

# Surrey and Sussex Healthcare NHS Trust

## Quality Report

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

## Ratings

<b>Overall rating for this trust</b>	<b>Good</b>	
Are services at this trust safe?	<b>Good</b>	
Are services at this trust effective?	<b>Good</b>	
Are services at this trust caring?	<b>Good</b>	
Are services at this trust responsive?	<b>Good</b>	
Are services at this trust well-led?	<b>Good</b>	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

East Surrey Hospital is the only hospital that forms Surrey and Sussex Healthcare NHS Trust. This hospital was an acute hospital and provided accident and emergency (A&E), medical care, surgery, critical care, maternity, children and young people's service, end of life care and outpatient services, which are the eight core services always inspected by the Care Quality Commission (CQC) as part of its new approach to hospital inspection.

East Surrey Hospital had 650 beds and provided a wide range of inpatients medical, surgical and specialist services as well as 24-hour A&E, maternity and outpatient services.

We carried out this comprehensive inspection to Surrey and Sussex Healthcare NHS Trust as an example of a low-risk trust as determined by CQC's intelligent monitoring system. The inspection took place between 20 and 22 May 2014 and an unannounced inspection visit took place between 6pm to 10.30pm on 6 June 2014.

Overall, this hospital is good but the outpatient service required improvement.

Our key findings were as follows:

- Staff were caring and compassionate and treated patients with dignity and respect.
- The hospital was clean and well maintained. The trust's infection rates for *Clostridium difficile* and MRSA were within an acceptable range, taking account of the size of the trust and the national level of infections.
- Patients whose condition might deteriorate were identified and escalated appropriately and the mortality rates for the hospital were within the expected range.
- The vast majority reported a positive experience to us during our visits. The NHS Friends and Family Test showed the trust performed above the England average between November and February 2014. The A&E friends and family test was above the England average.
- We found patients were supported to eat and drink, but we found a small number of patients on one ward who had dry mouths and did not have the appropriate documentation completed to indicate they had received mouth care.
- Nurse staffing levels on the wards were generally satisfactory and staff, although busy, could meet the needs of their patients. There was some reliance on bank/agency or locum staff but this was very well managed and did not have any adverse effects on the delivery of care. The trust was actively recruiting more doctors but faced the same challenges that many trusts in England faced.
- The maternity service was very busy but was providing good care to women with excellent facilities.
- The trust consistently met the four-hour waiting time target in the A&E department. The flow of patients within the department was good and we did not witness any patient who had waited over four hours before a decision was made to admit them.
- We found that patients who were placed in beds on wards that were not their specialism received safe care. There were good processes in place to track these patients and ensure they received the appropriate care and treatment.
- Critical care services provided safe and effective care. The caring and emotional support as well as the leadership on the unit was exceptionally good.
- Children received safe and effective care but the environment limited the ability to provide care to adolescents that was individualised to their specific needs. Staffing levels for children were safe and there was good leadership in place.
- Patients received good quality end of life care. Staff were supported by a specialist palliative care team. Patient care was well managed and we found some excellent examples of care being delivered.
- Outpatient services required improvement. Patients were treated with compassion, but many appointments were cancelled at short notice and because clinics were so busy, patients often had to wait a long time to be seen. Medical records were often incomplete because notes could not be obtained in time for clinic appointments.
- Mortality rates were within expected ranges and there were no indicators flagged as being a risk or an elevated risk.

# Summary of findings

- Medical records, medical secretaries and ward clerks felt they had not been listened to as much as they could have been and expressed concern about some of the changes that were taking place.
- Without exception, clinical staff were proud to work for the trust and spoke very positively about the effective leadership within the trust. Staff recognised the significant progress the trust had made, particularly in the past two years. The commitment to the trust was exceptionally good.
- The work the trust had done on major incident preparedness was good.
- The trust was focusing on the performance of complaint handling and extra resources had been put into place within some of the divisions. We saw performance was improving and both clinical staff and the executive team were committed to this.

