Basildon and Thurrock University Hospitals NHS Foundation Trust

Quality Report

Nethermayne
Basildon
Essex
SS16 5NL
0845 155 3111
www.basildonandthurrock.nhs.uk

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good
Are acute services at this trust safe?	Requires improvement
Are acute services at this trust effective?	Good
Are acute services at this trust caring?	Good
Are acute services at this trust responsive?	Good
Are acute services at this trust well-led?	Good

Summary of findings

Contents

Summary of findings

Overall summary

We inspected Basildon University Hospital and found that Basildon and Thurrock University Hospitals NHS Foundation Trust has made significant improvements to the care delivered to the population. We found very good care in most of the services we inspected. We saw some very good examples of care and treatment in maternity and children's services. Patients who needed end of life care were supported by compassionate and caring staff. The service in A&E was improving and patients were mostly seen within the four-hour target.

We also found areas where the hospital needs to continue to improve. We have said that the hospital must improve some of the ways in which it manages medication.

We spoke with patients, public and staff as part of our inspection.

Staffing

The trust employs around 4,500 staff. It has difficulty recruiting and retaining sufficient staff, particularly nursing staff, mostly because of its proximity to London. The trust has an ongoing recruitment campaign and has recently recruited over 200 new staff. It employs agency and bank staff to make up the shortfalls, and permanent staff spoke positively about the skills of their temporary colleagues. We found wards were staffed appropriately, and staff were able to say when they needed extra staff to cover shortfalls. Recruitment of senior medical staff was in progress to boost the numbers of staff who provided care and treatment both in and out of hours.

Cleanliness and infection control.

The hospital was clean and we observed good infection control practices among staff. Staff were wearing appropriate personal protective equipment when delivering care to patients and they cleaned their hands between patients. There were suitable hand washing facilities in the hospitals and a good provision of hand gels. We saw staff using the gels and asking patients to do the same. We did see two occasions when staff disposed of water they had used to wash patients in the hand washing sink rather than the sluice as we would expect. Staff observed the hospital's policy on being bare below the elbow. The number of methicillin resistant Staphylococcus Aureus (MRSA) bacteraemia infections and Clostridium difficile (C-diff) infections were within an acceptable range for a trust of this size. Each reported case had been reviewed in detail. The trust takes action to access its own performance with its policies and practices both for cleaning and infection control.

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of trusts.

Are services safe?

Requires improvement

We found the services at the trust were safe, but some improvements were required. Patients were protected from the risk of abuse. Incidents were mostly reported appropriately and investigated. There was evidence of learning from them to improve care. There were reliable systems, processes and practices in place to keep people safe who worked within the hospitals and across the trust.

The board and senior team had a focus on safety as demonstrated in interviews and board minutes. Staff at all levels described the focus on safety and referred to it as a priority. Staff felt able to raise concerns when they felt operational pressures, such as shortages of staff, had an impact on safety. The trust monitored safety at ward, specialty, divisional and trust level. The trust responded to risks and there was evidence of how plans for individual patients were changed in response to changing needs.

We found improvements had been made to the way in which medication was managed within the trust, but more were needed. We found gaps in recording of controlled drugs and other patient medication that needed to be improved.

Some patient records were not accurate or complete, which could mean that appropriate information was not available to plan care or judge if a patient's condition was improving or deteriorating. Staffing levels had increased and whilst recruitment continues bank and agency staff are employed to deal with shortages. Despite that the staff working in medical and surgical wards at the hospital felt under pressure at times. This has been recognised and the trust was continuing to actively recruit staff.

Are services effective?

Good

People's care was based upon current best practice. Staff followed recognised national guidance and guidance from Royal Colleges. Training for staff had improved, with all staff having access to mandatory training.

The trust planned to increase the numbers of staff by recruiting more nurses and doctors. There was a recent recruitment drive and 200 nurses had been employed. This had meant more staff were available on the wards to give care to patients.

Medical staff told us they were better supported by senior colleagues, although we found there could be improvements made to the on-site arrangements for consultant cover. This was evident in A&E where the number of consultants needed to be increased.

Summary of findings

There were better arrangements in place to improve the flow of patients through the hospital. Regular bed management meetings meant that patients were identified for early discharge, transfer or treatment, meaning the length of hospital stay was reduced.

Are services caring?

Good

People who spoke with us about their care all told us staff were caring and listened to them. We saw very good examples of caring and innovative practice that meant people were cared for. The team caring for maternity patients had been commended on their compassionate care. The children's and young people's team were recognised for supporting children to stay in touch with their families while they were in hospital.

We found that patients were treated with respect and dignity at the end of their lives, and relatives were supported by the bereavement and mortuary staff.

