



Mr Antony Kildare
Royal Sussex County Hospital
Brighton
East Sussex
BN2 5BE

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

1 February 2017

**Care Quality Commission
Health and Social Care Act 2008
Re: Desk top documentation review of progress against warning notice at
Brighton and Sussex University Hospitals 25th and 26th January 2017**

Reference number: INS2-3126637665

Dear Mr Kildare

I am writing to confirm our findings and the verbal feedback provided to the board following our desk top review of documentation relating to the warning notice we issued to the trust on 6 June 2016.

As I explained during feedback, the purpose of the visit was to gain assurance that a level of progress had been achieved by the trust that prevents us from escalating the current level of enforcement.

To do that we reviewed documentation provided by the trust relating to initiatives that have been developed and implemented to address the significant issues we identified relating to patient safety, organisational governance and staff engagement and spent a limited time in clinical areas corroborating the documentation. We also met with a small staff representative group and the BME Network however such a small sample provided limited, and only indicative, corroboration.

I was supported by Shaun Marten (Inspection Manager) and Jacquie Nye (Inspector and trust relationship owner) and on day 2 we were joined by a specialist advisor, Christine Steele, a nurse with extensive emergency department experience. A colleague from NHSI, Natalia Stepan was also in attendance.

The key findings that are detailed below should be considered indicative and for the purpose of our judgement regarding escalation of regulatory action. We did not have the resource available during the inspection to fully corroborate the findings. I do

however hope that they are of value to you and your team as a guide of progress and an indication of remaining concerns that you may wish to investigate and address as a board.

Key findings

Emergency department

- Increased medical ownership and enhanced medical and nursing leadership observed.
- Robust and controlled assessment of patients.
- Improved environment and design that provides greater support to patient flow.
- Performance against the four hour standard remains a concern as does management of decision to admit timescales.

Recovery area

- Area had been maintained free of unplanned patients from April until December 16th 2017
- Since December 16th records indicated that 55 patients have been placed in recovery either due to lack of an intensive care bed or from the emergency department.
- This resulted in medical patients being cared for by surgically trained staff.
- Outreach provision was not available after 8pm and therefore, recovery staff are required to provide assistance to the anaesthetist.
- A clinical incident was completed by recovery staff for some inappropriately placed patients but not all.
- This may mean that the board is not sighted on the full number of inappropriate patients being cared for in recovery.
- The recovery area does not have facilities to support such patients in the department for extended periods nor their visiting relatives and carers.

Critical Care

- Perceived divide between general and neuro critical care with neuro considered as less important. This may result in an impact on how valued staff felt.
- There was good evidence of ongoing training for neuro nursing staff.
- Belief by some senior staff within the department that the CQC report had led to staff being unreasonably dismissed.
- Staff we spoke to acknowledged the issues identified in the CQC report.

Fire Safety

- All areas within the trust had completed fire safety risk assessments. In the Barry Building these were completed around the Spring of 2016.
- Action plans had been completed for each area which included a significant number of actions, usually more than 30 and some of which were common across all assessments.
- We could not identify a coordinated approach to delivery of the plans or monitoring of completion of actions. However, we could see that some of the actions had been completed. The board sees risk assessment completion as

the key performance indicator and this could mean that the board is not sighted on the degree of residual risk relating to fire.

- We could not identify the completion of any environmental risk assessments for clinical areas at ward level, nor were local managers aware of these.

Risk management

- The trust had implemented a training programme to enhance staff understanding of risk, and this had been attended by board members.
- The BAF was significantly improved and was clearly linked with attaining corporate objectives.
- Risk registers were of an improved format and there was a documented policy that guided escalation and management. We were unable to corroborate their use within the directorates.
- Performance management scorecards for directorates were comprehensive and standardised in presentation.
- Rapid improvement workshops had been initiated that were well considered in structure and inclusive in attendance.

Privacy, dignity and security

- Concerns relating to patient privacy and dignity in OPD and emergency departments appeared to have been addressed.
- Records in both these areas were held securely and guarded privacy.
- Arrangements had been made for the safe and secure handling of prescriptions forms. Those for FP10's were being consistently applied, but the arrangements for BSUH prescription forms was less embedded.

Staff engagement

- The trust had introduced a significant number of communications tools including newsletters, email messages, CEO messages, celebration of good practice and open forums.
- The trust had appointed a Speak up guardian and has a staff 'Connections' (helpline) initiative.
- The trust provided indication that nursing development opportunities were increasing and that leadership programmes had been introduced.
- The trust had very recently introduced 'Working Better Together', an initiative to combat bullying.
- When discussing these initiatives with a small focus group they were largely recognised by staff attending, although some were considered very new and in poster form. The BME Network did not recognise the availability of these initiatives.
- The trust did not measure, and proactively publish the data, the equality of access to development initiatives.
- The BME network remained concerned about their reception at board level, citing non sign off of the WRES presented at board on 26th January as indicative. (During the feedback the board refuted that this was the approach).

Human Resource Management

- The trust commissioned an external review of human resource management in April 2016 that included recommendations relating to documentation and leadership.

- The trust had reviewed, revised and updated all HR policies.
- Recommendations relating to senior leadership had not been completed, stalling due to planned change in trust management arrangements.
- Staff indicated that HR transactions were improved but concern was expressed over consistency of decision making.

As we advised during the verbal feedback session, we consider that the documentation reviewed and corroboration in clinical areas and with staff to provide us assurance that we do not need to escalate our regulatory action against you.

However, as we have also described, our assurance is limited due to the scale of our visit. As such we will be completing an inspection in April 2017 that we hope will further demonstrate areas that have improved, give indication of improvements required and lead to an updated rating for the trust.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely



Alan Thorne
Head of Hospital Inspection (SE)

Copy: Evelyn Barker