

Southend University Hospital NHS Foundation Trust

Inspection report

Prittlewell Chase
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Southend University Hospital NHS Foundation Trust (SUHFT) provides acute services from Southend University Hospital, on its main Prittlewell Chase site, and outlying satellite clinics across Southend-on-Sea, Castle Point and Rochford, and Orsett Hospital. The trust is working in conjunction with two other trusts towards a merger of services, due to take place in April 2020.

The trust employs over 4,500 staff, serves a population of over 355,200 and has a higher proportion of people over 65 years of age (22.3%) compared to the UK average (18%).

Due to the pending merger of the three trusts in April 2020 of; Mid Essex Hospital Services NHS Trust with Basildon and Thurrock University Hospitals NHS Foundation Trust, and Southend University Hospital NHS Foundation Trust. The decision was made to inspect core services at Southend University Hospital NHS Foundation Trust and Mid Essex Hospital Services NHS Trust at the same time which meant the executive team would be interviewed once at the well led part of the inspection.

We last carried out an inspection at Southend University Hospital Foundation Trust April 2018. All core services were rated as good overall. The trust was rated as requires improvement for safe and responsive which resulted in an overall trust rating of requires improvement.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement



What this trust does

Southend University Hospital NHS Foundation Trust (SUHFT) provides a comprehensive range of acute services, including:

- General medicine
- General surgery
- Orthopaedics
- Ear, nose and throat
- Ophthalmology
- Cancer treatments
- Renal dialysis
- Obstetrics
- Gynaecology
- Children's services

Summary of findings

The trust is the South Essex surgical centre for uro-oncology and gynae-oncology surgery and has a dedicated stroke unit. The trust also provides services to the wider South Essex population for breast and aortic aneurysm screening, ophthalmology, and orthodontics.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Due to the number of core services we planned to inspect we performed an announced inspection, on the 5, 6 and 7 November 2019 and an unannounced visit on the 20 November 2019. We inspected the following core services; urgent and emergency care, medical care (including older people), surgery, maternity and outpatients.

We inspected these services provided by the trust in line with our current methodology.

Our comprehensive inspections of providers have shown a strong link between the quality of overall management of a provider and the quality of its services. For that reason, we look at the quality of leadership at every level. We carried out the well-led element of this inspection between 10, 11 and 12 December 2019. What we found is summarised in the section headed Is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We found that there were regulatory breaches resulting in requirement notices and found that the organisation was performing at a level which led to the overall rating as requires improvement.
- Overall, we rated safe and responsive as requires improvement, effective, caring and well-led as good. All ratings remained the same. In rating this trust we took into account the current ratings of the service not inspected on this occasion.
- We rated two (urgent and emergency care and surgery) of the five core services inspected as requires improvement and three services (medical care, maternity and outpatients) as good. The well-led part of the inspection was rated as good. We previously rated maternity alongside gynaecology, therefore we cannot compare the new ratings with previous ratings. In rating the trust overall, we took into account the three core services not inspected this time.

Summary of findings

- The trust did not always have enough staff to care for patients and keep them safe. Not all staff had received training in key skills. Staff did not always assess risks to patients, act on them and or keep good care records. Staff were not always managing medicines well. The trust generally controlled infection risk well. The trust managed safety incidents well and learned lessons used it to improve services.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services in the trust were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The trust did not always meet people's needs. Patients could not always access treatments in a timely manner in line with national standards. The trust was underperforming for a range of specialties to meet the national standards for the national 18 week referral to treatment times and 62 day cancer waits to treatment. The trust planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The trust engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. Not all electronic systems were integrated and reliable.

Are services safe?

Our rating of safe stayed the same. We took into account the ratings of services not inspected this time. We rated it as requires improvement because:

- Four core services were rated as requires improvement and one was rated good.
- Not all staff had completed the required mandatory training in key skills and had not met the trust's compliance for a number of modules. Staff had difficulty accessing life support training, due to courses available and staffing vacancy.
- Not all staff had received safeguarding training to the required national level. Although staff we spoke with did know how to recognise and report abuse.
- Not all core services controlled infection risk well we observed high risk patients not being appropriately segregated from other patients to prevent the spread of infection.
- Environments were not always maintained and in working order. We escalated concerns regarding call bells in the urgent and emergency department and toilet facilities that needed repair in outpatients.
- We found several areas where staff were not always fully completing risk assessments in line with national guidance. Record keeping varied, improvements were required in a number of core services.
- Nursing and medical staffing was a generic issue across all core services, although this was mitigated with the use of bank and agency staff to keep patients safe. The services were actively recruiting staff from overseas.
- Fridges that stored medicines required temperature checks, however the recording and escalation of out of range temperatures was inconsistent.
- We did not observe all services displaying safety thermometer data to share with staff, patients and visitors.

However,

Summary of findings

- The environment and equipment was visibly clean. Staff followed hand hygiene procedures and the use of personal protective equipment.
- It was evident that core services reported incidents, investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are services effective?

Our rating of effective stayed the same. We took into account the ratings of services not inspected this time. We rated it as good because:

- Three of the five core services were rated good for effective, one was rated requires improvement. One core service is not rated for the effective domain.
- All core services provided care and treatment based on national guidance and evidence-based practice. Staff followed up to date guidance and policies to deliver care to patients.
- Patients received food and drink to meet their needs. The trust supported patients when necessary and were able to support patients with special dietary and religious needs.
- Services assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Most services monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- We observed good multidisciplinary working and teams supporting one another in all of the core services.
- Most cores services supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Not all services had been accredited under relevant clinical accreditation schemes. The endoscopy department was not accredited with the 'Joint Advisory Group' (JAG); however, they followed the JAG principles and protocols and had plans to work with other merger sites towards JAG accreditation.
- Not all core services had ensured staff had received an annual appraisal.

