear progress could be evidenced of improvements in general health and well being as a result of these interventions.

A qualified staff member on one ward highlighted the impact on patient care of poor ward layout. The staff member reported that the acute beds on the ward for patients with more complex needs, are currently located the furthest from the nurse's station. Because of concerns about these patients being visible from the nurse's station, a mirror has been installed at the request of staff to aid vision of the acute bays. The staff member reported this has been only partially successful.

The lack of care for individual needs was the subject of a recent safeguarding investigation by East Sussex Social Services Department on Jevington Ward, in January 2011. The report findings included poor documentation on the ward, lack of detailed care planning including risk assessments and appropriate preventive measures to ensure the safety of the individual.

We found an over reliance on word of mouth handover information rather than needs being clearly reflected in documentation. Staff shortages mean that staff who are unfamiliar to the ward are frequently delivering direct care to patients with inadequate information to inform personalised care delivery. This is less of an issue

with those patients who can advocate for themselves but is a high risk to those not able to.

On the stroke unit it was found that assessed rehabilitation needs were not always met. On interview with one physiotherapist she stated that there were inadequate allied health care professionals in post including speech therapists and physiotherapists which impacted on the intensity of time that could be devoted to individual patients despite their level of assessed need. This contributed to extended lengths of stay on the wards and to patients being discharged with a higher level of disability than would have been the case. Individual therapy sessions that should last 45 minutes were cut to 30 minutes in order to make use of limited resources. Speech therapy services were even more limited.

One ward patient called an inspector over to express concerns that although he had been out in a chair in the morning he had been put back to bed to rest but was feeling quite breathless, was worried about this but had been unable to alert staff. The inspector spoke to a Health Care Assistant who said "it's their rest period" but indicated she would go and see to the patient. The inspector checked on the patient five to seven minutes later, and he reported that he had still not been seen by a staff member. It was ten minutes before the patient was moved to a more comfortable sitting position.

Patients once admitted to the wards are frequently moved around from ward to ward particularly at Eastbourne. This leads to delays whilst Consultants locate their outlier patients and contributes to delays in treatment and care decisions as well as discharge decisions and arrangements and contributes to extended lengths of stay. The CEO stated this causes complaints to be made and communication issues with family members as a result.

Our judgement

Comprehensive assessments of need were not always carried out and appropriately recorded for those patients tracked. Staff could not demonstrate through their nursing records that individual welfare and safety needs were met.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are major concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Although this outcome was not fully looked at – nevertheless there are major concerns.

Other evidence
The trust declared compliant against this outcome in their Provider Compliance Assessment received in December 2010 with minor exceptions. The trust stated that their Safeguarding Vulnerable Adults policy is in place but under review following learning from a Serious Care Review. The trust also acknowledged that a policy for holding/restraint within paediatrics is required and was only available in draft at the time of the assessment.

In relation to safeguarding children the provider had structures in place to minimise and prevent abuse. Key policies and procedures could be accessed by staff via the provider’s intranet. Most staff in key areas staff had been provided with safeguarding children’s training.

In relation to adult safeguarding, structures, processes and actions had been put into place to minimise and prevent abuse occurring in the Hospital. Staff had access to a safeguarding vulnerable adult’s policy (but under review) via the intranet. Whilst the trust stated that it had an adult safeguarding training programme in place the

majority of front line staff interviewed stated that they had not been provided with this training. The majority of front line staff interviewed had not been provided with training on the Mental Capacity Act or Deprivation of Liberty. On interview, at headquarters, with the Learning and Development Lead, it was stated that "the trust has struggled to get monitoring together for safeguarding vulnerable adults and child protection". Although some data was provided upon request it was not possible to see the percentage of staff who had been trained. On being asked how safeguarding training is reported to the Trust Board she stated that 'reports can be produced but these are not done regularly, information can be produced on an irregular basis but this is not often requested by the Board'.

A recent safeguarding investigation has resulted in a substantiated finding of 'institutional abuse' on Jevington Ward ('Institutional abuse' is the mistreatment of people resulting from poor practice, attitudes or culture, brought about by the collective action of the organisation and the people working in it). The investigation highlighted serious concerns at the lack of awareness demonstrated by staff involved as to the policy and procedure for reporting abuse. Staff failed to complete an alert despite heavy bruising to a patient. Staff also lacked an understanding of locally established safeguarding arrangements in place via East Sussex Social Services Department. The investigation findings included poor documentation on the ward, lack of detailed care planning including risk assessments and appropriate preventive measures to ensure the safety of the individual. This was further evidenced on other wards during the visit to the wards by CQC.

Staff reported that where concerns are reported these are recorded on incident forms but there is no mechanism for them to receive feedback as to what action, if any has been taken to address the concern.

Staff interviews and a review of supporting documentation has confirmed significant shortages of staffing across the hospital at all levels. Staff unfamiliar with units and the routines of patients are reliant on verbal handovers rather than clear personalised care plans to inform care delivery.

In the Accident and Emergency department the inspectors heard and observed care and treatment decisions being imposed rather than explained and appropriate consent being sought.

