

# Mid Essex Hospital Services NHS Trust

## Quality Report

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and 6th December 2014. Focused inspection on 5th  
February and 26th March 2015.  
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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

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Inadequate



Are services at this trust well-led?

Requires improvement



# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection, which included an announced inspection visit to the trust locations at Broomfield Hospital and Braintree Community Hospital between the 26 and 28 November 2014, and a subsequent unannounced inspection visit to Broomfield Hospital on 6 December 2014. We carried out this comprehensive inspection of the acute core services provided by the trust as part of the Care Quality Commission's (CQC) new approach to hospital inspection. We also undertook a focused review of the Emergency Admissions Unit at Broomfield Hospital on 5 February 2015 following concerns raised to us, we took enforcement action because staffing levels were not sufficient to ensure safe care. We returned on 26 March 2015 and found that appropriate improvements had been carried out.

This trust is unique in that it provides a regional specialty centre for burns and plastic surgery, which is delivered from the St Andrew's Centre for Burns and Plastic Surgery, and is based at Broomfield Hospital in Chelmsford. We therefore included these two services as core services for this inspection. As part of this inspection we did not inspect St Peter's Hospital. The rationale for not including this service was due to the limited activity undertaken by the trust at this location.

Prior to undertaking this inspection we spoke with stakeholders, and reviewed the information we held about the trust. Mid Essex Hospital Services NHS Trust had been identified as a low risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was in band 5, which is the second lowest band available.

Overall, we have found that the ratings and provision of care in each core service varied greatly. The trust was a caring organisation throughout, and staff we observed in the majority were passionate about their work and caring towards patients. We found that the burns service was providing excellent care, with some of the best outcomes for patients with severe burns in the country, and the results were competitive with burns centres worldwide. Generally, we found the critical care and services for children and young people good, with improvements

needed in medical care, surgery, end of life care and outpatient and diagnostic services. We found examples of poor care and practice in urgent and emergency services which we have rated as inadequate, and also in maternity and gynaecology and specialist burns and plastic services which required improvement. During our inspection of Broomfield Hospital EAU on 5 February 2015 we found that the safety of the emergency assessment unit (EAU) was inadequate but this did not impact on the rating for urgent and emergency services which was already rated as inadequate. However the rating for leadership within urgent and emergency services changed from requires improvement in November 2014 to inadequate. This is because the leadership of the unit did not act to ensure that appropriate and registered staff were responsible for the direct care of patients on the EAU. The leadership of the service failed to act on concerns raised by staff and the senior management team failed to have effective governance and assurances processes in place to monitor the work and roles of the staff working in adaptation posts whilst they were awaiting registration. Overall, we have rated Broomfield Hospital as a requires improvement service as whilst there are two inadequate ratings for the safe domain this only relates to one core service. We have identified areas where improvements are required.

Our key findings were as follows:

- It was evident that throughout the organisation staff were passionate, dedicated and cared about the work they delivered.
- The service has had an unstable few years with management changes, and this had impacted on service flows, confidence and stability. The trust is on a journey to improving the services provided, and this will take some time to embed throughout the organisation.
- There were significant staffing shortages, particularly for qualified nurses throughout the hospital, but there was a plan in place to recruit over 200 additional nurses, though it is recognised by the trust that obtaining the correct skill mix would remain a challenge for some time.

# Summary of findings

- Not all staff working as nurses on the emergency assessment unit (EAU) were registered with the NMC but were included in the overall 'registered nurse' numbers.
- There was a blame culture and a poor culture on EAU of staff not feeling listened to when they raised concerns about safe staffing levels. Concerns raised by staff were not acted on by the management team within the EAU.
- The emergency department, like all throughout England in November, was under pressure from a high volume of attendances.
- The flow of the emergency department, staff vacancy, skill mix and triage did have an impact on the care patients received, which in some cases was poor. Care in the emergency department did not always adhere to NICE guidelines, particularly around head injuries and sepsis.
- The care of patients with mental health concerns fell below the expected standard of care.
- There was no clear pathway or plan for patients who were receiving care at the end of their life. The development and implementation of an end of life care plan was required following the removal of the Liverpool Care Pathway in 2014.
- The trauma service within plastic surgery, particularly on Mayflower Ward, was disorganised, and impacted directly on patient care and safety when the ward became overcrowded with patients.
- Significant concerns were raised around Writtle Ward and their high use of non-trust staff, and case mix of medical outliers and women with gynaecological and early stage pregnancy concerns.
- There were significant waiting lists in place for patients who require a follow-up outpatient appointment (over 24,000 at the time of our inspection across all specialties). There was no risk assessment process in place for these patients to ensure that a longer wait was acceptable.
- Improvements were required in terms of the reporting and learning from incidents.
- Governance structures at departmental level across the emergency department, medical care, specialist plastic surgery, maternity and gynaecology, and end of life care, were not robust and were in significant need of improvement.
- The burns service was outstanding, and it was exciting to witness the innovative developments and plans that

the service had. Their patient outcomes also show that they are one of the best burns centres in the world. We commend them for the work that they are undertaking and their achievements to date.