Are services caring?

Our rating of caring stayed the same. We took into account the ratings of services not inspected this time. We rated it as good because:

- All core services we inspected were rated as good for caring.
- All core services consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Emotional support was provided to patients to minimise their distress.

Summary of findings

- Patients we spoke with felt involved in their care. The trust scored better than other trusts for three of the 24 Emergency Department Survey questions relevant to the caring domain. The trust scored about the same as other trusts for the remaining 21 questions.

Are services responsive?

Our rating of responsive stayed the same. We took into account the ratings of services not inspected this time. We rated it as requires improvement because:

- Three of the five core services were rated requires improvement for responsive, two were rated good.
- Patients could not always access treatments in a timely manner in line with national standards. The trust was underperforming for a range of specialties to meet the national standards for the national 18 week referral to treatment times and 62 day cancer waits to treatment.
- The trust did not always ensure the complaints process was completed in line with the trust policy.

However,

- Services were inclusive and took account of patients' individual needs and preferences. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received.

Are services well-led?

Our rating of well-led stayed the same. We took into account the ratings of services not inspected this time. We rated it as good because:

- Four of the five core services were rated good for well led, one was rated requires improvement.
- Most leaders and managers had the appropriate range of skills, knowledge and experience to perform their role.
- Governance processes were fully effective. Staff had regular opportunities to meet, discuss and learn from the performance of the service. Risks and issues were escalated promptly, and mitigating actions were taken quickly to reduce the impact of risks identified.
- The executive team and managers were mostly visible and approachable throughout all core services.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.
- All staff were committed and supported by managers to continually learn and improve their service. They had a good understanding of quality improvement methods and the skills to use them.

However,

- Leaders did not always have full oversight of risk or manage performance issues within their service.

Use of resources

Our rating of use of resources. We rated it as requires improvement because:

- There was significant room for improvement in the efficiency and effectiveness of the procurement function, which benchmarks poorly against others in several areas.
- The NHS foundation trust should continue to develop e-job planning and e-rostering to improve efficiencies in medical staff deployment.

Summary of findings

- Staff retention remains below the national average, with scope for improvement.
- The NHS foundation trust should improve the quality of its costing information, and review its data quality in its widest sense, in order to improve the accuracy and usefulness of benchmarking data and to better support management decision making.
- While there were some examples given, there was scope for further use of benchmarking data to inform decision making.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in urgent and emergency care.

For more information, see the Outstanding section of this report.

Areas for improvement

We found areas of breaches of legal requirements that the trust must put right. We found a number of things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following outstanding practice:

In urgent and emergency care

- The service had developed a 'dementia bus stop' within the department, which consisted of a bench, timetable and bus stop sign. This aimed to minimise anxiety and stress in patients with dementia attending the department.

Summary of findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take the following actions to bring services into line with legal requirements:

For the overall trust

- The trust must ensure that patients records are updated regularly and stored securely. Regulation 17: Good governance (2)(d)
- The trust must ensure it meets its targets for safeguarding training completion. Regulation 18: Safe staffing (1)

In urgent and emergency care

- The trust must ensure infection prevention processes are followed for patients suspected of carrying infectious diseases. Regulation 12: Safe care and treatment (2)(h)
- The trust must ensure all cleaning records are up-to-date. Regulation 12: Safe care and treatment (2)(h)
- The trust must ensure all patient call bells and emergency alarms are in full working order. Regulation 12: (2)(d)
- The trust must ensure it has sufficient oversight of all waiting areas, and that all patient call points are clearly signed. Regulation 12: (2)(d)
- The trust must ensure all early warning scores are correctly calculated, recorded and escalated. Regulation 12: Safe care and treatment (2)(a)
- The trust must ensure all risk assessments and checklists, including pressure risk assessments, fluid and nutrition assessments and invasive checklists, are completed. Regulation 12: Safe care and treatment (2)(a)
- The trust must ensure patient records provide a clear, accurate and up-to-date record of patients' care and treatment. Regulation 12: Safe care and treatment (2)(i)
- The trust must ensure robust processes are in place to share key information with other care providers, such as primary care GP assessment services. Regulation 12: Safe care and treatment (2)(i)
- The trust must use the findings of national and local clinical audits are used to make improvements to care. Regulation 17: Good governance (2)(b)
- The trust must ensure it appraises all staff's work performance regularly and holds supervision meetings with them to provide support and development. Regulation 17: Good governance (2)(b)
- The trust must ensure it continues to work to meet national targets for all accident and emergency departments, including the four hour target, arrival to treatment targets, referral to treatment targets, decision to admit targets. Regulation 17: Good governance (2)(b)
- The trust must ensure it meets its targets for mandatory training completion for nursing and medical staff, including for life support and resuscitation modules. Regulation 18: Safe staffing (1)
- The trust must ensure it has sufficient numbers of nursing staff on duty at all times. Regulation 18: Safe staffing (1)

In medical care (including older people)

Summary of findings

- The trust must ensure fire exits are kept clear at all times. Regulation 15: Premises and equipment 15 (1)(d)
- The trust must ensure notes trolleys are kept locked at all times. Regulation 17: Good governance (2)(d)

In surgery

- The trust must ensure that patient clinical risk assessments are completed and detail all risk identified and actions taken to mitigate them. Regulation 12; Safe care and treatment (2)(a)-
- The trust must ensure that medicine fridge temperatures are checked and recorded in line with the trust policy and that there is a clear escalation process which staff should follow when temperatures are outside the recommended range. Regulation 12; Safe care and treatment (2)(g)
- The trust must ensure that patients records are updated regularly and stored securely. Regulation 17: Good governance (2)(d)

