## East Sussex Healthcare NHS Trust
### Eastbourne District General Hospital

<table>
<thead>
<tr>
<th>Region:</th>
<th>South East</th>
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<tbody>
<tr>
<td>Location address:</td>
<td>Kings Drive</td>
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<td>Eastbourne</td>
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<td>East Sussex</td>
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<td>BN21 2UD</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<td></td>
<td>Community healthcare service</td>
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<td>Dental service</td>
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<tr>
<td>Date of Publication:</td>
<td>June 2012</td>
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<td>Overview of the service:</td>
<td>Eastbourne General is an NHS hospital that provides termination of pregnancy services.</td>
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<td>The provider is East Sussex Healthcare NHS Trust.</td>
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Our current overall judgement

Eastbourne District General Hospital was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this 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.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 21 March 2012.

What people told us

We did not speak to people who used this service as part of this review. We looked at a random sample of medical records. This was to check that current practice ensured that no treatment for the termination of pregnancy was commenced unless two certificated opinions from doctors had been obtained.

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

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

The registered provider has met the standard.

Other information

In a previous review, we found that action was needed for the following essential standards:

- Outcome 09: People should be given the medicines they need when they need them, and in a safe way
- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Please see previous reports for more information about previous reviews.
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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
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
The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not speak with people who used the service as part of this review.

Other evidence
Section 1 (1) of the Abortion Act 1967 (as amended) and the Abortion Regulations 1991 (as amended) require that two doctors provide a certificated opinion, formed in good faith, that at least one and the same ground for a termination of pregnancy as set out in the Act, is met.

These opinions have to be given in a certificated form as set out in the Regulations and must be given before the commencement of the treatment for the termination of pregnancy, except in the specified circumstances set out in the Act.

One of the ways in which the Regulations provide for doctors to certify this opinion is in an HSA1 form. If using the HSA1 form, both of the certifying doctors must complete the form as required and sign and date the certificate. The opinion of each doctor is required to relate to the circumstances of the individual person's case.

During our visit, we looked at a random sample of medical records for 11 people who had undergone a termination of pregnancy at Eastbourne General Hospital. The records dated from October 2010 to March 2012. In each case, we looked at the
certificate completed and the other records for that person.

All the certificates accurately recorded that doctors had formed a good faith opinion that the grounds for a termination of pregnancy under the Abortion Act 1967 had been met. We found that in all of the records we inspected, doctors' certifications were being accurately and appropriately maintained.

We found one form that contained the signature of only one doctor at Eastbourne General Hospital. On further investigation we were able to see that the actual procedure had been carried out at the British Pregnancy Advisory Service (BPAS) at Brighton. Immediately following our visit the Divisional Director provided written confirmation that on referral to BPAS where a further consultation was undertaken, the signature of the second doctor had been obtained and was contained within the patient files. We were able to see that this was the standard practice according to the trust policy. The procedure was for the original certificate to be given to the patient for the consultation in Brighton. It then becomes the responsibility of the doctor to whom the patient is referred and who authorises the termination in BPAS, Brighton to be the second signatory of Cert A. This would be obtained at the same time as the consent for procedure is obtained and recorded from the patient. The Clinical Director confirmed that to avoid any future misunderstandings with this process, Eastbourne General Hospital were to instigate a check process to confirm that confirmation from the second doctor was held in any patient files when a referral was made.

Our judgement
The registered provider has met the standard.
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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. 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 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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<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<tr>
<td>Audience</td>
<td>The general public</td>
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<tr>
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### Care Quality Commission

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<th><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></th>
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<tr>
<td>Email address</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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</table>
| Postal address       | Care Quality Commission  
                      | Citygate  
                      | Gallowgate  
                      | Newcastle upon Tyne  
                      | NE1 4PA |