However, this was not the view of all the people who contacted us as part of this inspection. Some people told us the trust did not listen to them and staff were uncaring and unresponsive. We saw some areas for improvement. We saw and heard patients being referred to as 'feeders' and other patients were not spoken with during ward rounds.

Patients were offered 'comfort rounds' on all the wards we visited. This meant people were given drinks, food and snacks regularly.

Are services responsive to people's needs?

Good

The trust understood the needs of the local community it served and the impact upon the service they provided. They had worked with commissioners, GPs and other providers to ensure that pathways of care were in place to meet patients' needs. This included a better streamlined system for A&E, which enabled patients to be seen quicker.

The trust hospital supported vulnerable patients well to ensure care was delivered in their best interests. Staff had a good understanding of the Mental Capacity Act 2005 and knew how to support patients that could not make decisions because of a lack of capacity. The trust had worked collaboratively with the Royal College of Nursing to bring about improvements in the way it cares for people living with dementia.

Services were also in place to support people with a learning disability during their stay in the hospital.

The trust had taken action to improve the way that complaints were handled. A complaints review panel identified and shared wider lessons from complaints. Changes had been made to processes and procedures following complaints, and there were improvements in the timeliness of responses.

Summary of findings

Are services well-led?

Good

The trust was well-led. Its leadership and management had a clear vision and a credible strategy to deliver high quality care to patients. The trust's vision is to have 'care and compassion at the heart of everything we do'. All the staff we spoke with on the wards or in the focus groups understood this. Many of the staff spoke about the executive team with enthusiasm and respect. Staff told us the executive were highly visible and they knew the staff on the wards.

The change in leadership in the trust over the past 18 months has been significant. Staff and patients told us they had seen the difference. Many staff told us about the changes the chief executive and the nursing and medical director had made. Staff felt encouraged to speak up, raise concerns and be involved in the trust. Communication from the board to the ward had changed significantly, with staff feeling they could contact any member of the senior management team at any time.

Staff were supported by their peers and managers to deliver good care and to support each other. Staff said they felt proud to work at the trust, and were included and consulted about plans and strategies. The trust identified areas where improvements could be made, and organised work groups and experienced staff to address them.

Summary of findings

What people who use the trust's services say

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests for Accident & Emergency and Inpatient admissions. For the Inpatients Friends and Family Test, the trust's score was significantly lower than the England average in September 2013, although it was close to the England average for October to December 2013. The trust's response rates were similar to the average response rates nationally. The response rates were especially low in the A&E Friends and Family Test, at around 4% between September to November, rising to 11% in December 2013, compared to the national average of 13-15%. The trust's scores for the A&E test were significantly below the national average for September to November 2013.

The CQC 2013 Adult Inpatient Survey (September 2013 to January 2014) included the views of 396 patients, and shows that the trust is performing at similar levels to other trusts in all 10 areas of questioning. The trust scored 'worse than average' on only four key findings, all of which related to information provided to patients about medication.

The Cancer Patient Experience Survey is designed to monitor national progress on cancer care. A total of 152 acute hospital NHS trusts took part in the 2012/13 survey, which comprised a number of questions relating to 13 different cancer type groups. There were 69 questions where the trust had a sufficient number of survey respondents on which to base findings. It has performed 'better than other trusts' nationally for five of the 69 questions asked in the 2012/13 Cancer Patient Experience Survey, but 'worse than other trusts' for 24 questions.

We met a number of people at the listening event held on 19 March 2014, and received feedback from the local Healthwatch and Cure the NHS. In general, people were positive about their experiences at the trust. However, people told us that the trust could improve how it handles complaints, the noise on some of its wards and communication between staff and patients. We undertook a review of complaints using representatives from the Patients Association; they have recommended some areas of improvement for both the hospital and the trust.

Areas for improvement

Action the trust MUST take to improve

- The trust must improve the way medication is stored and recorded in all areas. We found controlled drugs were not recorded accurately in some surgical areas, we also found nutritional supplements that were out of date on Orsett ward and gaps in recording of administration on Osler and Kingswood wards.

Action the trust SHOULD take to improve

- The trust should make sure that all the governance arrangements are known and embedded for all staff by continuing the work it has already started.
- The trust should make sure that patients in the A&E waiting room are supervised so that any deterioration in their condition can be addressed.
- The trust should make sure that staff complete and use documentation to support people living with dementia.
- The trust should review the use of the day surgery unit for emergency admissions.
- The trust should make sure that patients are treated with respect and dignity at all times. Staff must not refer to patients as 'feeders'. There were signs above a patients beds on Bulphan ward stating 'feed me' and 'to be fed'.
- The trust should continue to remind staff of infection prevention and control practices.
- The trust should consider national guidance which recommends additional consultant hours and the

Summary of findings

employment of consultant midwives to maintain safe practice in the future for maternity services. The service had increased to take 4700 births but were not expecting an increase during 2014.
- The trust should review the availability of equipment in outpatients so that people can access the service without issue.
- The trust should continue to work it is doing to improve the delay in clinics and double booking of appointments.
- The trust should make sure that records pertaining to patients 'DNACPR' are completed. We found that this was not always the case.
- The trust should continue with its planned recruitment programme to ensure there is enough staff to meet patients' needs.