Pathway tracking identified a lack of risk assessments for the use of bed rails, which is a form of restraint. A qualified staff member reported that it was not routine practice to seek written consent for bed rails, and that verbal consent of the patient would be written in the clinical notes; these were checked for a number of individual's concerned and no record of verbal consent could be evidenced.

Our judgement

On this evidence CQC were concerned that staff may not understand adult safeguarding processes and may not recognised signs of abuse and how to raise them with the right person and in a timely fashion. The culture of care and the delivery of treatment in A&E and the wards lacks a personalised approach.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are moderate concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People said the bays in maternity are clean; they have no concerns about infection control and have seen staff wash their hands and use the cleaning gel at the end of the beds.

Two users of the service stated that they had not seen anybody cleaning in their bay and had been there for two days. One stated that they had seen someone cleaning regularly. However they felt that the unit was 'reasonably clean, considering the number of people going through'

Overall people stated that the level of cleanliness was very good and that the wards are swept and cleaned on a regular basis. People have seen that beds and equipment are cleaned between uses. Most people said that hand cleaning is carried out by staff in advance of any care being provided. One person said that hand washing does not always happen. A relative of a patient said that they felt that there was a very good standard of cleanliness and that staff were very good at washing hands and wearing aprons. Another patient said that cleanliness on the ward was pretty good but it was not particularly tidy. Other patients commented about cleanliness "quite impressed regularly cleaned, they clean equipment between uses and wash hands properly" "Cleanliness is very good there is a permanent cleaner every morning they clean and wash everything"

Other evidence

The Trust declared compliance in its Provider Compliance Assessment in January 2011 against criterions 1,3,4,5,6 with minor areas for planned and monitored improvement taking place against criterions 7, 8 9 and 10. However the trust rated itself amber against criterion 2 describing a partial compliance with National Cleaning Standards with a need for additional resources being identified. The Trust also acknowledged a backlog in the maintenance programme. Environmental audits undertaken by the Infection Control Team, Clinical Matrons and Estates staff of ward areas showed urgent action required to improve compliance. A detailed action plan was provided with evidence of an implementation programme in place.

On interview the Infection Control (IC) lead stated that “infection control has become a separate department in their own right and has its own governance meetings.” The team reports fortnightly to the Clinical Board including details of reduction rates and compliance. Infection control training is mandatory and is included in the induction programme. Performance against training is “running at 80-85% and the trust are desperately trying to get this figure higher”. She stated that training needs to be above 90% and that more e:learning is being built in. In particular there are ‘problems with ‘out of hours’ staff. The IC lead stated that there had been a ‘massive reduction’ in Clostridium Difficile rates which have been maintained. She reported that there are sufficient resources in the IC team but that there “is a lack of analytical support at the moment with an informal agreement for analysis when necessary”.

A copy of a ward audit report carried out by the senior Infection control Nurse Specialist and the Clinical Matron dated October 2010 was supplied. This yielded an overall compliance rating of 69% with 5 areas rated as red where urgent actions were required to be taken. These included an environmental audit (30%), education audit (70%), MRSA audit (60%), decontamination audit (50%) and a hand hygiene audit (70%). A detailed action plan was attached with time frames for completion and lines of responsibility. However, there was no evidence of implementation.

In maternity, the inspectors saw dust balls on the floor outside a bay with a number of trolleys against walls making it difficult to clean. There was a moderate amount of dust visible on curtain rails and cleaning trolley used to transfer cleaning products and mops was filthy. On questioning staff there did not appear to be any process in place for the regular cleaning of this trolley. The ‘sonicaid’ tray was sticky and dirty. Staff were not aware of the use of the wipes in the sonicaid basket. The inspectors found one staff member who clarified that this was an order error and that the wipes were placed there to be used up.

Some staff said there were not enough cleaning staff to make sure that the unit is clean. However, midwives said that if they need extra cleaning they just had to request it. Staff felt that cleaning/housekeeping staff did their best and were always helpful.

None of the staff knew who the Director of Infection, Prevention and Control was. The staff were aware that there are infection control policies in place on the intranet.

The majority of staff did not know who the infection control link midwife/nurse was and there was no evidence of feedback, updates or ad hoc training. There was no evidence that the guidance relating to infection control link staff as set out in the Hygiene Code is being followed.

Monthly infection control and cleaning audits take place in maternity and the last one from the end of January identified the issues of high level dusting which has yet to be addressed. Regular hand hygiene audits take place with good levels of compliance.

Foul linen is incinerated and staff make the decision to recycle or destroy on an ad hoc basis. Foul linen could easily become mixed with linen to be recycled since they were seen to be housed side by side with no obvious separation. However, there is policy for incinerating all waste and orange bags should be in use throughout the department.

During the visit to A&E it was noted that all dirty linen regardless of the degree of soiling was put into white plastic bags. Two senior nurses confirmed that this was the procedure followed, and that there is no separation of linen even when contaminated with body fluids or waste. They did however confirm that linen that is used in barrier nursing would be dealt with differently. There was no procedure or guidelines available for staff to ensure all staff were following the same practice. Clean linen was found next to laundry skips that contained these white bags with dirty linen in them in two areas. The skips were not covered and this raised concerns about possible cross contamination. The white plastic bags used for all dirty linen were flimsy and when leaving the A&E department a skip containing some of these bags was seen to be wheeled down the corridor by a porter. The skip did not have a lid on it and one of the bags had split open.