In maternity

- The trust must ensure medical staff have level three safeguarding training in line with national guidance. Regulation 18: (1)

Action the trust SHOULD take to improve:

We told the trust that it should take the following actions either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services:

In urgent and emergency care

- The trust should ensure it controls access to the children's emergency department waiting area.
- The trust should ensure all patients who self-present to the department are triaged within 15 minutes, in line with national guidance.
- The trust should ensure all key diagnostic tests, such as electrocardiograms, are completed in line with national guidance.
- The trust should ensure it follows robust procedures for the monitoring of medicine fridge temperatures to ensure safe storage of medicines.
- The trust should ensure it accurately records patients' levels of pain.
- The trust should ensure all national clinical audit action plans are robust and provide a detailed programme of improvements to improve care and quality of service.
- The trust should monitor how well the service follows the Mental Capacity Act (2005).
- The trust should ensure all complaints are resolved in line with timescales specified in local policies.
- The trust should ensure all staff have regular opportunities to meet, discuss and learn from the performance of the service.
- The trust should ensure it has systems in place to manage risk and performance effectively, and to put actions in place to reduce their impact.

In medical care (including older people)

- The trust should improve compliance with staff mandatory, safeguarding and mental capacity training.

Summary of findings

- The trust should ensure staff are following infection prevention control protocol with regards to wearing correct personal protective equipment when entering isolation rooms.
- The trust should ensure nursing assessment records are completed.
- The trust should ensure entire safety thermometer data is displayed in wards for patients and staff to see.
- The trust should ensure robust action plans are in place for national audits.
- The trust should ensure complaints are managed in line with the trust policy.

In surgery

- The trust should ensure that there are robust processes in place to monitor and prevent surgical site infections.
- The trust should ensure that staff accurately record and calculate patient's fluid and food input and output.
- The trust should ensure that audit results are acted upon.

In maternity

- The trust should ensure that all handovers have a multidisciplinary presence to ensure all staff that provide care for women have all relevant and current information.
- The trust should ensure they continue to recruit to improve medical staffing.
- The trust should ensure that record audits meet National Institute of Health and Care Excellence (2012) Antenatal Care. Quality Standard (QS22) London: NICE.
- The trust should ensure all complaints are closed in line with the trust's policy.

In outpatients

- The trust should ensure all staff have completed mandatory training.
- The trust should ensure people can always access the service when they needed it and waiting times for treatment are in line with the England average for all specialities.
- The trust should ensure complaints are closed in line with the trust policy.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

- Most managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The trust board had the appropriate range of skills, knowledge and experience to perform its role.
- The board and site senior leadership team had set a clear strategy, vision and values that were at the heart of all the work within the trust. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- Leaders across the trust continued to work to promote a positive culture that supported and valued staff.

Summary of findings

- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The executive directors were aware of the risks within the organisation and ensured learning from incidents, complaints and safeguarding alerts was shared to drive forward improvements.
- The trust included and communicated effectively with staff, there was good engagement with the public.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the services.

However,

- The trust should ensure all senior site managers know of and are able to articulate quality improvement projects.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Southend University Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Good ↔↔ Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020	Requires improvement ↓ Mar 2020
Medical care (including older people's care)	Requires improvement ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020
Surgery	Requires improvement ↓ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020	Requires improvement ↔↔ Mar 2020	Good ↔↔ Mar 2020	Requires improvement ↓ Mar 2020
Critical care	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2017	Good Apr 2018
Maternity	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2019	Good Mar 2020
Services for children and young people	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
End of life care	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Outpatients	Good ↔↔ Mar 2020	N/A	Good ↔↔ Mar 2020	Requires improvement ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020
Overall*	Requires improvement ↔↔ Mar 2020	Good ↔↔ Mar 2020	Good ↔↔ Mar 2020	Requires improvement ↔↔ Mar 2020	Good ↔↔ Mar 2020	Requires improvement ↔↔ Mar 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Southend University Hospital

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Key facts and figures

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The trust employs over 4,500 staff, serves a population of over 355,200 and has a higher proportion of people over 65 years of age (22.3%) compared to the UK average (18%).

The trust provides a comprehensive range of acute services, including:

- General medicine
- General surgery
- Orthopaedics
- Ear, nose and throat
- Ophthalmology
- Cancer treatments
- Renal dialysis
- Obstetrics
- Gynaecology
- Children's services

The trust is the South Essex surgical centre for uro-oncology and gynae-oncology surgery and has a dedicated stroke unit. The trust also provides services to the wider South Essex population for breast and aortic aneurysm screening, ophthalmology, and orthodontics.

Summary of findings

Summary of services at Southend University Hospital

Requires improvement

At this inspection we inspected urgent and emergency services, medical care including older people's care, surgery, maternity and outpatients. We did not inspect critical care, services for children and young people or end of life care but we combined the last inspection ratings to give the overall rating for the hospital.

Our rating of services went down. We rated them as requires improvement because:

- Our rating for safe remained the same, requires improvement. Not all staff had completed mandatory training, infection prevention control processes were not always followed. Risk assessments were not always completed and documented in full. Not all safety results and performance met the expected standards.
- Our rating for responsive remained requires improvement. Patients could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were generally not in line with good practice. Complaints were not always responded to within the time lines of the trust's complaints policy.

However,

- Our rating for effective remained good. The service provided care and treatment based on national guidance and evidence of its effectiveness. The trust provided care and treatment based on national guidance and evidence of its effectiveness, staff assessed and monitored patients regularly to see if they were in pain, staff were competent for their roles, staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Nutrition and hydration needs were identified.
- Our rating for caring remained good. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise patients' distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Our rating for well led remained good. There was generally a positive culture that staff felt supported and valued. The services generally had managers at all levels with the right skills and abilities to run services providing sustainable care. The trust generally collected, analysed, managed, and used information well to support all its activities. Services had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff understood and demonstrated the trust's vision and values.