We saw several areas of outstanding practice including:

- The caring and responsive approach shown by the chaplaincy, and the services provided to bereaved families by staff in the mortuary, were outstanding. Staff within both services went beyond the call of duty to support families, particularly those bereaved of children and babies.
- The burns service was outstanding, with innovative and pioneering approaches to care delivery and outcomes for people with burns, which had been reflected in national research papers.
- Outcomes for patients with serious burns were comparable with the best in the world, and were consistently exceptional. This was evidence through a cohort study undertaken by St Andrew's in 2012.
- Pathways for breast reconstruction and hand therapy were outstanding.
- The trust's abscess rate following an epidural was 0%, as compared to the national average of 8%, which was an excellent outcome for patients.
- The 'trigger and response team' were an exception team supporting acutely unwell patients throughout the hospital. The team were recognised throughout the hospital as being very responsive.
- The mortuary team were innovative and passionate about providing good end of life care.
- Individual specialist staff in the trust, including the learning disability nurse, the specialist nurse for dementia care, and the manual handling advisor, were identified as being outstanding, and highly responsive to patient and staff needs.
- The nurse-led peripherally inserted central catheters (PiCC), which were developed within the critical service without initial funding, have seen great success and improved patient outcomes.
- There were outstanding examples of local leadership and innovation in the intensive care unit.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

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- Ensure that only registered nurses are included in the nursing numbers and ensure that staffing numbers are maintained on the EAU by suitably qualified and registered staff.
- Ensure that incidents are appropriately reported and investigated on the EAU.
- Ensure that the adaptation staff working in the hospital are provided with support, supervision and competency training as well as mentor support.
- Improve governance and assurance processes around the use of adaption staff throughout the hospital to ensure that they work within the scope of their role.
- Immediately improve inpatient deterioration recognition across all inpatient areas, particularly on Writtle Ward.
- Immediately work to reduce the number of patients who are on a waiting list for a follow-up outpatient appointment.
- Reduce the number of hospital-acquired pressure ulcers.
- Ensure medicines are administered in a timely way, especially for patients receiving intravenous antibiotics and time critical medicines.
- Ensure care documentation, including care plans and risk assessments, are undertaken in a timely way, accurately, are fully completed, and reviewed when required.
- Ensure that nursing handovers are robust and identify patients at risk.
- Ensure that there are sufficient and appropriately skilled nursing and medical staff on duty at all times to meet patients' needs in a timely manner.
- Ensure nurses have the appropriate/specific skills to care for all the patients in their ward areas.
- Improve treatment times for patients with prostate cancer to ensure a higher percentage of patients receive their required treatment within 62 days.
- Improve governance systems to include formalised and minuted mortality and morbidity meetings across the directorates.
- Ensure that systems for providing staff with feedback on incidents, and sharing learning from incidents, are embedded throughout the trust.
- Develop a strategy for the improvement and delivery of end of life care.
- Improve staff training and awareness on mental health, so that the provision and care for patients in urgent and emergency services with mental health conditions improves.
- Ensure patients with mental health concerns are risk assessed on arrival at the emergency department.
- Review staffing levels on the reception desk in the emergency department.
- Ensure that patients are referred to in a dignified and respectful way, and not as bed numbers, particularly on Danbury Ward.
- Ensure all items of equipment that require annual service and maintenance are maintained on time.
- Ensure patient prescription charts for medicines are signed when medicines are administered, particularly in the emergency department and emergency assessment unit.
- Ensure medicines cupboards are kept secure at all times.
- Ensure that intravenous (IV) fluids are stored securely to minimise the risk of tampering.
- Improve staff knowledge and understanding of what constitutes a safeguarding referral for adults.
- Ensure that all safeguard referrals for adults in the emergency department are completed and actioned in a timely way.
- Work to improve safety, and reduce incidents with a serious impact, on the labour ward.
- Reduce the number of elective surgeries, including elective caesarean cancellations.
- Improve hand washing techniques, and infection control practices and techniques, in the emergency department, emergency assessment unit and on Writtle Ward.
- Ensure that only clinically appropriate patients are admitted to Writtle Ward, also ensuring that the medical outliers criteria for Writtle Ward is not breached.
- Review the decision to lift the birth cap on the maternity service, and determine a safe way to manage the increase in the number of women attending in labour.
- Improve the standard of 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms completion throughout the trust.
- Implement an approved end of life care plan and pathway for patients.

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- Review the pathology referral system to ensure that all referrals are managed safely.
- Review the need for a dedicated link co-ordinator for the health team at HMP Chelmsford, to co-ordinate prisoner visits.
- Improve governance arrangements and quality assurance, particularly in incident reporting, risk registers and incident investigations.

On the basis of the findings at Broomfield Hospital from our comprehensive and focused inspections the Care Quality Commission has used its enforcement powers to

impose an urgent condition on the trust's registration to ensure that patients receive care from suitably qualified and registered nurses in the EAU. The Care Quality Commission has also issued the trust with a warning notice in relation to care and welfare concerns identified for patients receiving care at Broomfield Hospital. These can be viewed in the enforcement section of this report.