Curtains in the Accident and Emergency department were found to be a mixture of paper and material. A bucket containing fluid and a dirty mop was seen in the central sluice room and a member of staff said that this was used to clean away any spillages in the department.

On the whole all areas and equipment within the Accident and Emergency were found to be clean and there was a designated cleaning team working in the department. Staff were seen to be wearing gloves and aprons appropriately and there was a good supply available of each. There was adequate hand washing areas and staff were also seen to be washing their hands before and after completing any care or treatment.

There is a lead nurse on infection control in A&E and she advised that she attended the infection control meetings held within the hospital. If she was off duty she attended in her own time.

A plentiful supply of gloves and aprons were strategically placed throughout the wards visited and staff were observed to be using them appropriately.

Each ward has a designated house keeper and staff advised that when the housekeeper is on duty cleanliness is very good. All staff spoke highly about the individual housekeepers and they were appreciative of the important role that this staff member contributes to the smooth running of the ward. Staff said that each ward is meant to have a second cleaner on duty but that this rarely happens. A number of staff expressed concern that cleanliness when the housekeeper is not on duty is not carried out to the same standard.

Infection control training is provided for staff on an annual basis and all staff spoken with had attended this training. All staff reported that when deep cleaning is requested, this is arranged and carried out within two hours of the request. Staff stated that policies on infection control are available online.

None of the staff interviewed were clear about who held the role of Director of Infection Prevention and Control but all staff knew the ward based infection control link person. Staff stated that the link person informs them of any infection control updates via memo. On interview with one lead IC nurse she stated that she was not given protected time to fulfil the responsibility of the role and attended meetings and completed audits in her own time. No additional training had been provided and the trust relied on the commitments of the lead staff to carry out their additional duties.

In the main shower room of one ward we visited we found used towels left on the floor and used wipes left on a shower chair in the shower. The shower room was also noted to house at least six pieces of equipment such as shower chairs or commode chairs. One unused shower chair was not clean having hairs and some stains on. Bags of clean linen were stored on the window ledge. The bin was used to prop open the door. The store room and treatment room doors were propped open. A patient toilet which is in regular use had a dirty sink and the toilet pan was dirty.

It was observed that equipment and boxes located in ward corridor areas impedes the progress of the cleaner and prevents thorough cleansing of floor areas. Clean equipment was found stored next to the sluice.

Side rooms with patients isolated for infection control reasons had appropriate notices preventing admission without agreement of the nurse in charge however the doors to some of these were found propped open.

Our judgement

Infection Control leads are not given protected time or additional training to discharge the responsibilities of the role. There are inadequate arrangements in place to safely manage foul linen. Some areas of the hospital were observed to be dirty. The doors of side rooms used for patients in isolation were left open. Insufficient cleaning staff in post.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People who use this service made no specific comments about this outcome.

Other evidence
This outcome was not looked at fully at this site visit.

The Trust declared compliance with this outcome in their Provider Compliance Assessment in January 2011 with the exception of one element. Existing security risk assessment needs to be reviewed to encompass access of unauthorised persons.

As previously identified under outcome 1, the four bays in the major treatment area that are divided by curtains are further divided on a permanent basis by movable screening on wheels that limit the space available around the patient to allow safe working areas. Mobile oxygen and suction are used in these additional areas and again these limit the space available for staff to work in safely. There is potentially a risk that staff would be hindered by the space restrictions if a patient required resuscitation and extra equipment and staff are required. This arrangement also compromises the privacy and dignity of individual patients. This could impact negatively on the outcomes for the patient.

A qualified staff member on one ward highlighted the impact on patient care of poor ward layout. The staff member reported that the acute beds on the ward for the most' needy patients, are currently located the furthest from the nurse's station.

Because of concerns about these patients being visible from the nurse's station, a mirror has been installed at the request of staff to aid vision of the acute bays. The staff member reported this has been only partially successful.

Storage issues were identified across the hospital in all areas visited which caused a potential health and safety hazard and prevented optimum cleaning.

Our judgement

The current layout in the major treatment area of the A&E department places significant space restrictions putting the patient at risk and compromising privacy and dignity. The layout of one ward precludes close observation of the patients most at need.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are major concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People who use the maternity service made no specific comments about this outcome.

People said that they were satisfied with the care that they received during their stay on the Accident and Emergency department. One patient however expressed concern about how long she was waiting before she could go home.

People said that when they press their call bell, staff respond quickly. They acknowledged that when staff are busy they have to wait but there was an acceptance that this is considered the way things are. People stated that they thought there were enough staff on duty on each shift. Comments regarding staff included 'excellent', 'helpful', 'staff did extremely well', "plenty of staff on duty" "Yes there are enough staff no complaints not had to wait for anything" "The call bell is important if you have limited mobility they're very responsive". One patient stated he had seen other patients who could not use the call bell waiting for staff to respond but this had not personally happened to them. One person reported that lots of bells went off at night and they had pulled the bell and waited approximately 5 minutes for staff to attend and provide pain relief.