Good practice

Our inspection team highlighted the following areas of good practice:

- There was outstanding care and treatment for people using maternity services. We saw examples of innovation and good practice that made the patient experience a positive one. The bereavement service for parents who had lost their children was an outstanding service.
- We found children's services responsive to the needs of the patients. It was evident that patients had been consulted about the care they wanted and how they should receive it. We saw this in practice with the 'tops and pants' scheme on the wards.
- Patients approaching the end of their lives were supported and cared for by a caring team of people. The chaplaincy and bereavement services in particular supported people very well.
- Patients had very good care in critical care services.
- The excellent leadership in the trust has changed the culture and behaviour of staff working in the organisation. Staff told us they felt proud to work for the organisation. The use of the 'stepping up' meetings meant that staff have the opportunity to speak with a member of the executive team about issues and concerns facing them on a daily basis.
- The introduction of the specialist nursing staff for people living with dementia and learning disabilities meant that staff are beginning to understand how to support these patients effectively.

Basildon and Thurrock University Hospitals NHS Foundation Trust

Detailed findings

Hospitals we looked at :
Basildon University Hospital

Our inspection team

Our inspection team was led by:

Chair: Dr Linda Patterson OBE

Team Leader: Mandy Walker, CQC Inspection Manager.

The team of 38 included Care Quality Commission(CQC) inspectors and analysts, doctors, nurses, allied health professionals, patient Experts by Experience, a patient and public representative and senior NHS managers. Experts by Experience have personal experience of using or caring for someone who uses the type of service we were inspecting. We were also joined by two members of the Patients Association, who were developing a model for evaluating NHS complaint handling and learning processes.

Background to Basildon and Thurrock University Hospitals NHS Foundation Trust

Basildon and Thurrock University Hospitals NHS Foundation Trust serves a population of around 405,000 in south west Essex covering Basildon and Thurrock, together with parts of Brentwood and Castle Point. The trust also provides services across south Essex. The trust employs more than 4,000 staff and has more than 10,000 public members. The trust was awarded the status of Associate Teaching Hospital by the Royal Free University College London Medical School in 1997 and in 2002, the Secretary of State for Health conferred University Hospital status. The trust became one of the first 10 NHS foundation trusts in April 2004.

The trust provides an extensive range of acute medical services at Basildon University Hospital, which includes The

Detailed findings

Essex Cardiothoracic Centre and Orsett Hospital plus x-ray and blood testing facilities at the St Andrew's Centre in Billericay. However, only Basildon University Hospital was inspected as part of this inspection.

There have been three new appointments, including the chair and chief executive, since July 2012. Basildon and Thurrock University Hospitals NHS Foundation Trust has been inspected 17 times since registration, with 15 inspections carried out at Basildon University Hospital and two inspections at Orsett Hospital. The last inspection was carried out at Basildon University Hospital in September 2013 as the trust was not meeting the requirements of two regulations.

Why we carried out this inspection

We inspected this trust as part of our in-depth hospital inspection programme. We chose this trust because it represented a variation in hospital care according to our new Intelligent Monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. The trust was also inspected by Sir Bruce Keogh and subsequently placed into special measures. Using this information, the trust was considered to be a high risk.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always inspects the following core services at each inspection:

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young People
- End of life care
- Outpatients

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew about it. We carried out an announced visit on 19 and 20 March 2014. During the visit, we held focus groups with a range of staff in the trust, including nurses, doctors, physiotherapists, occupational therapists and pharmacists. We talked with patients and staff from all areas of the hospital. We saw how people were being cared for and spoke with carers and/or family members and reviewed patients' personal care or treatment records. We held a listening event where members of the public came and talked to us about their experiences of being cared for in the hospital and shared their feedback on how they thought the trust needed to improve. An unannounced visit was carried out during the evening on 19 March 2014 to review the ward handovers and A&E areas at Basildon University Hospital.

Requires improvement

Are services safe?

Summary of findings

We found the services at the trust were safe, but some improvements were required. Patients were protected from the risk of abuse. Incidents were reported appropriately and investigated. There was evidence of learning from them to improve care. There were reliable systems, processes and practices in place to keep people safe who worked within the hospital and across the trust.