We saw several areas of outstanding practice including:

- There was very poor mobile signal at the Crawley Hospital site. Relatives were given a bleep that meant they could be contacted if they left the clinical areas. This meant that people were not restricted to stay in one place for long periods of time and could be effectively contacted by staff.
- The pre-assessment clinic at Crawley Hospital had been extended into the evening in a response to feedback and local demand.
- We also visited one surgical ward where a patient who had a dementia diagnosis was being cared for. The circumstances around the admission meant that the patient's spouse was also admitted to hospital at the same time. This caused anxiety for both patients, especially for the patient living with dementia. This ward identified a two bedded side room and ensured that both patients were kept together to alleviate the anxiety and distress of the rest of their admission.
- We saw staff wearing "Ask me anything" badges. These badges encouraged patients and their loved ones to engage with staff to improve communication.
- Staff (including the chaplain, catering and ward staff) had arranged for a patient near the end of life to have a "wedding" with a small party afterwards. The catering staff provided a wedding cake for the celebration. Although there wasn't time for this to be an official marriage ceremony it was an example of staff working together to meet the individual needs of their patients.

- The facilities provided for women in the midwife-led birthing unit were outstanding.
- The care on the neonatal intensive care unit was outstanding. The staff team were committed to ensuring best practice and optimal care for the babies admitted to the unit.
- We visited Woodland ward within the surgical directorate where we judged the leadership to be outstanding. We saw a very effective multidisciplinary approach to care delivery and consistent commitment to ensuring patients' individual needs were met.
- The trust has recognised that their location, close to a major international airport, increased the likelihood of girls presenting in the A&E department with complications of female genital mutilation. The safeguarding implications of this had been incorporated into the training programme.

There were however, also areas of poor practice where the trust needs to make improvements:

Importantly, the trust must:

- Carry out a review of the outpatient service to ensure there is adequate capacity to meet the demands of the service.
- Implement a system to monitor and improve the quality of the outpatient service that includes the number of cancelled appointments, waiting times for appointments and the number of patients that do not have their medical records available for their appointment.

In addition the trust should:

- Review the training provided to clinical staff on the Mental Capacity Act to ensure all staff understand the relevance of this in relation to their work.
- Ensure that a review of mouth care is undertaken so that staff are clear where this should be recorded in the patient's care record.
- Review the action taken to engage with medical secretaries, ward clerks and medical records staff to ensure these groups feel more included in decisions relating to their role.
- Review the working environment for the medical records staff.
- Continue to focus on improving the trust's performance on complaints handling.

# Summary of findings

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to Surrey and Sussex Healthcare NHS Trust

East Surrey Hospital is part of Surrey and Sussex Healthcare NHS Trust. The trust is a provider of acute hospital services in West Sussex and East Surrey, providing care to a population of more than 535,000. It also provides services to non-local users due to the close proximity of Gatwick airport, the M25, M23 and local truck roads.

East Surrey Hospital had 650 beds and provided a wide range of inpatient medical, surgical and specialist services as well as 24 hour A&E, maternity and outpatient services. The trust also provided day care and outpatient services at Crawley Hospital as well as outpatient services at Horsham Hospital, Caterham Dene Hospital and Oxted Health Centre. These hospitals were all owned and managed by NHS Property Services.

East Surrey Hospital had been inspected seven times since it was registered with the Care Quality Commission (CQC). At its last inspection in February 2013, the trust was found compliant for all of the areas that were inspected. Crawley Hospital had been inspected once in August 2012 and was found to be compliant in the areas inspected.

We inspected this trust as part of our in-depth hospital inspection programme. We chose to inspect this trust as an example of a low risk trust as determined by CQC's

intelligent monitoring system. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

The inspection team inspected the following eight core services at East Surrey Hospital:

- Accident and emergency (A&E)
- Medical Care (including older people's care)
- Surgery
- Critical Care
- Maternity
- Children's care
- End of life care
- Outpatients.

The inspection team inspected the following two core services at Crawley Hospital which is owned and managed by another NHS Trust:

- Day case surgery
- Outpatients

The inspection team inspected the following one core service at Horsham Hospital which is owned and managed by another NHS Trust:

- Outpatients

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Andrea Gordon, Deputy Chief Inspector of Hospitals, Care Quality Commission

**Team leader:** Carolyn Jenkinson, Head of Operational Delivery, Care Quality Commission

The team of 26 included CQC inspectors and analysts, two experts by experience as well as a variety of specialists. These included a medical consultant, a consultant orthopaedic surgeon, a consultant in critical care, a junior doctor, a student nurse, a retired trust chief executive, senior nurses and a midwife.