Other evidence
The Trust declared compliance against this outcome in January 2011 in their

Provider Compliance Assessment.

We were provided with evidence by the trust which shows that there are staff shortages across the trust. Data provided by the Trust showed that in January 2011 there were 113.76 whole time equivalent qualified nursing and midwife vacancies representing 7.43% of the workforce. There were 219.03 whole time equivalent unqualified nursing and midwifery care assistant vacancies representing 16.48% of the workforce. There is a 4.83% sickness rate. Approximately 3.21% of nursing and midwifery staff are on maternity leave. Use of agency staff is strictly limited due to high costs so that there is a high dependency on bank staff to fill planned and unplanned absences with approximately one quarter of bank shifts requested consistently not filled in the last 6 months.

Between April and December 2010 the average number of days per month when there was a critical shortage of staff on maternity necessitating urgent closure of the unit was seven. For the same period the average number of hours per month of closure at Eastbourne was 28.82

The trust has struggled to have sufficient middle grade doctors in post to deliver a safe service. A paper dated (January 2011) "Women's Health – Medical Staffing Issues Briefing" identified concerns around the shortfall of permanent middle grade staff at the Conquest and Eastbourne DGH. In addition to Consultant shortage it is stated that:

"The overall situation in maternity is further exacerbated by an acknowledged under established Midwifery workforce which presents its own risks and which has already resulted in the adoption of special 'business continuity' measures and remains vulnerable to doing so again despite contingency planning"

The paper concludes: "There are real clinical concerns about the safety of the current maternity service: all Obstetric and Gynaecology consultants believe that a minimum of 8 middle grade doctors are required to maintain the current service configuration and provide a safe service on each site. If the Trust is unable to fund the extra agency locum expenditure to maintain the middle grade rota, then the Consultants believe that the service is no longer safe and we should plan to close one site temporarily whilst work on the Clinical Strategy progresses."

A Clinical Board report authored by the Divisional Director of Women & Children's Services (dated 14 February 2011) cited as evidence supporting decreasing safety:

"Locum recruitment challenging – cannot always obtain known locums; Sickness of current middle grades is a major issue; running Anti Natal Clinics single handed or with only 1 Registrar potentially increasing complaints/risk; Labour ward being run with a career Senior House Officer and a Consultant – incidence increasing; Increasing number of Serious Untoward Incidents noted; Consultant's attendance out of hours increasing due to inexperienced locums which has a known on effect on service delivery."

Minutes of Clinical Board meeting (18 February 2011) under paragraph 4: in response to the above cited Divisional Director of Women & Children's Services report (dated 14 February 2011), the Clinical Board resolved "that from April 2011

onwards it would not be possible to provide a safe, sustainable Obstetrics and Gynaecological service with middle grade posts being covered by locums.”

The Chief Executive confirmed at that meeting that he would take this decision forward “in order that a plan could be formulated to move forward that minimized disruption to the service and the community.”

On interview the Divisional Director of Women & Children’s Services commented that where staffing problems arose women in labour should be diverted. He said that the service had been ‘stretched’ and that this was impacting on safety. There were risks and concerns over locums and in addition there were short and long term sickness and vacancy problems. He stated that the current configuration was ‘not safe’ in terms of risk.

Midwifery staff reported staffing levels were inadequate at times, particularly of those staff with experience, to offer the service they should. They confirmed the use of the incident reporting system to identify poor staffing levels but these have not been addressed. Staff felt that they were ‘fire fighting’ and reactive rather than proactive because of the systems in place. All staff interviewed stated that if there was one thing they could change it would be to address the issue of short staffing.

Staff reported on interview that they do not have the time to provide fundamental support for women such as assisting with breast feeding. This is reflected in the National Survey of Women’s in Maternity (December 2010) where the Trust scored ‘worse’ and correspondingly rated RED for ‘feeding the baby in the first few days’. Staff stated that they felt they were unable to keep the unit as clean as it should be and part time staff affects the output.

Staff stated that they were regularly short staffed and incident forms are completed. No real action seems to be taken besides being told that the issue is on the trust risk register. Inadequate staffing in maternity featured in the trust’s risk register in April 2010 and was repeated in January 2011.

Staff said they felt ‘stressed,’ statements made include the following: that they were expected to do more with less. Staff expressed concerns about the number of experienced midwives coming up to retirement. Staff stated that there were high expectations from ‘higher up’ to cope with reduced numbers and the cap put on overtime for those willing to do it has led to difficulties in covering shifts at times.

Both the matron and the lead nurse confirmed that staffing had been difficult to cover in A&E with staffing shortages due to sickness and long term vacancies. They are however covering shortfalls with bank and regular agency staff as far as possible.

Discussion with an agency nurse on one unit confirmed that he was not familiar with the department or the patients. He had not received a full orientation and when asked to provide certain equipment by the medical staff needed to source help and guidance from other staff members

On the day of this review the A&E department was very busy. This was compounded by the slow movement of patients through the department, with a

number of patients waiting for a bed vacancy on a ward.