Urgent and emergency services

Requires improvement  

Key facts and figures

The trust provided the following information about their urgent and emergency care services:

The emergency department (type 1 and trauma unit) comprises nine minors' cubicles, 16 majors' cubicles, five resuscitation bays, one triage room, and a six-bay rapid assessment and treatment area.

The paediatric emergency department is co-located within the main emergency department and has six cubicles, one triage room, a waiting area with play facilities, and a dedicated paediatric resus bay which is based within the main emergency department resuscitation department. The paediatric emergency department is open 24 hours a day from Friday to Monday and from 8am to 9pm from Tuesday to Thursday. Outside of these times, the paediatric patients wait in a visually separate area from adult patients.

An emergency department consultant or experienced triage nurse streams walk-in patients, with non-acute patients directed to an on-site GP service. This service is operated by a primary care company from 8am to midnight, seven days per week.

The clinical decisions unit is based in the ambulatory emergency care unit and accepts patients from GPs, clinics, and the emergency department. There are 16 treatment chair spaces and six trolley spaces. There is dedicated consultant cover – one from 8am to 4pm and another from 1pm to 9pm, seven days per week.

We undertook a short notice announced inspection of this service from 5-7 November 2019, and a follow-up unannounced inspection on 20 November 2019. As part of our inspection, we visited all areas of the emergency department, including the majors' area, minors' area, resuscitation area, waiting areas and the children's emergency department.

During our announced inspection, we spoke with 40 members of staff, including managers, consultants, doctors, matrons, sisters, nurses, healthcare assistants and reception staff. We spoke with two adult patients, 10 relatives who had attended the department with young children and reviewed 17 sets of patient notes.

During our follow-up unannounced inspection, we spoke with 13 members of staff, including matrons, nurses, paramedics, healthcare assistants and student nurses. We spoke with five relatives who had attended the department with young children and reviewed a further nine sets of patient notes.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The service did not meet its targets for mandatory training and safeguarding training completion. Staff did not always control infection risk well, and the design and use of facilities and equipment was not always in line with best practice guidance. Staff did not always complete risk assessments for each patient swiftly and records did not always contain sufficient detail. The service did not always have enough nursing staff on duty. Staff did not always store medications effectively.
- We saw staff did not always complete nutrition assessments, fluid record charts, and pain score assessments. The service did not always monitor the effectiveness of care and treatment, including compliance to the Mental Capacity Act, and did not always use the findings to make improvements. Managers did not always appraise staff's work performance regularly.

Urgent and emergency services

- Patients did not always receive prompt care as waiting times from referral-to-treatment and arrangements to admit, treat and discharge patients were not always in line with national standards. The service did not always resolve complaints in line with policy and did not always identify trends and lessons learnt.
- The leadership teams did not always have the oversight to run the service. Although leaders had visions for what they wanted to achieve, there was no formalised or documented local strategy to turn it into action. Although the service had a governance structures in place, these were not always utilised effectively. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service. Leaders and teams did not always use systems to manage performance effectively and did not always identify and escalate relevant risks and issues or identify actions to reduce their impact. There were no clear quality improvement methods or systems in place to encourage innovation and continuous improvement, and to share best practices and learnings.
- We raised a number of these concerns during the inspection and managers responded appropriately.

However,

- Staff understood how to protect patients from abuse. Staff kept equipment and premises visibly clean and managed clinical waste well. The service had staff with the right qualifications and training and had sufficient numbers of medical staff to keep patients safe. Staff followed processes to prescribe and administer medicines effectively, and managers investigated patient safety incidents well.
- The service provided care and treatment based on national guidance, and staff gave patients enough food and drink to meet their needs. The service made sure staff were competent for roles, and saw staff worked well together as a team. The service operated 24 hours a day, seven days a week to support patient care. Staff support patients to make informed decisions about their care and treatment and gave them advice to lead healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care to meet the needs of local people and took account of patients' individual needs. Patients could raise concerns about the care they received, which managers took seriously and investigated.
- Leaders were visible and approachable and supported staff to take on senior roles. Staff felt respected, supported and valued. The service collected reliable data and analysed it and had integrated and secure information systems. Leaders and staff actively engaged with patients, staff and equality groups to plan and manage services.

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The service did not always provide mandatory training in key skills, including the highest level of life support training to all staff, and the number of staff who completed it did not always meet trust targets.
- Safeguarding training for nursing and medical staff did not always meet trust targets.
- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.

Urgent and emergency services

- Staff did not always complete risk assessments for each patient swiftly. Staff did not always identify and act upon patients at risk of deterioration.
- The service did not always have enough nursing and support staff on duty to keep patients safe from avoidable harm.
- Staff did not keep detailed records of patients' care and treatment. Records were not always clear and up-to-date to all staff providing care.
- The service did not always use systems and processes to store medicines effectively.

However,

- Staff understood and knew how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse.
- Staff kept equipment and premises visibly clean.
- Staff managed clinical waste well.
- The service had nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted medical staffing levels and skill mix and gave locum staff a full induction.
- The service had systems and processes in place to prescribe and administer medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service shared and used monitoring results to improve safety. The service collected safety information.

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always complete nutrition assessment and record charts.
- Records were inconsistent to demonstrate whether staff administered pain relief in a timely fashion.
- Staff did not always monitor the effectiveness of care and treatment. The service did not always use the findings to make improvements.
- Managers did not always appraise staff's work performance regularly and hold supervision meetings with them to provide support and development.
- Managers did not always monitor how well the service followed the Mental Capacity Act.