Professor Sir Mike Richards

**Chief Inspector of Hospitals**

# Summary of findings

## Background to Mid Essex Hospital Services NHS Trust

Mid Essex Hospital Services NHS Trust was established as an NHS Trust in 1992. The trust provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree.

The trust, based in the city of Chelmsford in Essex, employs 3,997 staff, and provides services from five sites

in and around Chelmsford, Maldon and Braintree. The main site is Broomfield Hospital in Chelmsford, which has been redeveloped as part of a £148m private finance initiative (PFI). The trust provides the majority of services at the Broomfield Hospital site.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Bob Pearson, Medical Director, Central Manchester Hospitals Trust.

**Head of Hospital Inspections:** Fiona Allinson, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including a range of consultant doctors from specialties including burns and plastics, cardiology, urology, paediatrics, emergency care, acute medical care, critical care, and general surgery, and we were also

supported by a junior grade trainee doctor. We also had specialists from nursing and support backgrounds, including general nursing, midwifery and operational hospital management.

The inspection team were also supported by experts by experience. These are people who use hospital services, or have relatives who have used hospital care, and have first-hand experience of using acute care services.

Our focused inspection team on 5 February 2015 consisted of an Inspection Manager and five experienced CQC inspectors who were specialists with nursing and paramedic backgrounds.

## 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?

The announced inspection visit took place between the 26 and 28 November 2014, with subsequent unannounced inspection visits on 6 December 2014.

Before visiting, 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); Monitor; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 25 November 2014, when people shared their views and experiences of

Mid Essex Hospital Services NHS Trust's location at Broomfield Hospital. We also held a listening event for the people of Braintree, to hear their experiences of using

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Braintree Community Hospital and the St Michael's Hospital Health Centre on 31 October 2014. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

During the inspection we spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers and pharmacists. We also spoke with staff individually as requested. We carried out unannounced visits on Saturday 6 December 2014 to the accident and emergency department, maternity services, Danbury Ward and the emergency assessment unit. During these unannounced visits we spoke with staff, patients and relatives.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

HM Prison Chelmsford is located within the city centre of Chelmsford, Essex, and is a Category B men's prison and Young Offenders Institution. The prison is operated by Her Majesty's Prison Service and houses 745 prisoners as of July 2014. The main acute healthcare service that supports this prison is Mid Essex Hospital Services NHS Trust. We went to HM Prison Chelmsford on 28 November 2014 to meet with a group of prisoners who had recent experiences of using Broomfield Hospital. We would like to thank HM Prison Chelmsford and the community service team PROVIDE for supporting the organisation of this dedicated patient experience group and providing us with valuable feedback.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at each location of Mid Essex Hospital Services NHS Trust.

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

The experience of patients using Mid Essex Hospital Services NHS Trust was mixed. Patients who received care at Braintree Community Hospital generally reported positive experiences of using the community hospital. Feedback from patients using Broomfield Hospital throughout the inspection varied, but was positive in the majority.

The cancer patient's survey showed that the trust scored in the top 20% trusts on one question, in the bottom 20% of trusts on 14 questions, and in the middle 60% of trusts on 19 questions. Patients reported that they were not given a choice of different types of treatment, were not given enough privacy when being examined or treated, did not always have confidence and trust in all doctors treating them, did not always have confidence and trust in all ward nurses, or did not always feel that they were treated with respect and dignity by staff. However, the trust scored higher than the national average in respect of controlling the side effects of chemotherapy.

Patient-led assessments of the care environment (PLACE) showed that the trust's performance had declined between 2013 and 2014 on providing a clean environment and good facilities, and significantly decreased in performance ensuring privacy and dignity for patients, with the score reducing from 91 in 2013 to 79 in 2014. However, the trust had improved its performance of providing suitable food to patients.

The CQC NHS inpatient, A&E, maternity and outpatient survey from April 2014 showed that the trust performed in line with other trusts surveyed across all areas, with the exception of outpatients, which was worse than average on providing outpatient appointments on time. The number of complaints received by the trust continued to fall.

## Facts and data about this trust

**Mid Essex Hospital Services NHS Trust overview:**

Beds: 635



# Summary of findings

- 546 general and acute
- 56 maternity
- 20 intensive care
- 13 high dependency
- 1,808 car parking spaces
- 3,997 staff employed
- Referrals are taken from 10 Clinical Commissioning Groups (CCGs) across the East of England

## Activity Summary:

### Activity type

#### 2013-14

Inpatient admissions

85,981

Outpatient attendances

593,103

Accident & emergency  
(attendances)

81,220

### Finance:

- Revenue: £261,638,000
- Full Cost: -£280,905,000
- Surplus (deficit): -£19,267,000

### Intelligent Monitoring:

The Intelligent Monitoring tool used for this inspection was published in July 2014, and showed that the trust had two identified risks and two elevated risks.