## How we carried out this inspection

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

- Is it safe?

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

# Summary of findings

Before, during and after visiting the hospitals we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), community trusts, NHS Trust Development Authority, NHS England, Local authorities, Health education England (HEE), the General medical Council (GMC), the Nursing and Midwifery Council, the Royal College and the local Healthwatch.

We held two listening events in Crawley and Redhill on 20 and 21 May 2014 when people shared their views and experiences of Surrey and Sussex Healthcare NHS Trust.

We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff and allied health professionals. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services at East Surrey and Crawley Hospital. We talked with carers and/or family members and reviewed patient's records of personal care and treatment.

We carried out an unannounced inspection between 6:00pm and 10:30pm on Thursday 6 June 2014. We looked at how the hospital was run at night, the levels and type of staff available and how they cared for patients.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Surrey and Sussex Healthcare NHS Trust.

## What people who use the trust's services say

In the NHS Friends and Family Test, the trust was performing above the England average for inpatients and for accident and emergency (A&E) for the four months reported between November 2013 and February 2014. Response rates for both tests were consistent and were above the England average. The overwhelming majority of respondents said they would be likely or extremely likely to recommend the trust as a place to receive treatment. The A&E score was significantly better than the England average.

The CQC adult inpatients survey in 2013 shows the trust was performing about the same as other trusts in 57 of the 60 questions asked. It performed better than other trusts in one question relating to hand gels being available. The trusts performance for two questions was worse than other trusts (Were you ever bothered by noise at night and how much information about your condition was given to you).

The Cancer Patient Experience Survey 2012/13 is designed to monitor national progress on cancer care. The trust was rated as being in the bottom 20% of all trusts nationally for 21 of the 69 questions asked. The trust performed better than other trusts in three areas and about the same in 45 areas.

In the CQC survey of women's experiences of maternity services 2013, the trust performed worse than other trusts for two of the three areas of questioning. The area of questioning on staff during labour and birth were about the same as other trusts. The questions on labour and birth and care in hospital after the birth were worse than other trusts.

We looked at the 72 comments that patients had made on the NHS Choices website. The trust had a score of 4 out of 5 stars overall. Positive comments included praise for kind and caring staff and negative comments included long waiting times and staff attitudes. Patient Opinion is a non-profit feedback platform for health services. There were 780 comments on this website. Positive comments included A&E, staff, nurses and the care patients received. Improvements that the hospital could make included information, communication and appointments.

The inspection team heard very positive feedback from patients across the trust. Staff were proud of the care they provided. We held two listening events during the inspection. Although the number of people who attended these events was low we did hear both positive and less positive feedback from patients and/or their relatives. We could not identify any themes or trends from this feedback. One patient specifically came to the listening

# Summary of findings

event to tell us about the good things in the trust which included the kind and attentive staff that provided care. Two patients had less positive experiences and with their permission we asked the trust to follow these people up in order to help resolve their concerns.

## Facts and data about this trust

Surrey and Sussex Healthcare NHS Trust was formed on 1 April 1998 following a merger between East Surrey Healthcare NHS and Crawley and Horsham NHS Trusts.

The trust employs a diverse workforce of around 3,500 with 650 beds. It provides healthcare services to a growing population of around 535,000 people in North, East and West Sussex and East Surrey. It also provides services to other non-local users because of its close proximity to Gatwick airport and the M25 motorway.

There are two locations registered with the Care Quality Commission – East Surrey Hospital and Crawley Hospital. The trust provides a range of general and acute clinical services at East Surrey Hospital in Surrey as well as day surgery and outpatient services at Crawley Hospital.


In 2012/13 the trust had 77,267 inpatient admissions, including day cases and 251,837 outpatient attendances (both new and follow-up). The Emergency Department located in East Surrey Hospital saw 80,847 patients in 2012/13.

The trusts financial deficit in 2012/13 was £0.4 million which had been significantly reduced since 2011/12 when the deficit was £6.1 million.