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients' subject to the Mental Health Act 1983.

Urgent and emergency services

- Staff gave patients enough food and drink to meet their needs and improve their health, and adjusted for patients' religious, cultural and other needs.
- Staff monitored and assessed patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Patients did not always receive prompt care as waiting times from referral-to-treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The service did not always resolve complaints in line with policy. The service did not always identify trends and lessons learnt and did not always resolve complaints within specified timescales.

However,

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could raise concerns about the care they received, which managers took seriously and investigated.

Urgent and emergency services

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Leadership teams did not always have the oversight to run the service.
- Although leaders had visions for what they wanted to achieve, there was no formalised or documented local strategy to turn it into action.
- Although the service had a governance structures in place, these were not always utilised effectively. Staff did not always have regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues or identify actions to reduce their impact.
- There were no clear quality improvement methods or systems in place to encourage innovation and continuous improvement, and to share best practices and learnings.

However,

- Leaders were visible and approachable in the service for patients and staff and supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. Staff focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. The service had integrated and secure information systems.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Outstanding practice

- The service had developed a 'dementia bus stop' within the department, which consisted of a bench, timetable and bus stop sign. This aimed to minimise anxiety and stress in patients with dementia attending the department.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take the following actions to bring services into line with legal requirements:

- The trust must ensure it meets its targets for mandatory training completion for nursing and medical staff, including for life support and resuscitation modules. Regulation 18: (1)
- The trust must ensure it meets its targets for safeguarding training completion. Regulation 18: (1)

Urgent and emergency services

- The trust must ensure it has sufficient numbers of nursing staff on duty at all times. Regulation 18: (1)
- The trust must ensure infection prevention processes are followed for patients suspected of carrying infectious diseases. Regulation 12: (2)(h)
- The trust must ensure all cleaning records are up-to-date. Regulation 12: (2)(h)
- The trust must ensure all patient call bells and emergency alarms are in full working order. Regulation 12: (2)(d)
- The trust must ensure it has sufficient oversight of all waiting areas, and that all patient call points are clearly signed. Regulation 12: (2)(d)
- The trust must ensure all early warning scores are correctly calculated, recorded and escalated. Regulation 12: (2)(a)
- The trust must ensure all risk assessments and checklists, including pressure risk assessments, fluid and nutrition assessments and invasive checklists, are completed. Regulation 12: (2)(a)
- The trust must ensure patient records provide a clear, accurate and up-to-date record of patients' care and treatment. Regulation 12: (2)(i)
- The trust must ensure robust processes are in place to share key information with other care providers, such as primary care GP assessment services. Regulation 12: (2)(i)
- The trust must use the findings of national and local clinical audits are used to make improvements to care. Regulation 17: (2)(b)
- The trust must ensure it appraises all staff's work performance regularly and holds supervision meetings with them to provide support and development. Regulation 17: (2)(b)
- The trust must ensure it continues to work to meet national targets for all accident and emergency departments, including the four-hour target, arrival-to-treatment targets, referral-to-treatment targets, decision-to-admit targets. Regulation 17: (2)(b)

Action the trust SHOULD take to improve:

We told the trust that it should take the following actions either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services:

- The trust should ensure it monitors access to the children's emergency department waiting area.
- The trust should ensure all patients who self-present to the department are triaged within 15 minutes, in line with national guidance.
- The trust should ensure all key diagnostic tests, such as electrocardiograms, are completed in line with national guidance.
- The trust should ensure it follows robust procedures for the monitoring of medicine fridge temperatures to ensure safe storage of medicines.
- The trust should ensure it accurately records patients' levels of pain.
- The trust should ensure all national clinical audit action plans are robust and provide a detailed programme of improvements to improve care and quality of service.
- The trust should monitor how well the service follows the Mental Capacity Act (2005).
- The trust should ensure all complaints are resolved in line with timescales specified in local policies.

Urgent and emergency services

- The trust should ensure all staff have regular opportunities to meet, discuss and learn from the performance of the service.
- The trust should ensure it has systems in place to manage risk and performance effectively, and to put actions in place to reduce their impact.

Medical care (including older people's care)

Good   

Key facts and figures

The medical core service includes inpatient and day case areas within medical specialities including renal, stroke, general medicine, respiratory, gastroenterology, diabetes and endocrinology, medicine for elderly, oncology, cardiology, physiotherapy, occupational therapy, histopathology, microbiology, and haematology.

There are 14 in-patient medical wards totalling 330 beds:

- One acute medical unit (24 beds)
- Two stroke wards comprising the acute stroke unit (42 beds including six acute stroke beds)
- One general medicine/renal ward (27 beds)
- One co-located cardiology ward and cardiac care unit (29 beds – eight of which are level 2 beds in the cardiac care unit)
- One general medicine/diabetes and endocrine/gastroenterology/infectious disease ward (35 beds)
- Two care of the elderly wards (59 beds)
- Two respiratory wards including an acute respiratory care unit (44 beds, including 12 level 2 beds on the acute respiratory care unit)
- Two oncology wards (40 beds)

The day assessment unit provides direct primary care access for multidisciplinary assessment and management of frail patients and has 12 beds for assessment/treatment.

The cardiac and medical day stay unit has capacity for 12 patients for medical day stay procedures including treatment of pleural effusions for lung cancer patients, stress echocardiography and the implantation of cardiac loops.

The chemotherapy unit has 22 treatment cubicles plus two side rooms to deliver chemotherapy treatment.