During an interview with the Medical Director, it was stated that the whole A&E issue is a 'key issue' for the Trust and difficulties are largely around middle grade doctors. There are vacancies and the Trust has been working with locums, which is an unsatisfactory approach in the long term. There are only 3.5 Consultants where there should be around 5 each at Eastbourne and the Conquest. Consultant recruitment is difficult and though there is consultant cover this is more onerous than this should be and the Trust is reliant on locums. This is a 'safe' system but this is not sustainable into the medium and long term. The A&E issue was 'hot' with the Board about 1 year ago and is 'still there' despite the level of investment and focus on the department to make necessary improvements.

An interview with the Chief Nurse confirmed there are some delays in recruitment in A&E and that there is more to be done in terms of recruitment. There is a more stable workforce in the short term.

An interview with the Recruitment Manager and the Deputy Director of Human Resources reported that there has been recruitment effort to fill the consultant vacancies which has largely been unsuccessful. There is some uncertainty around the continuation of both sites which has put people off. The rota in A&E is also 'onerous' because of the situation in the department and this has also put people off from taking up

All staff spoken to on the wards stated that staffing levels were inadequate and this means they are only able to provide the basics in regard to care delivery. They stated that when they have a full compliment of staff, a staff member generally is moved to cover another part of the hospital where there is a shortage. These moves are not reflected in the staff rota. There is a bar on the use of agency staff and overtime is no longer generally paid. Bank staff are used to cover any sickness but not all shifts can be covered. In each ward they try to use staff that are familiar with the ward. Staff stated that working with bank staff that are not familiar with the ward can be very difficult as they have to explain continually where everything is located and this takes time. All staff stated that generally they are happy with the ratio of qualified staff to health care assistants.

On interview with a physiotherapist it was stated that there are insufficient allied health professionals in post including both physiotherapists and speech therapists which impacted on the quality of rehabilitation time able to be given to patients on the stroke ward. This contributed to lengths of stay and the level of ability that some patients were able to achieve before being discharged into the community.

Our judgement

There are long and short term staff shortages across the Trust and at all levels including consultants, middle grade doctors, qualified and unqualified nursing and midwifery staff. There is heavy reliance on locums and bank staff. There is clear evidence that this is impacting negatively on the quality and safety of the service in the areas that we visited.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are major concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
One person on the ward commented “staff appear knowledgeable”

Other evidence
The Trust declared compliance against this outcome in their Provider Compliance Assessment of January 2011 with the exception of tow elements. There were areas highlighted as requiring further improvements around supervision, appraisals, training compliance assessments and monitoring.

The CQC Quality and Risk profile included data items from the CQC NHS staff survey. These showed two key high risk areas rated at red. The trust scored the lowest (worst 20%) when compared to other trusts in respect of key finding one: staff feeling satisfied with the quality of work and patient care they are able to deliver. The Trust also scored in the lowest 20% compared to other trusts in the country against key finding 36: Staff recommendation of the trust as a place to work or receive treatment. The trust scored worse than average when compared to other trusts for key finding 34: staff job satisfaction and key finding 40: percentage of staff experiencing discrimination at work in the last 12 months.

It was found that the development of staff had not been supported through a regular system of appraisal which is a significant concern. Consultant appraisals should be undertaken on an annual basis in line with the expectations of their professional body. The percentage of outstanding appraisals vary according to consultant groups

and clinical directorates from 8% for Obstetrician and Gynaecologists to 62.5% of anaesthetists and 68% of surgical consultants.

Each staff member should be given an annual appraisal of their performance and have a personal development plan. However performance on completed appraisals has dropped in the last quarter from 85% to 77%. Appraisal and professional supervision should be provided annually to midwives but this was reported by staff not always to be met.

There was no evidence of a formal process in place for ongoing supervision or mechanisms for recording it for qualified or unqualified front line nursing staff. A healthcare assistant and cleaner were not sure what was meant by supervision but felt very supported by the qualified staff.

Communication between different levels in the trust was reported not to be good, and some staff did not feel involved in the development or implementation of new processes or sufficiently informed. As an example staff in maternity described a 'triage system' that had been set up a few days before the CQC site visit without the involvement of day unit staff. They felt that they would have been able to point out the potential problems/issues prior to commencement. It is based on a computer diary that delivery suite cannot access but are responsible for making appointments in when the day unit and triage office is closed. There is a high risk of information being 'lost' with potential impact on outcomes for patients and adequate staffing being in place to cope with demand. Cleaning swabs introduced without informing staff who would use them. Staff said they often felt that things were imposed on them rather than seeking their views.

A staff member in maternity commented that she thought they all worked as a team but when senior managers are in the unit they often fail to return her greeting or even acknowledge her. One junior member of staff said she feels well supported by her more senior team members within the department. Two other staff spoken with said that they did not feel well supported by senior staff; one said they felt like a 'cog in a wheel.'

Staff interviewed in maternity said that they had all completed or were booked onto mandatory training. This is centrally coordinated. There was no funding available for 'extra' training, development or study days to meet continuous professional development needs.