### Risks:

- The proportion of patients whose operation was cancelled
- From the NHS staff survey - the proportion of staff reporting good communication between senior management and staff

### Elevated Risks:

- Whistleblowing alerts
- Proportion of ambulance journeys where the ambulance vehicle remained at the hospital for more than 60 minutes

### Foundation Trust status:

- Mid Essex Hospital Services NHS Trust is not a foundation trust and had withdrawn its application to become a foundation trust in 2014.

### Population Served:

- According to the 2011 census, 96.6% of the population of the borough of Braintree is White, and the highest ethnic minorities are Asian and mixed/multiple ethnic group, both with 1.3%. 93.9% of the borough of Chelmsford is White and the highest ethnic minority is Asian at 2.9%. The borough of Maldon is 98.1% White and the highest ethnic minorities are Asian and mixed/multiple ethnic group, both with 0.8%


### Deprivation:

- Chelmsford ranks 298th out of 326 local authorities for deprivation, Maldon ranks 230th out of 326, and Braintree ranks 210th out of 326 local authorities.



# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Whilst two areas were rated individually as inadequate only one of these was a core service, urgent and emergency services. The other area was a specialist service and limited to the specialist plastic surgery service. Therefore applying our principles of rating we have rated the safe domain as requiring improvement overall. A&amp;E was rated inadequate due to poor response to timeliness of admission and assessment, and medications were not stored or recorded appropriately. At our focused inspection of 5 February 2015 we found that not all staff working as nurses on the emergency assessment unit (EAU) were registered with the NMC but were included in the overall 'registered nurse' numbers. This did not impact upon the rating of this service as it was already inadequate. We returned to EAU on 26 March 2015 to check if improvement had been made following our concerns in February 2015. We found that the trust had taken appropriate action as the unit was staffed appropriately and safely. In the plastic surgery service we found that the trauma service was of concern, in that an action plan to improve flow through the service was not in place, and staff raised concerns about the safety of this service. Within the gynaecology ward we found that patients were admitted as outliers to this ward with dependencies outside of the agreed guidelines, therefore putting them at risk this service required improvements. We found that staffing levels throughout a number of services were low, and that bank and agency staff used to support employed staff did not always receive an induction to the area they were working in. Documentation and lessons learnt from incident reporting were similarly requiring improvement. However, we spoke with the lead nurse for infection prevention and control. They were able to demonstrate that an infection control assurance process had been implemented across the trust. We saw that regular reports went to the quality and patient safety committee and the directorate governance meeting. The lead nurse felt that there was a commitment to infection prevention and control across the trust.</p> <p><b>Duty of Candour</b></p> <ul style="list-style-type: none"><li>• The trust was preparing to meet the Duty of Candour placed on all trusts in November 2014.</li><li>• The trust had policies in place to support the implementation of this duty, and had begun to roll out training to those staff who may require it.</li></ul>	<p><b>Requires improvement</b> </p>

# Summary of findings

## Safeguarding

- There were robust processes in place for safeguarding of both vulnerable adults and children, with the support of named doctors.
- The safeguarding adults function was supported by a very enthusiastic and committed lead.
- The trust reported a high Deprivation of Liberty Safeguarding (DoLS) authorisation rate, and there was a good level of understanding regarding the legal requirements in relation to DoLS.
- There were good relationships with external agencies, such as the local authorities, and regular attendance at Safeguarding Boards was reported.

## Incidents

- There was an incident reporting policy, as well as a serious incident reporting policy in the trust. Incidents were reported via an online system, by each area, and investigated locally by the departmental manager.
- Overall feedback for a majority of areas was that feedback from incidents was limited. Incidents were discussed at governance meetings; however, these were only attended by senior staff. Staff locally informed us that they were often not aware of incident feedback.
- The trust holds 'Senior Management Incident Groups', also known as SMIG. At these meetings incidents are discussed to determine if they should be reported and investigated as serious incidents. We viewed minutes of these meetings, which provided rationales as to why incidents had or had not been reported as serious incidents.
- The completion of serious incident investigations were inconsistent, with some being poorly completed. Stakeholders we spoke with regarding the serious incident investigations also raised concerns about the quality of serious incident investigations.

## Staffing

- Staffing throughout the trust was challenged, with nursing vacancies being the most challenged, followed by medical staff vacancies. We were informed by the director of nursing of plans to recruit an additional 200 nurses to the trust to improve the staffing levels.
- These nurses were being recruited from around the world, and it was hoped that they would fill the recruitment vacancies within 12 months.

# Summary of findings

- At our focused inspection of 5 February 2015 we found that not all staff working as nurses on the emergency assessment unit (EAU) were registered with the NMC but were included in the overall 'registered nurse' numbers. When we returned on 26 March 2015 we found that the trust had taken appropriate action. The unit was appropriately staffed with qualified registered nurses and there were new arrangements in place to ensure that pre-registration nurses were well supported and working in supernumerary roles.
- It was acknowledged by the director of nursing that when these staff start work there could be concerns with regards to balancing the skill mix ratio on each ward.