The hospital at home team is part of a group structure across three acute trusts, hosted by a local hospital. The nurse led team provides treatment to acute stable patients within their own home, whilst remaining under the care of the hospital consultant.

The trust had 55,418 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 25,185 (45.4%), 1,402 admissions (2.5%) were elective, and the remaining 28,831 admissions (52.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,901 admissions
- Clinical oncology: 9,992 admissions
- Clinical haematology: 5,811 admissions

Medical care (including older people's care)

Medical care services are managed within the directorate of medicine. The last CQC inspection of the medical care service at the Southend University Hospital was in November 2017 when the service was rated as good overall. Safe was rated as requires improvement. The remaining four key questions of effective, caring, responsive and well led were rated as good.

We carried out an announced inspection from 5 to 7 November 2019 during which we visited the acute medical unit, day assessment unit, discharge lounge, endoscopy unit and 11 medical wards.

We spoke with 44 members of staff including nurses, doctors, matrons, senior managers, healthcare assistants, pharmacists, allied health professionals, administrative staff and housekeepers. We also spoke with 16 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 14 care records including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

The inspection team consisted of a lead inspector, an assistant inspector, and two specialist advisors.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service generally had enough medical staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service generally controlled infection risk well. Staff assessed risks to patients, acted on them. They generally managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers generally monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. The service took longer than the trust target to investigate and close complaints.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

Medical care (including older people's care)

- Not all staff completed mandatory, safeguarding and Mental Capacity Act training. Although the service generally controlled infection risk well, not all staff followed hand washing principles. We observed two fire exits were obstructed with mattresses on the Eleanor Hobb and Windsor wards. Not all medical records were stored securely. Staff generally kept detailed records of patients' care and treatment. However, we found some gaps in nursing assessment records in the day assessment unit.
- Although staff monitored the effectiveness of care and treatment and generally used the findings to make improvements, outcomes for patients were variable. There was poor performance in some national audits relating to patient safety and treatment and although specialities discussed audit results as part of their local governance, we did not see evidence of robust action plans to improve this. The endoscopy department was not accredited with the Joint Advisory Group (JAG); however, they followed the JAG principles and protocols and had plans to work with other merger sites towards JAG accreditation.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Although the service provided mandatory training in key skills to all staff, not all staff completed it.
- Not all staff were up to date with safeguarding training.
- We observed two fire exits were obstructed with mattresses on the Eleanor Hobb and Windsor wards.
- Not all medical records were stored securely. Trolleys, although were able to be locked, were not locked on some of the wards we visited. This meant that there was a potential risk of unauthorised persons accessing medical and nursing notes. Patient records contained personal identifiable and sensitive information. Unlocked notes trolleys was an issue raised at the previous inspection.
- We found some gaps in nursing assessment records in the day assessment unit. There were two patients who should have had their treatment escalation plan completed prior to transfer to the acute medical unit. However, in other areas staff completed nursing records.
- Not all safety thermometer data was displayed on wards for staff and patients to see. Some information, such as falls and pressure ulcers were displayed, but not the entire safety thermometer data.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Medical care (including older people's care)

- The service generally had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Due to ongoing recruitment issues, some medical wards were short staffed, but we saw effective mitigations were in place. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service generally had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- Staff generally kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service generally used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. However, the service did not display the entire safety thermometer data on wards for patients and staff to see.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

Medical care (including older people's care)

However,

- Although staff monitored the effectiveness of care and treatment and generally used the findings to make improvements, outcomes for patients were variable. There was poor performance in some national audits relating to patient safety and treatment and although specialities discussed audit results as part of their local governance, we did not see evidence of robust action plans to improve this.
- Although medical staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards, not all had completed it.
- The endoscopy department was not accredited with the Joint Advisory Group (JAG); however, they followed the JAG principles and protocols and had plans to work with other merger sites towards JAG accreditation.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- The service took longer than the trust target to investigate and close complaints.

Medical care (including older people's care)

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders generally operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, although staff monitored the effectiveness of care and treatment and generally used the findings to make improvements, outcomes for patients were variable. There was poor performance in some national audits relating to patient safety and treatment and although specialities discussed audit results as part of their local governance, we did not see evidence of robust action plans to improve this. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take the following actions to bring services into line with legal requirements:

- The trust must ensure fire exits are kept clear at all times. Regulation 15: (1)(d)
- The trust must ensure notes trolleys are kept locked at all times. Regulation 17: Good governance (2)(d)

Action the trust **SHOULD** take to improve:

Medical care (including older people's care)

We told the trust that it should take the following actions either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services:

- The trust should improve compliance with staff mandatory, safeguarding and mental capacity training
- The trust should ensure staff are following infection prevention control protocol with regards to wearing correct personal protective equipment when entering isolation rooms
- The trust should ensure nursing assessment records are completed
- The trust should ensure entire safety thermometer data is displayed in wards for patients and staff to see
- The trust should ensure robust action plans are in place for national audits
- The trust should ensure complaints are managed in line with the trust policy

Surgery

Requires improvement  

Key facts and figures

Surgical provision within Southend University Hospital is delivered by several specialities from the trust's clinical directorates. The hospital has approximately 162 inpatient beds.