Between October and December 2013, bed occupancy for the trust was 89% compared to the England average of 85.9%. It is generally accepted that when occupancy rates rise above 85% it can start to affect the quality of care provided to patients and the orderly running of the hospital.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Overall, we rated the safety of the services in the trust as “good.” For specific information, please refer to the individual report for East Surrey Hospital.</p> <p>The team made judgements about safety across eight core service areas. Of those, five were judged to be good and three required improvement. This meant the trust did deliver safe care to a good standard, but some areas required improvement.</p> <p>There were arrangements to assess, monitor and report risk within the clinical areas we visited. There were effective governance structures in place. Staff received feedback on the incidents they had reported and there was evidence of learning from incidents. The safety thermometer was in use in all relevant clinical areas. Action had been taken to improve performance. For example, the number of patients suffering falls with harm had reduced. We noted two instances where staff may have been under reporting pressure damage and one case where a pressure ulcer had not been reported at all.</p> <p>We found the hospital was very clean and well maintained. Equipment was regularly checked and well maintained and staff did not report any equipment shortages. Attendance at mandatory training was generally good throughout the trust. Staff had a good understanding of their responsibilities in relation to safeguarding children and adults. There were arrangements in place for those patients who lacked the capacity to make informed choices. Not all staff had a clear understanding of the Mental Capacity Act and how it related to their role despite training being delivered on this.</p> <p>There were arrangements in place to identify patients whose condition was deteriorating and escalation pathways were in place. Nursing staffing had been subject to a review and the general nurse staffing levels were in accordance national best practice guidance on recommended nurse to patient ratios. Recruitment was underway to increase the nurse staffing at night. There were high levels of nursing vacancies across the trust and bank and agency staff were used but we found this was very well managed. The birth to midwife ratio was higher than national guidance but an increase in the funded establishment of midwives had recently been approved by the trust board. Staffing levels in the children’s service were in accordance with national guidance, although there were no</p>	<p><b>Good</b> </p>



# Summary of findings

qualified registered sick children's nurses working in theatre or recovery. Many staff felt the skill mix of outpatient nursing staff required reviewing as there were too few registered nurses available in clinics.

Medical staffing was safe but there were consultant vacancies in most areas of the trust. Without exception, junior medical staff felt they received adequate support and supervision from the consultant medical staff. Recruitment was ongoing and the trust was being proactive and innovative in its ways of recruiting more doctors.

Staff were very concerned that patients' medical records for clinics were often not complete. Patients could be seen in clinic with either no notes or a temporary set of notes. This meant staff did not have a full and accurate medical history of the patient they were reviewing.

There were very good major incidents arrangements in place. Plans were tested and staff knew their role in the event of a major incident being declared.

## **Are services at this trust effective?**

Overall, we rated the effectiveness of the services in the trust as "good." For specific information, please refer to the individual report for East Surrey Hospital.

The team made judgements about safety across six core service areas. All of these areas were found to be delivering effective care to a good standard.

Patients received care that was evidence based. Policies were up to date and based on national guidance or best practice. Patients received appropriate pain relief and risk assessments for risks such as malnutrition, pressure ulcers and falls were taking place. Action was taken dependant on the risk score. Protected mealtimes were being adhered to and patients were given assistance to eat and drink. We did find some patients on two wards who had dry mouths. There were no records to demonstrate if mouth care had been given.

Readmission rates were within expected ranges and there were no mortality outliers in place. The trust participated in all the national audits it was eligible to take part in. Staff received appraisals and all clinical staff groups reported good opportunities for training and development.

There was good multi-disciplinary team working across the trust and seven day working had been introduced in some areas. Plans were in place to provide seven day services in other areas by October 2014.

**Good**



# Summary of findings

## Are services at this trust caring?

Overall, we rated caring by staff as “good.” For specific information, please refer to the individual report for East Surrey Hospital.

Patients told us they were treated with dignity and respect. Patients commented that staff were kind and caring. We observed patient’s being treated with respect and compassion. Staff were professional and we were struck by the strong commitment to their role and the trust as a whole. Without exception, staff were proud of the care they delivered.

We found evidence of changes that had been made following complaints and from patient survey results. Patient stories were featured at the trust board.

Patients at the end of life had good emotional support and we saw two outstanding examples of individualised patient care where staff had gone that extra mile to improve the patient experience.