## Medicines Management

- The trust used a comprehensive prescription and medication administration record chart for patients, which facilitated the safe administration of medicines. It included a separate section for thromboprophylaxis medication and antibiotic medication. Medicines reconciliation by a pharmacist was recorded in the medicines management section.
- Any errors which occurred in the pharmacy department were reviewed by the dispensing governance group, and learning points circulated to the team.
- Pharmacists visited all wards each weekday. We saw that pharmacists and pharmacy technicians completed the medicines management section on the prescription record for every patient, to confirm that medication reconciliation had occurred. (Medicines reconciliation is the process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency and route, by comparing the medical record to an external list of medications obtained from a patient or GP).
- The pharmacy department key performance indicators for October 2014 showed that on average, 65% of charts were screened by a pharmacist during a ward visit, and 46% of adults had medicines reconciliation completed within 24 hours. Those prescription charts not screened were for day-case patients and those at weekends. This meant that the pharmacy service met its performance targets.
- The pharmacy department was open seven days a week, but with limited hours on Saturday and Sunday, and there were pharmacists on-call out of hours. There was a pharmacy top-up service for ward stock, and other medicines were ordered on an individual basis. This meant that patients had access to medicines when they needed them.

# Summary of findings

- A medication dispensing error which had occurred early in 2014 had resulted in a review of dispensing practices and the facilities for dispensing for outpatients. This had resulted in plans to redesign the outpatient dispensary to improve work flow and minimise errors. This meant the department was reactive and learning from incidents.

## Are services at this trust effective?

Service at the end of life require improvement, as there was no end of life care plan in place, minimal training was given to staff, and there was poor identification of patients who may not have been in the last days or hours of life, and who would benefit from the expertise of the specialist palliative care team. The burns and plastic surgery service was rated requires improvement because we found that nursing staff on the plastics ward did not always have the time to complete pathways of care accurately or fully. This meant that vital risk assessments, including pre-operative assessments in some areas, were not being undertaken safely, nor in line with evidence-based care and treatment. We observed incidences where this put patients at risk of harm. However, we saw some outstanding aspects of this service, such as breast reconstruction and hand therapy. We found across emergency services, medical and gynaecological services that the lack of robust audit, and actions taken to address issues raised by those audits undertaken, meant that these services required improvement to ensure that patients' treatment was effective. However, in the burns service there was evidence of innovative and pioneering approaches to care delivery and outcomes for people using the service which were extremely good, and had been reflected in national research papers.

### Evidence-based care and treatment

- National Institute for Health and Care Excellence (NICE) guidance was being followed by most services.
- There were also numerous burns-specific policies that had been developed within the department and as part of a multidisciplinary team effort. This represented outstanding practice. These were designed around evidence-based practice that was issued by relevant organisations such as the British Burn Association (BBA) and the National Network for Burn Care (NNBC).

### Patient outcomes

- Bed occupancy within the trust for the first quarter of the year 2014/15 showed that the trust was higher than the England average at 96.1% compared to 88%.

**Requires improvement**



# Summary of findings

- The trust participated in a number of national audits, including the national neck of femur audit and the national bowel cancer audit. Outcomes from most of these audits demonstrated that there was no evidence of increased risk, compared with national data, for patients treated within the hospital. However, this was not the case for audits undertaken in the emergency department, where sepsis and pain audits showed poor results.
- Whilst the trust participated in a number of national audits, we found that local auditing was not robustly in place across the organisation.

## Multidisciplinary working

- There was a multidisciplinary co-ordinated approach to care and treatment that involved a range of professionals, both internally and externally, across the service.
- There were some services which did not have cover across the whole week, which led to frustrations in some areas of the hospital.
- Physiotherapists and occupational therapists attached to the orthopaedic wards joined the ward rounds to discuss issues such as mobilisation and rehabilitation for patients.

## Consent, Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

- We found that there were documents related to consent, and to the Mental Capacity Act: Deprivation of Liberty Safeguards (DoLS). There were clear actions that should be taken if the trust needed to make an application to deprive a patient of their liberty, and specific professionals were mentioned to enable staff to obtain clinical advice. Documents covered such issues as the duties of the trust, and how to ensure that patients have access to an independent mental capacity advocate (IMCA).
- Staff we spoke with said that they understood and acted in accordance with the Mental Capacity Act 2005. Staff had received training in aspects of the Mental Capacity Act 2005, including provisions for depriving someone of their liberty in their best interests.

## Are services at this trust caring?

We observed positive interactions and caring behaviours between staff members and patients. Patients had mixed views about the level of care they had received. Patients in surgery observed that staff were always too busy to stop and chat to them. However, in medicine, the staff included patients in conversations, responded to patient's needs, and displayed a caring culture across the

Good



# Summary of findings

directorate. Despite being busy, staff found time to talk with patients, sharing a joke when appropriate. In plastic surgery, we found that the recent Friends and Family Test (FFT) results from Billericay Ward and Stock Ward were however, relatively poor, although we saw a marked improvement in results on Billericay Ward in the past three months. We were concerned that Mayflower Ward did not conduct the FFT, nor provide a similar alternative method of patient feedback. We observed that in the plastic surgery outpatients department staff did not always see people's dignity as a priority.