Staff on maternity stated that mandatory training covers a number of topics e.g. infection control, fire, health and safety, resuscitation, child protection but staff reported that there was no specific training on safeguarding vulnerable adults or privacy and dignity training. Although, if they have any specific needs or shortfalls this is discussed with parents at the time and recorded in care their plans/notes.

The majority of general ward staff spoken with stated that they are in date with mandatory training. Training is also provided for all staff on Deprivation of Liberty and the Mental Capacity Act but a low number of those interviewed had completed or had any familiarity with this. Some staff members stated that conflict resolution training is also now mandatory training but again a low number have completed it. Staff stated that they do not have training on safeguarding vulnerable adults.

Staff on the wards described a detailed induction to the hospital, which involves new staff completing mandatory training and then working two weeks supernumerary on shift. A staff nurse stated that when qualified staff new to the hospital commenced work they also spent time in various units as part of their induction to gain a clearer understanding of how the hospital operates. Each new staff member has a mentor during their induction period. On completion, the mentor has responsibility to sign agreement that they are satisfied that the new staff member is competent to work on shift unsupervised at tasks relevant to their role.

Staff on the wards stated that they are responsible for maintaining their own training needs. However sometimes staff are selected to attend training in a particular area to meet ward needs. Courses are regularly advertised on notice boards and if they see a course they would like to attend they speak with the Sister on their ward for her consideration. Staff stated that a wide range of courses are available to staff. Staff reported that training can be cancelled at short notice due to staff shortages on the ward.

In one of the wards visited newsletters had been introduced to keep staff informed of changes as attendance at staff meetings was low. Staff are encouraged to comment on the newsletters. A staff member stated that attendance at the staff meetings was meant to be compulsory and that they were advised that they would be given time in lieu for attendance. However due to staff shortages this often prevented staff taking the time owed so only staff on duty tended to be present at the meetings.

Staff interviewed in A&E, maternity and on the wards reported low morale over a 'long period of time' at Eastbourne Hospital. They put this down variously to staff shortages, lack of support and consultation and not feeling valued by senior staff.

Our judgement

There are inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies. Not all staff have met their mandatory training needs. Staff report low morale and not feeling valued by the trust.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are major concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use this service made no specific comments about this outcome

Other evidence

The provider declared compliance with this outcome in their Provider Compliance Assessment in January 2011 and cited a range of evidence to demonstrate that all relevant aspects had been met.

The Care Quality Commission's quality risk profile suggested that there was no high level of concern and no recent change to the risk of non compliance. The Trust has appropriate clinical governance structures and defined functions in place. The trust stated that it has a robust Risk Management Strategy which acts as a framework for the way risks to the Trust are managed and is supported by a range of relevant policies.

In the last year to January 2011, 50% of all notifiable incidents reported to the National Patient Safety Agency and shared with CQC were submitted more than 53 days after the incident occurred against a national average for all organisations of 34 days. 50% of all death and severe harm notifiable incidents reported to the NPSA and shared with CQC were submitted more than 41 days after the incident against a

national average of 33 days.

The Dr Foster website has raised a concern with mortality rates with a score of 109.54 against a national average of 100. East Sussex Hospitals NHS Trust has taken steps to understand this result and a review was commissioned which found no evidence of clinical error to account for this result.

Over the last year the top five themes for complaints have been clinical care (273), attitude (75), communication (49), appointments (46) and discharge (29). There have been 32 complaints considered by the Parliamentary and Health Service Ombudsman during the year 2009-2010. Of these 13 have been refused, 10 have been referred back to the trust for local resolution and nine are outstanding and waiting a decision. As a result of comments received the trust state they have improved the patient flow into the hospital and improved single sex accommodation.

On interview, the Chief Executive Officer (CEO) stated that he had commissioned Due Diligence and did a baseline assessment of reputation with key local stakeholders including social services and the County Council. He stated that there were a 'set of very difficult relationships' with other local partners. A lot of work is being put in to create a better relationship so that the hospitals are not seen as 'islands' and have more of a community relationship. The CEO said that most of the stakeholders were of the opinion that the hospitals were a 'problem that needed to be solved' and functioning as an island and 'not part of the system' and 'not working proactively to solve the problems'

The CEO stated that transfers of care are 'still an issue' and that there are some early plans for integrated teams around older people in the Eastbourne area to be spread across East Sussex. He said that East Sussex is 'not very integrated' in terms of section 75's (arrangement between NHS Bodies and Local Authorities) and are 'behind the times' because there has been too many 'combative relationships'.

The CEO stated that he does not like the governance structure and was not successful in initial changes towards a more integrated approach to risk which needs improving. He advised that there is to be a governance review commencing in April 2011 and that the specification has just been finalised.

The Chief Nurse in her interview stated that there are some governance structures that need to change more broadly. Although material is appropriately reviewed by the board, at times too much detail will go to the Trust Board and at others not enough. This may compromise the appropriate degree of scrutiny.

According to the Medical Director not all consultants are fully engaged with clinical governance.

