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East Surrey Hospital Inspection

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Maternity services at East Surrey Hospital have been downgraded after inspectors flagged six key areas for improvement. A report following an inspection of the unit raised concerns with infection control, checks on emergency equipment and medicine management.

These areas were listed as steps that must be taken in order for the service to improve along with actions relating to audits, completing documents and safeguarding training for junior doctors.

The Redhill hospital, run by Surrey and Sussex Healthcare NHS Trust, maintains its overall outstanding rating from the Care Quality Commission (CQC), but an inspection of its maternity service took place in September.

‘Safety of women, birthing people and babies put at risk’: In a report published on November 15, inspectors said they visited the hospital as part of the CQC’s national maternity inspection programme.
The service was downgraded to requires improvement with inspectors saying medicines were “not always managed well”, care records were not always completed and leaders did not always implement improvements in a timely way.

Inspectors said: “Staffing levels did not always match the planned numbers, which put the safety of women, birthing people and babies at risk. The service was not always visibly clean, and there were times when equipment checks were not completed.”

As well as this, “adverse incidents” may have been contributed to by out-of-date policies and guidelines.
How has the hospital responded?

Tina Hetherington, chief nurse of Surrey and Sussex Healthcare NHS Trust, said: “Delivering safe, quality care to our patients is our absolute priority. I want to apologise for where we haven’t got it right and the effect this may have on patient confidence in our maternity services. Rest assured that we are taking immediate action to address the issues raised by inspectors to ensure our patients receive the high-quality care they rightly expect.”

Inspectors said feedback from patients as part of the inspection showed there were “mixed views” about experiences of the service. The report said: “Feedback included about concerns about delays, poor communication, and support needing to improve. For example, being spoken to unkindly, short staffing, and not being listened to. Positive feedback commented on the reassurance and care given by staff, especially on delivery suite.”

Some areas ‘not always visibly free of dust, dirt, and bodily fluids’: Under the area of cleanliness, infection control and hygiene, inspectors said: “Staff did not always use equipment and control measures to protect women and birthing people, themselves, and others from infection. They did not always keep equipment and the premises visibly clean, and we saw some staff were not in-line with uniform policy to minimise risk of infection. This included “several staff members” not routinely using gloves when they should, creating an infection risk and bed spaces that were “not always visibly free of dust, dirt, and bodily fluids”.

Inspectors also said delays to discharge on the postnatal ward were negatively impacting on patient and staff experience, with delayed inductions and transfers to delivery suites in evidence.

The service had a rate “well below” the national rate of stillbirths, of between one and two stillbirths per 1,000 births, compares to 4 per 1000 births nationally.

Inspectors were also told by staff there were not enough midwives and managers to mitigate risks of short staffing, leading to “exhaustion and low morale”.

‘Robust improvement plan’ in place: Ms Hetherington said the trust recognised that the national shortfall across maternity had affected services. She said a recruitment drive had been launched this year and since the inspection 13 new midwives had started jobs, with a further five due to start in the coming weeks.

The chief nurse also said a “robust improvement plan” had been put in place since the inspection, which included tougher infection control measures, more frequent cleanliness checks, and more thorough daily safety checks of medicines and specialist emergency care equipment. She added: “We are clear there is more work to do, but our maternity team are passionate about patient care. While the CQC highlighted many examples of good practice such as timely access to services and quick action on any identified patient risks, this report will help us focus our efforts and engage with our patients through forums such as our maternity voices partnership, on making the immediate and long-term improvements that will deliver for our patients and their families year after year.”

Inspectors also raised examples of “outstanding practice” in the report, highlighting an inclusion midwife with a specific

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focus on promoting equality and diversity for staff and patients, and tackling health inequalities.

Leaders monitored incidents and outcomes for health inequalities and ethnicity to ensure no one was put at additional risk because of their ethnicity or personal circumstances, the report said.

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