## Compassionate care

- Throughout our inspection we generally saw staff behaving in a caring manner towards their patients.
- In most areas we saw that patient's privacy and dignity were maintained, although further improvements are required in the plastic surgery outpatients department.
- Patient's confidentiality was not always maintained.

## Understanding and involvement of patients and those close to them

- Most patients said that staff always kept them well informed about their condition and treatment.
- Most patients we spoke with told us that they had felt involved in their care, and had been part of conversations with doctors and nursing staff. Staff had been approachable when they wanted reassurance or a question answered.

## Emotional support

- On the care of the elderly wards we saw a number of patients who were living with dementia. Staff displayed quiet behaviour, and showed understanding and support to those patients.
- Clinical nurse specialists were available for specialties including breast surgery, colo-rectal surgery, stoma care, orthopaedics and pain. This was to support patients, including their emotional needs.
- There was a chaplaincy service, and patients could request to see their own minister, which the nurses or ward clerk would arrange. One told us, "the chaplain comes here. I've been here a fortnight. I would like them to come more often".

## Are services at this trust responsive?

The hospital did not meet the national 18-week maximum referral to treatment (RTT) waiting standards for general surgery and trauma, and orthopaedics. However, it did meet this target for other types of surgery. The Department of Health monitors the number of elective surgery cancellations; this is an indication of the management,

Inadequate



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efficiency and quality of care. The trust had a higher than the national average number of patients whose operation was cancelled and who were not treated within 28 days. We found that this was due to the high numbers of medical outliers on surgical wards. The trust had not introduced specific care pathways for patients with dementia. In emergency services, we rated this domain as inadequate due the length of time that patients were waiting for assessment and treatment. The trust was failing to meet national targets for handover from ambulance staff and the four hour targets set nationally. There were long waiting times in the antenatal clinics at times, together with delayed inductions, and postponed elective caesarean sections, due to capacity issues in both the labour ward and postnatal wards. The admission criteria for medical outliers on Writtle (gynaecology) Ward was being continually breached, such as patients at risk of falls being admitted who required constant supervision. This impacted on the staff's ability to provide appropriate sensitive care to termination of pregnancy patients in the side rooms. In the plastic surgery service we found minimal effort made to plan and deliver services based upon needs analysis within the regional boundaries. Some of the services facilities and premises were not appropriate, and did not meet the needs of people using the service. However, within the burns service, we found that the service was flexible and ensured continuity of care for patients. St Andrew's worked with other organisations, such as the London and South East of England Burn Network (LSEBN), and local authorities throughout the boroughs where people lived, to ensure that service provision met people's needs holistically.

## **Service planning and delivery to meet the needs of local people**

- We held a focus group with a group of prisoners from the local prison. We heard that prisoners often came to the hospital, and had to wait for long periods of time in handcuffs and under guard.
- There was no separate entrance for prisoners, and they often felt as though they were ignored and stared at. We even heard that people had taken photos of them.
- It was noted that there was no clear link with the trust in order to manage this relationship, to ensure that appropriate arrangements could be made within the departments.
- In maternity we found that there were inadequate plans in place for delivering the service following the removal of the birthing cap.
- The burns service had good plans in place to deliver its service across the region.



# Summary of findings

## Meeting people's individual needs

- Staff were aware of the learning disability lead and the dementia lead specialist nurse in post with training awareness, and details were supplied on the trust intranet site. They were supported by champions on each ward.
- We were told that communication resources folders and pictorial menus had been distributed to all wards.
- The areas that the trust served had a very low population that spoke English as a second language. The trust could call upon a recognised translation service, should this be required. However, staff told us that they often used relatives to provide translation services for their loved ones, but acknowledged that this was not ideal due to safeguarding concerns.
- The emergency department did not co-ordinate and deliver care which took account of people with complex needs. For example, we saw within the emergency assessment unit that a patient with dementia was being provided with care by portering staff.

## Access and flow

- There were, on occasions, long waiting times in the antenatal clinics, with delayed inductions, and postponed elective caesarean sections due to capacity issues in both the labour ward and postnatal wards.
- The emergency department has an escalation policy, which was developed by the management team. We were told that the escalation policy was put in place to be followed when the department was experiencing long delays in ambulance handovers, or with patients being transferred to a ward, and included the occasions when there was a lack of available beds within the hospital to admit patients.

## Learning from complaints and concerns

- We spoke with the trust's complaints lead and noted that there was a good complaints process in place.
- Generally, complaints were responded to on time and, where appropriate, people were offered face-to-face meetings to discuss their concerns.
- Whilst learning and improvement actions were identified as a result of complaints, there was a lack of follow up to ascertain if these actions had been appropriately shared or embedded.
- We reviewed the responses to five recent complaints. We noted that some responses lacked understanding and compassion.