Specialities include:

- Trauma and orthopaedics
- Ophthalmology (which is provided at both Southend and Orsett hospitals)
- Oral and maxillofacial surgery (OMFS)
- Ear, nose and throat (ENT)
- Urology
- Breast surgery
- Vascular surgery
- Colorectal surgery

The trust has 11 theatres in the main theatre suite, three theatres in the day stay unit, one for minor operations and two ophthalmology theatres. The service provides assessments and treatment across a variety of clinical areas including an emergency surgical ambulatory care unit and a trauma ambulatory care service. Inpatient areas include a surgical assessment unit, speciality wards, day case area, elective admissions unit and a self-contained eye unit. During inspection, we visited the following areas:

- Balmoral (22 beds)- surgery and wound management
- Chalkwell (19 beds)- surgical assessment unit
- Castlepoint (35 beds)- trauma and orthopaedics
- Day surgery unit (25 trolleys)
- Elective admissions Lounge
- Eye unit (10 beds, 11 chairs)- ophthalmology
- Hockley (25 beds)- colorectal and gynaecology
- Shopland (35 beds)- orthopaedics
- Stambridge (26 beds)- surgical high dependency unit

The trust had 32,004 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 10,133 admissions (31.7%), 17,948 (56.1%) were day case, and the remaining 3,923 (12.3%) were elective.

(Source: Hospital Episode Statistics)

During inspection we reviewed 16 sets of patient records (medical and nursing notes), and spoke with 31 members of staff including doctors, nurses, allied health professionals, healthcare workers, administration staff and porters. We also spoke with 11 patients.

Surgery

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Medical staff compliance was below the trust target for most of the mandated topics. Patient clinical risk assessments were not always detailed or reviewed. There were also gaps in written evidence demonstrating actions taken in response to risks identified. Records were not always up-to-date or stored securely. There were gaps in records of food and fluid charts with variable details being recorded across all areas. Some charts reflected accurate input only and no charts were totalled at the end of the day demonstrating awareness of the patient's hydration. There were also gaps in the monitoring of medicine fridge temperatures, with limited evidence of actions taken. We were also not assured that surgical site infections were monitored.
- Audit results were not always acted upon. We saw that some wards completed local audits on patient records, however findings were not used to improve compliance.
- Waiting times from referral to treatment times and arrangements to admit, treat and discharge patients were variable with national standards. Complaints response times were longer than the trust target.

However,

- The service had enough staff to care for patients and keep them safe. Staff had the right qualifications, skills and experience to maintain patient's safety. Staff competence was monitored, and individuals worked collectively as part of the multidisciplinary team to ensure effective patient care. Infection control risks were managed well. Staff used recognised tools to assess patients risks, escalating concerns appropriately. The service managed medicines and safety incidents well and shared learning across the division and across the trust.
- Care provided followed national guidance and staff monitored effectiveness through national and local audits. Services were available seven days a week. Patients were provided with enough food and drink, and pain relief when they needed it. Patients were signposted to support services to support decision making and advised on how to lead healthier lives.
- Staff treated patients with compassion and kindness. Privacy, dignity, and individual needs were taken into account when planning or providing patient care. Staff provided emotional support to patients, their families or carers.
- The service planned care to meet the needs of local people whilst considering individual's needs. It was easy for patients to give feedback about the care provided and staff used this information to help develop services. Patients could access the service when they needed to.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- Medical staff compliance with mandatory training was below the trust target for 14 out of 16 topics.
- The service told us they had systems in place to identify and prevent surgical site infections, however, we were not provided with any evidence to support this.
- Assessments were not always detailed or reviewed. There were gaps in evidence demonstrating actions taken in response to risk assessments.

Surgery

- Records were not always up-to-date or stored securely.
- There were some gaps in the monitoring of fridge temperatures and limited evidence of actions taken in response to anomalies.

However,

- The service provided mandatory training in key skills to all staff. Nursing staff compliance was generally above the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff used recognised assessment tools to assess patients on admission.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept records of patients' care and treatment. Records were easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Surgery

- Patients waiting to have surgery were not left nil by mouth for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Food and fluid charts were not consistently completed.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were variable with national standards.
- Time taken to respond to complaints was longer than the trust target.

However,

Surgery

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and was working with stakeholders to formulate a strategy. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However,

- Audit results were not always acted upon.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The service must ensure that patient clinical risk assessments are completed and detail all risk identified and actions taken to mitigate them. Regulation 12: (2)(a)
- The service must ensure that medicine fridge temperatures are checked and recorded in line with the trust policy and that there is a clear escalation process which staff should follow when temperatures are outside the recommended range. Regulation 12: (2)(g)
- The service must ensure that patients records are updated regularly and stored securely. Regulation 17: (2)(d)
- The service should ensure that medical staff mandatory training compliance is above the trust target for all topics. Regulation 18: (2)(a)

Action the trust SHOULD take to improve:

The service should take action to:

- The trust should ensure that there are robust processes in place to monitor and prevent surgical site infections.
- The trust should ensure that staff accurately record and calculate patient's fluid and food input and output.
- The trust should ensure that audit results are acted upon.
- The trust should ensure complaints are completed in line with the complaints policy.

Maternity

Good ●

Key facts and figures

Southend University Hospital NHS Foundation Trust provides maternity services including, community midwifery and home birth services, antenatal, maternity triage service, labour, surgery, birth and postnatal in the hospital and community settings.

The in-patient services for maternity are based on the second floor of the cardigan building and include antenatal and postnatal wards (Margaret Broom 1 and Margaret Broom 2), the consultant led central delivery suite (CDS) and a midwifery-led birthing unit for women identified as low risk. The trust has 53 maternity beds. The fetal medicine unit (Kypos Nicolaidis) is based next to Margaret Broom 1 and provides fetal growth and wellbeing assessments and management of fetal disorders.

There is also a women's clinic on the ground floor of the nightingale building which is situated at the back of the main hospital block which provides antenatal and postnatal clinics. There are two community-based teams who provide antenatal and postnatal care from health centres, GP centres and include home visits.

Central delivery suite has six delivery rooms, two obstetric theatres and a two-bedded theatre recovery room. These facilities are complemented by an alongside four bed birth unit with two birthing pools and en suite facilities.