Patient and public involvement is high on the agenda for the Trust. The Public Involvement Strategy is still in development and there has been a strengthening of their relationship with the Local Involvement Network (LINKs)

In the A&E departments in both Eastbourne and at the Conquest Hospitals effective bed management was seen to be a significant issue. Patient pathways in practice were unclear and ineffectively followed. Patients wait for extended periods in A&E

before being transferred to a ward. This causes the departments to become jammed, adds discomfort to the patient and waiting relatives, placing additional pressure on the staff to deliver ongoing care and treatment well after the decision to admit has been made. There are up to three 'bed meetings' per day but these were not seen to be effective in managing the desired flow through of patients. In turn we saw up to five sets of paramedics waiting in corridors with patients on stretchers for up to an hour before a trolley became free and handover could be achieved. This means that ambulances are held up in the department and not available to meet their own community commitments in a timely fashion. Patients once admitted to the wards are frequently moved around from ward to ward particularly at Eastbourne. The CEO stated this causes complaints to be made and communication issues with family members as a result. Further delays are experienced by outlier patients waiting for their Consultant to locate and see them.

The Trust has systems and processes in place for assessing, auditing and monitoring the quality of service. Middle and senior managers including the matrons are a regular presence on the wards to monitor the delivery of front face care and treatment of patients. However these have been found to be ineffective in some areas and there are significant areas for improvement.

In outcome 1 we found major concerns around privacy and dignity in respecting and involving people who use the services. In outcome 2 we heard and observed care and treatment decisions being imposed rather than explained and consent being sought. In outcome 4 we found evidence of a lack of individualised assessment and care planning for individuals. A finding of institutional abuse was substantiated on Jevington Ward by East Sussex Social Services Department following a safeguarding investigation. In outcome 7 staff are not sufficiently aware of safeguarding the patient from harm or local arrangements for reporting safeguarding issues compounded by a lack of safeguarding training and there is a lack of understanding around restraint as evidenced by the lack of risk assessments and patient consent in the use of bedrails on the ward. In outcome 8 there are inadequate arrangements in place for soiled linen and infection control leads are not given protected time or additional training to discharge the responsibilities of the role. In outcome 10 the current layout in the major treatment area of the A&E department places significant space restrictions putting the patient at risk and compromising privacy and dignity. The layout of one ward precludes close observation of the patients most at need. In outcome 13 there are inadequate levels of staffing and skill mix across the trust both at Consultant, middle range doctors, qualified and unqualified nursing and midwifery staff and cleaning staff. In outcome 14 not all staff have had access to an annual appraisal in line with trust policy and professional body requirements, there is a lack of supervision, not all staff have met their mandatory training needs and staff morale is low with staff feeling undervalued by the trust. There are issues with the safety, security and fitness of patient records. In outcome 16 there are major concerns about the effectiveness and efficiency of monitoring and audit arrangements and in outcome 21 patient records were not stored securely at all times and the quality, legibility and consistency of records were variable. Low levels of staff have been provided with record keeping and information governance training.

Risks highlighted by staff such as acute staff shortages are entered onto the risk register but are not then acted upon in a timely fashion. Communication between

management and front line staff is poor. There are strained relationships with local partners.

Our judgement

As a result of the issues identified we were significantly concerned about the effectiveness and efficiency of monitoring and audit arrangements and the ability to accurately assess and monitor the quality of the services being provided.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
In maternity people who use the service said that they look after their own records and have been involved in writing and agreeing to the care plan in the community.

The majority of those patients spoken with on the ward had not looked at their individual care notes. Two people said that they didn't think they were allowed to look at them. A number asked what was included in the folders. One person indicated they had seen the bedside notes. When asked if staff involved them when recording their notes everyone said no.

Other evidence
The Trust declared compliance against this outcome in their Provider Compliance Assessment in January 2011 with the exception of a single element. Secure storage of records needs further improvement as well as more effective monitoring systems to examine the level of compliance in respect of missing case notes and electronic tracking.

The Audit Commission provided intelligence audits for this outcome and found that the case notes at the Trust are in an extremely poor condition, often with loose reports spilling out of the folders and no clear chronological order. This presents a

significant risk to patient safety as well as impacting on the quality of coding.

Patient records on maternity not held by the patient and kept in the department are secure. On Special Care Baby Unit medical and nursing records are kept separate in locked trolley/cabinets. Midwives and users of the service were involved in record development.

Trained staff stated that apart from training given as part of their formal nurse training that they have not received formal training in relation to record keeping and information governance. A staff member stated that when the new integrated pathway records were introduced some input was given to trained staff to ensure that they were clear about how to complete the documentation.

Integrated pathway records are held in the clinical notes and are written by all professionals involved in patients care. These notes were generally found to include detailed information about diagnosis and treatment provided and were in most cases signed and dated but were sometimes illegible; the records are not easy to navigate. Nursing assessment information for each patient located within the integrated care plan were found to be uncompleted or partially completed in a number of the files viewed and when completed they provided limited information. Where appropriate, risk assessments were sometimes drawn up although this was not consistent. It was noted, however, that there was no risk assessment documentation in relation to the use of bed rails. One of the patients seen was due to be discharged on the day of inspection but no discharge planner had been completed. Another patient was going on a home visit but no evidence of this was recorded in the discharge planner.