# Summary of findings

## Are services at this trust well-led?

The leadership team were committed to making improvements; however, there were inconsistent views on the priorities and strategy for the trust. We found that there was no embedded long-term strategy and, at the time of our inspection, the leadership team were acting reactively to address the problems it was facing. There was a lack of pace and adequate grip on the amount of change which was needed. We heard about many initiatives which were to be put in place, but these lacked substance and had not been formally planned.

At our focused inspection of 5 February 2015 we inspected the Emergency Assessment Unit and found that the senior management team within the trust did not have an effective governance or assurance process around the role of the adaptation staff. We also found that there was a blame culture and a poor culture on EAU of staff not feeling listened to when they raised concerns about safe staffing levels. This domain in the A&E services whilst previously been rated as requires improvement was rated as inadequate following this inspection. When we returned to EAU to follow up on these concerns on 26 March 2015 we found that the trust had made necessary improvements. The unit was appropriately staffed with qualified registered nurses and there were new arrangements in place to ensure that pre-registration nurses were well supported and working in supernumerary roles.

The management structure was not effective. We found that the women's and children's division was managed by the HR director. It was evident through our various conversations with the HR director that they did not have sufficient knowledge or understanding of the problems being faced in this directorate. They could not therefore provide assurance or accountability for this high risk service. There was also a lack of operational management support. The heads of nursing and clinical directors had taken on operational management responsibilities. It was acknowledged that not enough support had been provided to assist these members of staff with these new accountabilities. There was also some concern that this move had taken focus away from their clinical responsibilities. Although two deputy chief operating officers had recently been appointed to help address this, we found a lack of clarity around roles and responsibilities.

Governance processes were also not well embedded, and were going through a period of change. We noted that a new governance framework was to go live on 1 December 2014. On paper, the new governance process looked robust in order to provide assurance; however, due its infancy, we could not test its implementation or effectiveness. The current governance processes were not robust

## Requires improvement



# Summary of findings

and did not provide adequate assurance. For example, the risk management systems were inconsistent, the trust was a low incident reporter, and learning and improvement were not well established within the culture. We did, however, note an improvement in serious incident reporting systems and clinical safety reporting, with the recent introduction of a chief nurses report to the board.

During our inspection, we received eight whistleblowing concerns in relation to the culture within the trust. These alleged that certain departments within the trust harboured a bullying culture. The leadership acknowledged that there had previously been a negative culture, and that work was being undertaken to address this. Whilst some areas of the trust still required addressing, we heard from the majority of staff that we spoke with that there had been a recent, positive, shift in culture.

# Overview of ratings

## Our ratings for Broomfield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Specialist burns and plastic services	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

## Our ratings for Braintree Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Overview of ratings

## Our ratings for Mid Essex Hospital Services NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.
2. We have rated safety overall as Requires Improvement as whilst two areas were rated as inadequate only one of these services is a core service. The other are is limited to the plastic surgery service.

# Outstanding practice and areas for improvement

## Outstanding practice

- The caring and responsive approach shown by the chaplaincy, and the services provided to bereaved families by staff in the mortuary, were outstanding. Staff within both services went beyond the call of duty to support families, particularly those bereaved of children and babies.
- The burns service was outstanding, with innovative and pioneering approaches to care delivery and outcomes for people with burns, which had been reflected in national research papers.
- Outcomes for patients with serious burns were comparable with the best in the world, and were consistently exceptional. This was evidence through a cohort study undertaken by St Andrew's in 2012.
- Pathways for breast reconstruction and hand therapy were outstanding.
- The trust's abscess rate following an epidural was 0%, as compared to the national average of 8%, which was an excellent outcome for patients.
- The 'trigger and response team' were an exception team supporting acutely unwell patients throughout the hospital. The team were recognised throughout the hospital as being very responsive.
- The mortuary team were innovative and passionate about providing good end of life care.
- Individual specialist staff in the trust, including the learning disability nurse, the specialist nurse for dementia care, and the manual handling advisor, were identified as being outstanding, and highly responsive to patient and staff needs.
- The nurse-led peripherally inserted central catheters (PiCC), which were developed within the critical service without initial funding, have seen great success and improved patient outcomes.
- There were outstanding examples of local leadership and innovation in the intensive care unit.

## Areas for improvement

### Action the trust MUST take to improve

- Ensure that only registered nurses are included in the nursing numbers and ensure that staffing numbers are maintained on the EAU by suitably qualified and registered staff.
- Ensure that incidents are appropriately reported and investigated on the EAU.
- Ensure that the adaptation staff working in the hospital are provided with support, supervision and competency training as well as mentor support.
- Improve governance and assurance processes around the use of adaption staff throughout the hospital to ensure that they work within the scope of their role.
- Immediately improve inpatient deterioration recognition across all inpatient areas, particularly on Writtle Ward.
- Immediately work to reduce the number of patients who are on a waiting list for a follow-up outpatient appointment.
- Reduce the number of hospital-acquired pressure ulcers.
- Ensure medicines are administered in a timely way, especially for patients receiving intravenous antibiotics and time critical medicines.
- Ensure care documentation, including care plans and risk assessments, are undertaken in a timely way, accurately, are fully completed, and reviewed when required.
- Ensure that nursing handovers are robust and identify patients at risk.
- Ensure that there are sufficient and appropriately skilled nursing and medical staff on duty at all times to meet patients' needs in a timely manner.
- Ensure nurses have the appropriate/specific skills to care for all the patients in their ward areas.
- Improve treatment times for patients with prostate cancer to ensure a higher percentage of patients receive their required treatment within 62 days.
- Improve governance systems to include formalised and minuted mortality and morbidity meetings across the directorates.