Good



## Are services at this trust responsive?

Overall, we rated the trusts responsiveness as “good.” We rated responsive in end of life care at the trust as “outstanding.” For specific information, please refer to the individual report for East Surrey Hospital.

The trust placed great value on receiving patient comments and demonstrated it listened to these and changed practice as a result. Trust performance on complaints had improved in the last three months. The executive team monitored the performance of complaints handling closely. Extra resources had been introduced to support the divisions. Patients and relatives knew how to raise a concern or complaint and written information was available.

The flow of patients through the hospital could be improved further, but the hospital consistently met the four hour waiting time target in A&E. The executive team were aware of the issues relating to the flow of patients and there were more plans in place to address these. Patients who were placed on a ward which was not their speciality were well cared for. There was a robust tracking mechanism in place which meant that all patients, no matter which ward they were placed on were seen by the relevant medical team.

There were arrangements in place for patients who required a translator and there was support for patients who had a learning disability. All areas had named dementia champions in place.

We found many outpatient clinical appointments were cancelled at short notice. The clinics were frequently overbooked and consequently over ran. There was no monitoring of how long patients were waiting. Staff expressed concerns that there were

Good



# Summary of findings

times when patients were not told about the cancellation which meant they had to deal with patients who were angry and frustrated. Several patients raised concerns about the hospitals car parking and that it was very difficult to park when they had to attend for appointments.

## Are services at this trust well-led?

Overall, we rated how well the trust was led as “good.” For specific information, please refer to the individual report for East Surrey Hospital.

There was a very positive staff culture in place. Staff felt there was exceptionally good leadership in the trust and the executive team were known to staff. Many staff spoke highly of the chief executive and the difference he had made to the trust. Many staff commented on the journey they had been on over the past two years and the progress they had made. Several staff members referred to the trust being a “basket case two years ago,” but now was an exceptional organisation to work or be cared for in.

There was a clear strategy in place and the trust had taken account of the learning to come out of recent inquiries such as the Mid Stafford Francis Inquiry. Audits were in place and there was learning and sharing of good practice

Some medical records, ward clerks and medical secretary staff raised concerns about the proposals the trust had made that in their view were impacting on the quality of patient care. They told us they felt no one was listening to their concerns. There was very strong feeling about this among these staff groups and as such we raised it with the chief Executive during our inspection. We noted however the chief executive had met with the medical secretaries before our inspection to listen to their concerns.

## Vision and strategy for this service

- The trust had determined its vision to deliver safe, high quality healthcare which put their community first. It had also determined five strategic objectives which were aligned to the CQC domains of safe, effective, responsive, caring and well led. The objectives were supported by the values which underpinned everything the trust did. These were dignity and respect, compassion, safety and quality and one team. The trust had communicated the objectives and values to staff and most staff could tell us about these.
- Clinical divisions developed their own service specific objectives which were aligned to the overall clinical strategic objectives for the trust. We saw evidence of these service specific objectives and how they were being monitored.

Good



# Summary of findings

- The trust aspired to be the first top performing district general hospital in the country.
- There was a very strong feeling by staff as well as the trusts external partners that they had come a long way, particularly in the past two years. Staff were very proud of this.
- Copies of the trusts vision statement were available on the wards.

## **Governance, risk management and quality measurement**

- The trust board had six non-executive directors and five executive directors as voting members.
- There were three executive directors and a designated non-executive director who were non-voting members but regularly attended the board.
- The board were experienced, although the chair told us he was recruiting an additional member who had a clinical background.
- All board members undertook corporate and specific induction and had annual appraisals. In addition to this there was a trust board development programme in place.
- The board received monthly integrated performance and quality reports that monitored performance against the metrics for outcomes, quality governance, finance and key risks.
- The trust board displayed an understanding of the improvements the trust had made and the risks and challenges it faced in the future.
- There was evidence of quality measurement across the trust. The non-executive directors undertook quality walks around the hospital but these were not documented. Some of the executive directors had worked alongside staff in the clinical areas. Some staff felt the trust board could be more visible in the clinical areas.
- The chief nurse had board level responsibility for risk management.
- Each division had their own risk register and these were monitored by the divisional governance boards who met weekly. In addition to this there was a significant risk register (SRR) in place.
- Clinical risks on the SRR were monitored by the executive committee for quality risk and clinical care. This group was a subcommittee of the trust board.
- The executive committee provided scrutiny for the non-clinical risks.