The board and senior team had a focus on safety as demonstrated in interviews and board minutes. Staff at all levels described the focus on safety and referred to it as a priority. Staff felt able to raise concerns when they felt operational pressures, such as shortages of staff, had an impact on safety. The trust monitored safety at ward, specialty, divisional and trust level. The trust responded to risks and there was evidence of how plans for individual patients were changed in response to changing needs.

We found improvements had been made to the way in which medication was managed within the trust, but more were needed. We found that gaps in recording of controlled drugs and other patient medication that needed to be improved.

Some patient records were not accurate or complete, which could mean that appropriate information was not available to plan care or judge if a patient's condition was improving or deteriorating. Staffing levels had increased and whilst recruitment continues bank and agency staff are employed to deal with shortages. Despite that, the staff working in medical and surgical wards at the hospital felt under pressure at times. This has been recognised and the trust was continuing to actively recruit staff.

Our findings

Safety and performance

We found the services at the hospital were safe, but some improvements were required. The A&E department had clear policies and protocols in place, and there were daily safety briefings. The maternity unit provided safe care to pre and post natal women. Children received safe care throughout the trust. There were clear protocols and appropriate equipment in place in outpatients clinics to support safe care.

Where historical issues of safety had arisen, for example, the waiting time in A&E, the trust had responded robustly and had worked transparently with partners and commissioners.

There were sufficient staff with appropriate skills to deliver effective care and treatment for most of the time. The trust had vacancies and was recruiting. Bank and agency staff were employed in a planned way to meet shortfalls. Many staff regularly worked beyond their set hours.

Some patient records had not been fully or accurately completed, and this posed a risk to those patients. We found gaps in the monitoring of regular checks to prevent skin pressure damage and DNACPR records.

Learning and improvement

We looked at how the trust dealt with serious incident reporting. The trust is using national guidance to inform its patient safety policies with regard to 'Being Open' and reporting and investigating incidents. It also uses a template for reporting the findings of investigations, which is based on national guidance. Three serious incident reports we reviewed demonstrated that the principles of good investigations were applied. In one report, there is clear evidence of an investigatory methodology that attempts to uncover the root causes. We found when we spoke with staff they told us they had seen a shift in culture and approach to serious incidents and their investigation. Staff welcomed the opportunity to take part and learn lesson from the investigation.

Systems, processes and practices

There were systems and processes in place for reporting safety concerns, and these were in line with national guidance. The monthly multidisciplinary service and division meetings provided a forum for the discussion of performance and safety issues, as well as wider issues impacting on safety, such as staffing and resources. The board had a focus on safety, and executive and non-executive directors were directly involved in assessments of safety.

Monitoring safety and responding to risk

A programme of risk-based audits was undertaken, and the findings were used to improve patient safety. Audit results

Are services safe?

were prominently displayed in the corridors of wards and departments for patients, staff and visitors to see. Staff on some of the surgical wards did not understand how the results of these audits may have related to the care and treatment they provided. These included audits on hand hygiene, methicillin-resistant staphylococcus aureus (MRSA) screening, cleaning dementia screening and falls. Action was taken as a result of audit outcomes; examples of this included the provision of training and the replacement of equipment.

Medication management

We found throughout the hospital that medication systems could be improved. We found evidence to show that records for the administration of controlled drugs on a surgical ward (Bulphan) and theatres were not fully completed as required. We saw on some of the medical wards (Osler and Kingswood), staff signed to confirm the administration of medication without having witnessing the patient take it. On Orsett Ward, patients' nutritional supplements were out of date and there was no system in place to check this.

We did find a better system in place for the supply of patients' medication upon discharge. The pharmacy discharge team is reducing delays in discharge caused by medicine supply because they are working better with ward staff to coordinate patients' discharge. Nurses said they could access pharmacy services and advice during the day, including weekends and out of hours. However, when we looked at people's prescription charts we noted that sometimes when people were admitted to the wards they were not given some of their medicines for up to 24 hours or more after admission because the medicines had not been obtained and made available to administer. Nurses on the wards reported that there had been improvements in times taken to obtain medicines for people to take away when discharged from the hospital. Nurses at the discharge lounge also told us this had improved and medicines were no longer the main reason for delays at discharge.

People we spoke with who had been admitted to the hospital were generally complimentary about their treatment, how their medicines were managed and had few complaints. They told us they were given their medicines, including pain relief, when they needed them without delay. However, some said they had not received enough information about newly prescribed medicines.

Anticipation and planning

Patient safety and the anticipation of risk played a key part in planning. There was evidence of effective planning at the level of individual patients, with risks being assessed, and care being planned to avoid and mitigate risks. Early warning systems were in place for rapidly deteriorating patients.