# Outstanding practice and areas for improvement

- Ensure that systems for providing staff with feedback on incidents, and sharing learning from incidents, are embedded throughout the trust.
- Develop a strategy for the improvement and delivery of end of life care.
- Improve staff training and awareness on mental health, so that the provision and care for patients in urgent and emergency services with mental health conditions improves.
- Ensure patients with mental health concerns are risk assessed on arrival at the emergency department.
- Review staffing levels on the reception desk in the emergency department.
- Ensure that patients are referred to in a dignified and respectful way, and not as bed numbers, particularly on Danbury Ward.
- Ensure all items of equipment that require annual service and maintenance are maintained on time.
- Ensure patient prescription charts for medicines are signed when medicines are administered, particularly in the emergency department and emergency assessment unit.
- Ensure medicines cupboards are kept secure at all times.
- Ensure that intravenous (IV) fluids are stored securely to minimise the risk of tampering.
- Improve staff knowledge and understanding of what constitutes a safeguarding referral for adults.
- Ensure that all safeguard referrals for adults in the emergency department are completed and actioned in a timely way.
- Work to improve safety, and reduce incidents with a serious impact, on the labour ward.
- Reduce the number of elective surgeries, including elective caesarean cancellations.
- Improve hand washing techniques, and infection control practices and techniques, in the emergency control practices and techniques, in the emergency department, emergency assessment unit and on Writtle Ward.
- Ensure that only clinically appropriate patients are admitted to Writtle Ward, also ensuring that the medical outliers criteria for Writtle Ward is not breached.
- Review the decision to lift the birth cap on the maternity service, and determine a safe way to manage the increase in the number of women attending in labour.
- Improve the standard of 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms completion throughout the trust.
- Implement an approved end of life care plan and pathway for patients.
- Review the pathology referral system to ensure that all referrals are managed safely.
- Review the need for a dedicated link co-ordinator for the health team at HMP Chelmsford, to co-ordinate prisoner visits.
- Improve governance arrangements and quality assurance, particularly in incident reporting, risk registers and incident investigations.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Maternity and midwifery services	The trust has not updated risk assessments, risk registers and policies and procedures relevant to patient care within the department. Therefore the trust has failed to regularly assess and monitor the quality of the services provided.
Treatment of disease, disorder or injury	The trust is inadequately analysing the quality of serious incident investigations that resulted in, or had the potential to result in, harm to a service user because the investigations missed key items of information and there was a lack of lessons learnt from incidents and embedding of lessons learned from incidents.
	The trust did not have appropriate strategies in place for the provision of end of life care.
	Regulation 10(1)(a) and 10(2)(b) and (c)(i) HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The trust is failing to carry out assessments of needs to ensure the care delivered meets their needs and is planned for appropriately. The trust is failing to take proper steps to ensure that care plans are regularly updated to reflect people's changing care needs so that people in your care are receiving care that meets their needs and ensures their welfare and safety and reflects, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment. The trust is failing to plan and deliver care that meets the needs of people who are at risk of pressure ulcers and failing to provide them with foam mattresses with pressure-relieving properties. Care planning does not meet the individual needs of the service users and ensure their welfare and safety. The trust is failing to deliver treatment that reflects guidance issued by NICE in relation to pressure sores.</p> <p>Regulation 9 (1) (a) and (b) (i) (ii) and (iii) HSCA 2008 (regulated Activities) Regulations 2010 Care and welfare of service users.</p>

#### The enforcement action we took:

We served a warning notice on 06 February 2015. This notice was served under Section 29 of the Health and Social Care Act 2008.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The trust placed unregistered nurses in charge of patient caseloads. These staff members provided advanced nursing tasks including the handling of medicines without competencies or adequate supervision in place</p>

## Enforcement actions

which meant that patients will or may be exposed to the risk of harm. There was an insufficient number of suitably qualified, skilled, experienced and registered staff on duty at all times to meet the acuity level of patients. The trust was failing to protect service users from the risk of harm through care by clinically inexperienced and unregistered professionals. The trust also placed the wellbeing and clinical careers of staff on adaptation at risk as they were not adequately supported.

Regulation 21 (a) (ii) and (c) (i) and (ii) HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers.

### The enforcement action we took:

Urgent notice of decision served to impose conditions on the trust's registration as a service provider in respect of regulated activities. Notice served under Section 31 (1) (2) (a) of the Health and Social Care Act 2008.