Unqualified staff have responsibility for completing care records that are stored at the foot of each patient's bed. Staff advised that each folder should contain observation charts, medication charts, bowel charts and where necessary food and fluid charts and repositioning charts. Risk assessment information is included in these folders. There were significant inconsistencies in the substance and standards of such records. Unqualified staff were not encouraged to read nursing and medical care records. They reported that they had not been provided with record keeping and information governance training.

Health care assistants are not permitted to write in the clinical notes to record what they have done for patients e.g. personal hygiene tasks, these have to be reported to qualified staff who then record this information in the clinical notes. There is heavy reliance on word of mouth handover rather than in the written record.

Clinical notes are stored on trolleys near to the nurses' bay. Some of the trolleys seen had a lockable lid but staff advised that the lids are not routinely locked. One qualified staff member stated that records were not as secure as they could be and this is more of an issue at night when there are less people around.

Patient notes for those people in side rooms are stored outside the room in a wall pocket these are easily accessible to anyone passing by and could breach patient confidentiality.

Our judgement

Patient records were not stored securely at all times. The quality, legibility and consistency of records were variable. Low levels of staff have been provided with record keeping and information governance training.

The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.

Action

we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 18	Outcome 2 Consent to care and treatment
Assessment or medical treatment of persons detained under the Mental Health Act 1983	How the regulation is not being met: Not all junior doctors are sufficiently trained or prepared to be able to obtain informed consent from patients. Low numbers of staff have been trained in safeguarding vulnerable adults, Deprivation of Liberty and Mental Capacity Act training. It was heard and observed that care and treatment decisions were routinely imposed rather than informed consent being sought.	
Surgical procedures		
Diagnostic or screening procedures		
Maternity and midwifery services		
Termination of pregnancies	The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.	
Treatment of disease, disorder or injury	Regulation 11	Outcome 7 Safeguarding people who use services from abuse
Assessment or medical treatment of persons detained under the Mental Health Act 1983	How the regulation is not being met: On this evidence CQC were concerned that staff may not understand adult safeguarding processes and may not recognised signs of abuse and how to raise	
Surgical procedures		

<p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>them with the right person and in a timely fashion. The culture of care and the delivery of treatment in A&E and the wards lacks a personalised approach.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.</p>	
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 12</p>	<p>Outcome 8</p> <p>Cleanliness and infection control</p>
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery</p>	<p>Regulation 15</p>	<p>Outcome 10</p> <p>Safety and suitability of premises</p>
	<p>How the regulation is not being met:</p> <p>Infection Control leads are not given protected time or additional training to discharge the responsibilities of the role. There are inadequate arrangements in place to safely manage foul linen. Some areas of the hospital were observed to be dirty. The doors of side rooms used for patients in isolation were left open. Insufficient cleaning staff in post.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.</p>	
	<p>How the regulation is not being met:</p> <p>The current layout in the major treatment area of the A&E department places significant space restrictions putting the patient at risk and compromising privacy and dignity. The layout of one ward precludes close observation of the patients most at need.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.</p>	

<p>services</p> <p>Termination of pregnancies</p>	<p>to moderate concerns.</p>	
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 22</p>	<p>Outcome 13</p> <p>Staffing</p>
	<p>How the regulation is not being met:</p> <p>There are long and short term staff shortages across the Trust and at all levels including consultants, middle grade doctors, qualified and unqualified nursing and midwifery staff. There is heavy reliance on locums and bank staff. There is clear evidence that this is impacting negatively on the quality and safety of the service in the areas that we visited.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.</p>	
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 23</p>	<p>Outcome 14</p> <p>Supporting workers</p>
	<p>How the regulation is not being met:</p> <p>There are inadequate arrangements in place to support staff with annual appraisals and supervision. Staff are not always able to meet the requirements laid down by their respective professional bodies. Not all staff have met their mandatory training needs. Staff report low morale and not feeling valued by the trust.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.</p>	

<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 10</p>	<p>Outcome 16</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>How the regulation is not being met:</p> <p>As a result of the issues identified we were significantly concerned about the effectiveness and efficiency of monitoring and audit arrangements and the ability to accurately assess and monitor the quality of the services being provided.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to major concerns.</p>	
<p>Treatment of disease, disorder or injury</p> <p>Assessment or medical treatment of persons detained under the Mental Health Act 1983</p> <p>Surgical procedures</p> <p>Diagnostic or screening procedures</p> <p>Maternity and midwifery services</p> <p>Termination of pregnancies</p>	<p>Regulation 20</p>	<p>Outcome 21</p> <p>Records</p>
	<p>How the regulation is not being met:</p> <p>Patient records were not stored securely at all times. The quality, legibility and consistency of records were variable. Low levels of staff have been provided with record keeping and information governance training.</p> <p>The Eastbourne District General Hospital is not compliant in respect of the essential standards of quality and safety relating to this outcome, giving rise to moderate concerns.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations.

These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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