The trust had increased the capacity of Basildon University Hospital by 67 beds and had a recruitment plan in place to increase numbers of staff. Over 200 new staff had been appointed to work as nurses in the trust. This had meant an increase of the numbers of available staff on the wards being able to care for patients.

Good

Are services effective?

(for example, treatment is effective)

Summary of findings

People's care was based on current best practice. Staff followed recognised national guidance and guidance from Royal Colleges. Training for staff had improved and all staff had access to mandatory training.

The trust planned to increase the numbers of staff by recruiting more nurses and doctors. There was a recent recruitment drive and 200 nurses had been employed. This had meant more staff were available on the wards to give care to patients.

Medical staff told us they were better supported by senior colleagues, although we found there could be improvements made to the on-site arrangements for consultant cover. This was evident in A&E where the number of consultants needed to be increased.

There were better arrangements in place to improve the flow of patients through the hospital. Regular bed management meetings meant that patients were identified for early discharge, transfer or treatment, meaning the length of hospital stay was reduced.

Our findings

Using evidence-based guidance

People's care and treatment was based on current best practice. Staff followed recognised national guidance such as the National Institute for Health and Care Excellence (NICE). We saw that staff in A&E followed guidance from the College of Emergency Medicine. Surgical staff were using the World Health Organisation (WHO) checklist in theatres for safer surgery.

The trust had put in place care pathways and care bundles. Pathways included a 'fallsafe' prevention programme, pressure ulcer reduction using the Surface, Skin inspection, Keep moving, Incontinence, and Nutrition (SSKIN) bundle. Other care bundles were in place for the effective management of sepsis, catheter care and early warning tools to monitor a patient's condition so if they deteriorated medical staff would be alerted.

The trust was regularly participating in clinical audit. We saw examples of local and national audits in all service areas, and staff were able to demonstrate changes to practice made as a result.

Performance, monitoring and improvement of outcomes

The trust had implemented the 'hotspots' and 'topspots' scheme throughout the hospital. The scheme was designed to update staff on the trust's performance in relation to patient safety and provide 'trustwide' alerts of incidents that could potentially impact upon patient safety. This included information about falls prevention and how they patient experience could be improved. Most of the staff we spoke with knew about this scheme but not all staff understood its relevance to the care they provided.

The hospital has a mortality reduction programme group. The group met monthly, and included staff from the hospital, clinical commissioning group and Dr Foster, with the aim of systematically reviewing all deaths and mortality alerts. Staff have access to the mortality activity review system (MARS), which had enabled the hospital to increase the number of reviews it completed so it could share more learning and reduce death rates.

The overall trust Hospital Standardised Mortality Ratio (HSMR) has no evidence of risk. However, the sub-indicator mortality outlier alert: Coronary atherosclerosis and other heart disease was flagged as an elevated risk. This meant the trust was performing the same as other hospitals across England.

At our last inspection September 2013, we issued a compliance action telling the hospital it needed to improve the way in which it coded and recorded information about mortality. We looked at the improvements the hospital had made since then. We found a lot of positive changes had been made within the coding team. The introduction of the 'Electronic Patient Record' has meant that patients' records, data about discharge or death can be processed within five days. The team had developed training video for staff about the importance of coding and it was being used in the induction training of new staff. We found the requirements of the compliance action had meet met

Staff, equipment and facilities

There were good systems in place to make sure equipment was kept in good order and fit for patient use. We saw on some wards that some extra pieces of equipment would

Good

Are services effective?

(for example, treatment is effective)

have improved the outcomes for patients, such as extra wheelchairs and blood pressure monitoring equipment. All equipment to resuscitate patients was well maintained and checked regularly by staff to make sure it was effective.

We found the trust had a recruitment plan in place and had recently recruited over 200 new nurses to boost the numbers of staff on the wards. There are continued efforts to recruit medical staff to senior posts, such as consultants in A&E. We found that despite the shortages of senior medical staff being on site, on-call services were safe and patients were being treated effectively.

Staff told us that training had improved and access to training was better. Doctors in training said they were supported by senior staff and felt able to approach middle grade doctors and above for advice when they needed it. There were processes for performance and professional management of staff. Mandatory training for all clinical staff included safeguarding vulnerable adults, infection control, pressure ulcer prevention and manual handling. Medical supervision of trainees was improving throughout the trust. Most staff of all disciplines told us that they felt senior managers encouraged them to take up training opportunities.

The executive team were proactive in managing those staff that were not performing and had taken action to remove staff from the trust when this happened. Three senior medical staff had been dismissed recently because of concerns about the care they were providing for patients.