As part of this inspection we visited, maternity triage, antenatal and postnatal wards, consultant led delivery suite, midwifery led birthing unit, obstetric theatres, women's clinic and fetal medicine.

We spoke with 12 patients, four partners and 50 members of staff including medical and midwifery staff, maternity support workers, therapy and domestic staff. We observed care being delivered and reviewed 12 sets of records and medication charts. We checked 18 pieces of patient safety monitoring equipment. We reviewed a wide range of documentation including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. We attended handovers, safety huddle and a senior leaders meeting. Before our inspection, we reviewed performance information about this service.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Maternity staff had training in most key skills and managed safety well. The service controlled infection risk well. Staff assessed risks to women, and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.

Maternity

- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The service did not have enough medical staff to care for women and keep them safe. Not all medical staff received safeguarding level three children's training. Not all handovers had a multidisciplinary presence to ensure all staff that provided care for women had all the relevant and current information. Record audits showed that staff had not completed all documentation.
- The service did not always meet the trust's target to close complaints.
- The service did not have an up to date strategy

Is the service safe?

Requires improvement ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Record audits demonstrated that documentation completion could be variable. However, actions were being taken to address this and recent audit results had shown some improvement.
- Mandatory training compliance for maternity and medical staff did not meet all of the trust's targets. Medical staff had not completed level three safeguarding children training. Adult cardiopulmonary resuscitation completion rates were poor, although staff had been allocated dates for the future.
- Not all handovers had a multidisciplinary presence to ensure all staff that provided care for women had all the relevant and current information.

However,

- The service had medical and maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. The delivery suite co-ordinator was supernumerary and included in staff numbers.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and locum staff a full induction.
- The service used monitoring results to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. All patient safety equipment checked was within date of service and cleaned between use.

Maternity

- The design, maintenance and use of facilities, premises and equipment kept women safe. Staff were trained to use the equipment. Staff managed clinical waste well. When providing care in the women's homes, staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff identified and quickly acted upon women who were at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed women's safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Is the service effective?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave women enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease the pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for women.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain the women's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on women's care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Good ●

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff supported women and their families with a variety of signposting leaflets to support those that have experienced loss or who are recognised as needing emotional support.

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- Women could access the service when they needed it and received the right care promptly.
- It was easy for women and their partners to give feedback and raise concerns about care received. The service included the women and their families in the investigation of their complaint.

However,

- The service did not close all complaints in line with their trust's policy.

Is the service well-led?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve which was known by staff.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care.
- The service had an open culture where women their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations.

Maternity

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it.
- Leaders and staff effectively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- There was no local strategy signed off by the team, who told us they were waiting for the new head of midwifery to agree the strategy before launching.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Musts:

- The trust must ensure medical staff receive level three safeguarding children training. Regulation 18: (1)

Action the trust SHOULD take to improve:

Shoulds:

- The trust should ensure that all handovers have a multidisciplinary presence to ensure all staff that provide care for women have all relevant and current information
- The trust should ensure they continue to recruit to improve medical staffing.
- The trust should ensure that record keeping and audits meet National Institute of Health and Care Excellence (2012) Antenatal Care. Quality Standard (QS22) London: NICE.
- The trust should ensure all complaints are closed in line with the trust's policy.

Outpatients

Good   

Key facts and figures

Outpatient clinics are provided at Southend University Hospital for general medicine, neurology, transient ischemic attacks, diabetes and endocrinology, oncology, ophthalmology, renal, respiratory, cardiology, gastroenterology, falls and memory, surgery, and trauma and orthopaedics. If the clinical need arises, patients attending outpatient appointments have direct access to assessment beds via the on-call clinical teams. Off-site satellite clinics are also provided for adult hearing services, ophthalmology, diabetes, rheumatology, and chronic fatigue.

There are a number of areas that offer treatment/diagnosis in an outpatient setting including the chemotherapy unit, radiotherapy, the musculoskeletal infusion unit, physiotherapy, cardiac and pulmonary rehabilitation, hearing services, rehabilitation, and the sleep clinic. The trust's self-contained renal unit has 26 haemodialysis stations and they run a home haemodialysis programme.

Estuary Ward also has a self-contained infusion unit primarily for haematology and oncology patients. This unit has six chairs available for patients and is open from 8.30am to 5.30pm daily.

The Southend sexual health service is a partnership between a community interest company and Southend University Hospital and provides an integrated sexual health and family planning service.

The early rehabilitation and nursing team had recently expanded to take fractured neck of femur in an early supported discharge programme following its success with primary and revision joint surgery and supports patients in their own home.

(Source: Acute Routine Provider Information Request (RPIR) – Context acute tab)

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- People were not always able to access the service when they needed it waiting times were below the national averages. The service did not always close complaints in line with the trust policy. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

Outpatients

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good ●

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

We do not rate effective However, we found the following:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed patients to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Outpatients

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Patients could not always access the service for care and treatment when they needed it. Referral to treatment times for four specialities were below the national average and cancer waits targets were not met in line with the national targets.
- The service did not investigate and close complaints in line with the trust targets.

However,

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Outpatients

- It was easy for people to give feedback and raise concerns about care received.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve:

We told the trust that it should take the following actions either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services:

- The trust should ensure all staff have completed mandatory training.
- The trust should ensure people can always access the service when they needed it and waiting times for treatment are in line with the England average for all specialities.
- The trust should ensure complaints are closed in line with the trust policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Our inspection team

Fiona Allinson, Head of Hospital Inspections an Inspection Manager, two specialist advisors and an executive reviewer supported out well led inspection of the trust.

The team for the core service inspection included one inspection manager, five inspectors and five specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.