# Summary of findings

- The trust board had held a seminar on strategic risks facing the trust. This was in response to the recognition that the trust board had a heavy reliance on reviewing operational risks rather than reviewing strategic risks in the same level of detail.
- Each division had undertaken “deep dive” reviews with the aim of looking for service improvements and gain assurance on quality.
- There was a quality impact assessment process (QIA) in place for any cost improvement plans (CIP’s). The overall responsibility for the sign off of any CIP’s lied with the medical director and chief nurse. Staff told us they did not feel that any CIP’s had been implemented that put patient safety or care at risk.
- We did not find a clear mechanism in place to review any CIPs once they had been introduced and there was no retrospective review of any impact on quality.

## Leadership of service

- The chairman and chief executive worked well together.
- Without exception, staff spoke very positively about the chief executive. Staff felt he had transformed the trust and was responsible for leading the trust to where it was today.
- The chief executive and chairman displayed a strong commitment to patient quality, care and safety. This was transmitted through to staff in all levels of the organisation.
- The trust board minutes demonstrated there was robust dialogue and challenge happening regularly.
- Nursing staff told us the director of nursing was visible and approachable.
- Medical staff told us the medical director provided good leadership.
- Staff told us they felt well supported by their line managers. We saw some excellent examples of strong leadership within clinical areas.
- Allied health professionals were unclear who represented them at board level although they did not feel this caused them any difficulties.
- The trust performed very well in the 2013 NHS staff survey and was rated better than expected or much better than expected in 15 of the 28 indicators. Areas that staff felt the trust performed well related to staff agreeing their role made a difference, support from immediate line managers and staff feeling satisfied with the quality of work and patient care they were able to deliver. Areas where staff felt the trust did not perform as well were fairness and effectiveness of incident

# Summary of findings

reporting procedures, percentage of staff experiencing discrimination at work and the percentage of staff appraised in the last 12 months. The trust responded to the results and action plans were in place to address the areas of concern.

- There was strong evidence of multi-disciplinary team working throughout the trust.
- Any staff who were commended by a patient through the trust's live feedback system, "Your Care Matters" were rewarded. There were also annual awards in place and staff were encouraged to nominate individuals or teams.

## Culture within the service

- We held a number of staff focus groups which were extremely well attended. The vast majority of staff wanted to share their positive experiences of working in the trust and how proud they were of what had been achieved.
- Staff were without exception committed to providing a good quality service to patients.
- We found the executive team were open, honest and receptive to feedback.
- Without exception, partner organisations and commissioners told us this was a good trust to work with and effective relationships were in place that worked to continuously improve the quality of patient care. The commissioners told us the trust was open and transparent.
- The trust had a whistle blowing policy in place and they had taken steps to publicise it following the learning from the Mid Staffordshire Inquiry, "Francis Inquiry." Staff told us they knew about the policy and how to use it if required. Staff told us they found this approach was motivational and it made them feel valued.
- Staff told us there was an open culture within the organisations and they were encouraged to speak out and identify concerns or report incidents.

## Public and staff engagement

- There were different ways that the executive team communicated with staff. Team meetings, team briefs, staff bulletins, staff newsletters and the intranet were all in place. In addition the chief executive produced a weekly blog. His blog was well received and many staff told us they looked forward to receiving it.
- Clinical staff engagement and organisational development was very good and was down to regular staff meetings and consulting staff in advance of changes in service development. Medical records staff, ward clerks and medical secretaries staff

# Summary of findings

did not feel that they had been consulted on changes to service development. We did find evidence that the Chief Executive had met with some of these staff groups to discuss why changes needed to be introduced.