Multidisciplinary working and support

We saw some good examples of multidisciplinary working, both between hospital staff and with external bodies. We saw that doctors and nurses worked together to expedite appropriate care for patients and that pharmacists and other allied healthcare professionals were involved in making decisions about the provision of care and treatment. The recently introduced 'stepping up' meetings had proved to be very popular with staff. The meetings were attended by a member of the executive team and were held every morning at 8.30am to enable staff to raise issues about care delivery or issues in their department. Staff also told us they were provided with feedback and updates on any issues that were raised.

The bed management meetings also brought together senior hospital staff and ward staff with pharmacy, social workers and allied healthcare professionals to facilitate an appropriate discharge for patients. This also meant that patient flows were maintained throughout the hospital and beds were available for new admissions. Ward staff discussed patients who were medically fit for discharge and sought assistance from others at the meeting in order to expedite the discharge.

Good

Are services caring?

Summary of findings

People who spoke with us about their care all told us staff were caring and listened to them. We saw very good examples of caring and innovative practice that meant people were cared for. The team caring for maternity patients had been commended on their compassionate care. The children's and young people's team were recognised for supporting children to stay in touch with their families while they were in hospital.

We found that patients were treated with respect and dignity at the end of their lives and relatives were supported by the bereavement and mortuary staff.

However, this was not the view of all the people who contacted us as part of this inspection. Some people told us the trust did not listen to them and staff were uncaring and unresponsive. We saw some areas for improvement. We saw and heard patients being referred to as 'feeders' and wanderers'; other patients were not spoken with during ward rounds.

Patients were offered 'comfort rounds' on all the wards we visited. This meant people were given drinks, food and snacks on a regular basis.

Our findings

Compassion, dignity and empathy

We saw some very good examples of compassionate caring and kindness towards patients and relatives during this inspection. The Basildon Supervisors of Midwives Team had been awarded the Supervisors of Midwives 2013 Team of the Year award, at the Local Supervising Officer's Annual Forum in December 2013. The team was commended for promoting compassionate care. We found staff supported children to stay connected with their families during their hospital stay. We also spent time with the bereavement and mortuary staff and could see that care provided to patients after their death was dignified.

We also saw examples of care that should be improved. Staff on some surgical wards were observed not speaking with patients during a ward round. Other patients in other wards were referred to as 'feeders'.

Involvement in care and decision making

All of the patients we spoke with were clear they had been involved in discussions about their care and treatment. Some of the people attended the listening event told us they did not feel the trust had listened to them and at times this had affected their involvement in the care.

Analysis of data from CQC's Adult Inpatient Survey 2013 showed the trust performed about the same as other trusts in all 10 areas of questioning.

Trust and communication

Staff worked hard to develop positive relationships with patients and those close to them. Staff were open and honest with patients and encouraged questions about care and treatment.

Patients told us they understood what medicines they were taking. This was because staff explained about any new medicines they were prescribed or why doses were changed. They said that the nurses told them all about the medicines they would be taking home with them when they were discharged.

Staff also worked hard to allay patients' fears and anxieties about their treatment, for example there was a pre-admission procedure for patients who would need intensive care after their surgery, that included a visit to the post-operative critical care section of the unit. This gave people the chance to speak with staff and receive reassurance and information about pain control, intubation and any other concerns they may have about their operation.

Emotional support

We found that the trust provided emotional support for patients and relatives in all areas we visited. Patients were supported during comfort rounds, where staff offered them drinks and snacks and pain relief. We saw patients were supported by staff when they were being given bad news, information about their care, and their discharge planning. Staff worked with professionals outside of the trust and the hospital to make sure that patients were supported at the end of their lives.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The trust understood the needs of the local community it served and the impact on the service provided. The trust had worked with commissioners, GPs and other providers to ensure that pathways of care were in place to meet patients' needs. This included a better streamlined system for A&E, enabling patients to be seen quicker. There was still further improvement needed to the waiting time for some appointments in outpatients, but the trust had already taken action to investigate this further.

The trust's hospital supported vulnerable patients well to ensure care was delivered in their best interests. Staff had a good understanding of the Mental Capacity Act 2005 and knew how to support patients that could not make decisions because of a lack of capacity. The trust had worked collaboratively with the Royal College of Nursing to bring about improvements in the way it cares for people living with dementia.

Services were also in place to support people with a learning disability during their stay in the hospital.

The trust had taken action to improve the way it handled complaints. A complaints review panel identified and shared wider lessons from complaints. Changes had been made to processes and procedures following complaints, and improvements in the timeliness of responses were seen.

Our findings

Meeting people's needs

The trust understood the different needs of the community that it served. The trust used this information to plan and design services. The trust demonstrated that it had worked with commissioners, GPs and other providers to ensure that care was co-ordinated to meet people's needs. These arrangements were working as effectively as they could be.

Vulnerable patients and capacity

The trust has worked with the Royal College of Nursing to improve the experience for people living with dementia. We found that further improvements could be made to the service it provides for people living with dementia. For example, we found incomplete 'this is me' records. Staff did not always understand how to help people - particularly those with behaviour that could challenge. All patients over the age of 75 were screened on admission to the hospital for dementia; there was also support from the RAID team, a specialist team offering advice and care for staff and patients about their dementia care.

The care for people with a learning disability is improving. Staff told us about arrangements in place across the trust. The support from the specialist nurse and the use of the communication passports. This was particularly well done in children's services, where we saw families offered support and advice very early on in the child's treatment.

There were services available throughout the trust and hospital for those people who did not have English as their first language.

All the staff we spoke with were aware of their role in supporting people to make informed decisions about their care. Staff were able to discuss with us situations where patients did not have capacity to consent to treatment and what steps they would take. Staff had been trained to understand the principles and practice of the Mental Capacity Act 2005.

Access to services

The trust was working with commissioners to look at ways to improve patients' access to services. For example, the introduction of the streaming system in A&E meant that patients are seen promptly on arrival and the flow the department is streamlined.

Leaving hospital

Patients' needs and wishes were taken into account so that they were ready to leave hospital at the right time, when they were well enough, and with the right support in place. Some patients were delayed in leaving hospital because appropriate support packages of care at home, or care home beds, were not available at the time that they needed them. The trust had some nursing posts focused on arranging discharges, and staff and patients found this very effective. Care co-ordinators and social workers were also involved in daily ward rounds to help with the planning and liaison of care outside hospital. Patients gave examples of how they had been involved in these discussions, and had been supported to make decisions. Patients were discharged with helpful information. The

Good

Are services responsive to people's needs?

(for example, to feedback?)

pharmacist team had also worked with ward staff to improve the service so that patients were not delayed leaving the hospital because they had needed to wait for medication.

The Adult Inpatient Survey 2013 said the hospital met national targets around discharge. Results for patients being given enough notice about when they were being discharged, and not being delayed more than four hours, were in line with expectations.

Learning from experiences, concerns and complaints

The trust has improved the way that it acknowledges, investigates and learns from complaints, although there was scope to consolidate and extend these improvements.

A new nurse-led PALS (Patient Advice and Liaison Service) had been introduced, which aims to directly support patients with their immediate issues and concerns. The Chief Executive Officer has been proactive in promoting a caring culture within the trust. This had been seen through the number of complainants and family members that the Chief Executive has spoken with and met personally.

Staff throughout the trust told us that they operated in a care environment where 'patient focus is key' and where complaints are valued. The complaints team told us that they aimed to increase the number of early stage meetings that are held face-to-face with families and their relatives. This meant that the trust was actively demonstrating that it was taking complaints seriously and that it is committed to improving patient experience.

The trust had taken steps to ensure that complaints were acknowledged within a reasonable timeframe. The complaints team told us that a key performance indicator was in use, which monitored the timeframe in which formal complaints were acknowledged. Recent performance reports showed that the time to acknowledge and investigate complaints had improved greatly over the last year.

We spoke with four members of staff working in the complaints team. They shared innovative ideas with us around future plans for training all trust staff around the complaints process. Some training had been rolled out, but uptake had been inconsistent across the trust with high levels of attendance from staff representing the Cardiothoracic Centre and no staff attending from some clinical divisions. We spoke with patients who were using services across most clinical divisions during the course of our inspection. The majority told us that they knew how to complain if they needed to and that they would be confident to do so. Some patients were not as sure about the complaints process, but said that they would ask staff to point them in the right direction is they had any issues. Two patients told us that they would not feel comfortable making a complaint during their hospital stay as this would leave them feeling vulnerable. We spoke with staff across most clinical divisions and found that, in general, they had a good knowledge about how to support someone to make a complaint or to access the PALS service. Consultants, healthcare assistants, nurses and junior doctors told us about the importance of pre-empting any issues that patients and their families might have and addressing them promptly before a formal complaint arose. This meant that staff were proactively supporting patients and their families to verbalise their concerns with the aim of finding a swift and suitable resolution.

There were new mechanisms in place to share learning across the trust, including monitoring by the clinical divisions and the complaints team. We spoke with clinicians across most divisions who were able to give us specific examples of learning that had arisen from both complaints and incidents.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

The trust was well-led. The leadership and management of the trust had a clear vision and a credible strategy to deliver high quality care to patients. The trust's vision is to have "care and compassion at the heart of everything we do". All the staff we spoke with on the wards or in the focus groups understood this. Many of the staff told us about the executive team with enthusiasm and respect. Staff told us the executive were highly visible and they knew the staff on the wards.