- The trust had a Patient Experience Committee that sat underneath the Safety and Quality Committee. The committee was chaired by the Chief Nurse and included patient representation. The key areas for discussion included complaints, issues raised through PALS, the Friends and Family Test scores, Patient Opinion results and Your Care Matters and NHS Choices feedback.
- Staff and patient survey results were provided to the board for discussion.
- The trust captured patient feedback through “Your Care Matters (YCM) and it was actively monitored and regularly presented to the trust board. We saw an example of how the trust had responded to patient feedback to reduce the noise levels of the wards.
- Ward managers and matrons are provided with the free text comments made by patients to enable them to see all of the feedback obtained from patients.
- The trust produced patient newsletters which included information about how the trust had listened to patient feedback. Throughout the hospital there were television screens with information about what the trust had done to change in response to feedback.
- The trust’s website provided good information for patients and had a live patient feedback section so that patients could leave feedback about their experience. All of the Patient Opinion comments were published on the trusts website which demonstrated an open culture.
- All patients who left feedback on Patient Opinion were responded to.
- The trust board received patient stories both positive and negative regularly. Quality of patient care was always at the start of the board agenda.

## **Innovation, improvement and sustainability**

- The management arrangements in the trust involved clinicians and this involvement was seen as being instrumental in supporting the improvements within the trust. Clinical involvement was viewed as a priority within the trust. In three and a half years 65 new consultants had joined the trust. The general desire was to attract the best people in to inspire others.

# Summary of findings

- The trust was working with tertiary centres to provide services. For example there was a £10 million development whereby Royal Surrey County Hospital would provide radiotherapy on the East Surrey Hospital site. Patients would be able to receive treatment much closer to home.
- The trust performance in meeting the four-hour waiting time target in A&E had been sustained over many months. Staff told us that they would not compromise on patient safety, even if it meant breaching this target.



# Overview of ratings

## Our ratings for East Surrey Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Good	Good	Good	Good	Good	Good

## Our ratings for Crawley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Good	Good	Good	Good	Good	Good

# Overview of ratings

## Our ratings for Surrey and Sussex Healthcare NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Good	Good	Good	Good	Good	Good

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

# Outstanding practice and areas for improvement

## Outstanding practice

- There was very poor mobile signal at the Crawley Hospital site. Relatives were given a bleep that meant they could be contacted if they left the clinical areas. This meant that people were not restricted to stay in one place for long periods of time and could be effectively contacted by staff.
- The pre-assessment clinic at Crawley Hospital had been extended into the evening in a response to feedback and local demand.
- We also visited one surgical ward where a patient who was living with dementia was being cared for. The circumstances around the admission meant that the patient's spouse was also admitted to hospital at the same time. This caused anxiety for both patients, especially for the patient living with dementia. This ward identified a two bedded side room and ensured that both patients were kept together to alleviate the anxiety and distress of the rest of their admission.
- We saw staff wearing "Ask me anything" badges. These badges encouraged patients and their loved ones to engage with staff to improve communication.
- Staff (including the chaplain, catering and ward staff) had arranged for a patient near the end of life to have a "wedding" with a small party afterwards. The catering staff provided a wedding cake for the celebration. Although there wasn't time for this to be an official marriage ceremony it was an example of staff working together to meet the individual needs of their patients.
- The facilities provided for women in the midwife led birthing unit were outstanding.
- The care on the neonatal intensive care unit was outstanding. The staff team were committed to ensuring best practice and optimal care for the babies admitted to the unit.
- We visited Woodland ward within the surgical directorate where we judged the leadership to be outstanding. We saw a very effective multidisciplinary approach to care delivery and consistent commitment to ensuring patients' individual needs were met.
- The trust has recognised that their location, close to a major international airport, increased the likelihood of girls presenting in the A&E department with complications of female genital mutilation. The safeguarding implications of this had been incorporated into the training programme.

## Areas for improvement

### Action the trust MUST take to improve

- Carry out a review of the outpatient service to ensure there is adequate capacity to meet the demands of the service.
- Implement a system to monitor the quality of the outpatient service that includes the number of cancelled appointments, waiting times for appointments and the number of patients that do not have their medical records available for their appointment.

### Action the hospital SHOULD take to improve

- Review the training provided to clinical staff on the Mental Capacity Act to ensure all staff understand the relevance of this in relation to their work.

- Ensure that a review of mouth care is undertaken so that staff are clear where this should be recorded in the patients care record.
- Review the action taken to engage with medical secretaries, ward clerks and medical records staff to ensure these groups feel more included in decisions relating to their role.
- Review the working environment for the medical records staff.
- Continue to focus on improving the trusts performance on complaints handling.