The change in leadership in the trust over the past 18 months has been significant. Staff and patients told us they had seen the difference. Many staff told us about the changes the chief executive and the nursing and medical director had made. Staff felt encouraged to speak up, raise concerns and be involved the trust they worked in. Communication from the board to the ward had changed significantly, with staff feeling they could contact any member of the senior management team at any time.

Staff were supported by their peers and managers to deliver good care and to support each other. Staff said they felt proud to work at the trust, and were included and consulted about plans and strategies. The trust identified areas where improvements could be made, and organised work groups and experienced staff to address them.

Our findings

Vision, strategy and risks

We found the leadership of the trust and hospital to be very good. The executive team were highly visible and recognised by all the staff who worked there. Staff told us they were approachable and they felt they genuinely wanted to make improvements. There was a defined change in culture and openness in the trust. Staff were able to tell the values of the trust and displayed these characteristics in their work. Most staff knew of plans for their departments and were aware of the risks the trust faces in terms of capacity and pressures within the A&E department. The 'stepping up' meetings held each morning at 8.30am gave staff the opportunity to raise issues, 'hotspots' in their clinical areas. Each meeting was attended by a member of the executive team and staff told us they knew their concerns were listened to. Staff were also given feedback and updates on the issues they had raised. Staff told us in focus groups, that these meetings had also helped staff form better working relationships and develop their sense of pride in the services they were providing.

Governance arrangements

There was an integrated governance framework across the trust. These arrangements ensured that responsibilities were clear, quality and performance were regularly considered, and problems detected, understood and addressed. Each of the six divisions was led by a Clinical Director, General Manager and Head of Nursing and Quality. There was a monthly emergency department clinical governance meeting, which looked at both clinical and operational issues. Messages and learning from this meeting was cascaded to all staff through department meetings, information on notice boards, and discussion at handovers.

There were monthly governance newsletters shared with staff which included: the risk register, incident updates, and patient safety and experience.

Ward staff showed us the monitoring arrangements and feedback about ward performance. Clinical governance meetings were held, and incidents, complaints and concerns were identified. The trust risk register identified the most serious patient safety risks, and those breaching waiting time targets or good practice guidance. Ward staff meetings were held when staff received feedback and could discuss monitoring results. Senior management clinical governance took place to review all areas of care provided.

Leadership and culture

We found the leadership in this trust to be exceptional. We spoke with most of the executive team, the non-executive directors and governors, all of whom displayed a clear dedication to the success of the trust and the quality of care it provided for the people who used it. We were told by the governors they were more involved in the trust and the provision of the service. They felt confident in holding the board to account when things could have been done better.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The executive team was regularly seen out and about on the wards and departments. Staff told us they felt they could approach them at any time to talk about concerns they had about their work. This was a significant change in culture and openness in this trust.

We were told by staff in focus groups that they were supported by the management team. We were told by one patient, "I have seen the CEO out and about on the wards and when it's busy she is there with her sleeves rolled up in A&E to see what can be done". Other staff told us, "the 'hotspots and topspots' has been a great innovation, improvement is everyone's business - not just those at the top."

Patient experiences, staff involvement and engagement

The trust recognised the importance of patient and public views. Patient and staff feedback was a standing agenda item and monthly governance and board meetings. This feedback was considered alongside other performance information. Staff felt involved and informed about patient experiences. The clinical governance committee received reports on the concerns raised by whistleblowers. Action plans were in place at ward and service level to improve practice and patient experience. Positive feedback was shared with staff and displayed in ward areas. The trust's 'Stepping up' project empowered and encouraged staff to find innovative solutions to the issues they had identified.

We spoke with the Chairman of the trust who told us learning from patients and their experience was a top priority. We were told how each board meeting is started with a 'patient story'; this helped keep the patient experience in the minds of staff. We were told of a situation where a patient's poor experience had led to an improvement in the development of care for patients diagnosed with sepsis.

The trust continues to refine its board development programme and undertakes an annual self-assessment against the quality governance framework. The senior management team has further plans to include staff in the development of its annual business and quality account planning process. Staff on ward areas were able to tell us about the developments at the trust and for their particular ward.

The trust has systems in place such as 'hotspots and topspots' briefings to keep staff informed of plans and activity. Team meetings were held regularly with staff and issues within the area discussed. Some of the surgical and medical wards still have work to do in order to make sure this system is fully embedded.

Not all of the patients we spoke with during this inspection were happy with the way in which they felt they had been treated by the trust. We found the trust was being more open and encouraging in trying to engage with patients who were not satisfied with their experience. We saw evidence of how the trust had engaged with patients to learn from their experience. Patients who attend our listening event told us they had seen a change in the culture at the trust and hospital. One person told us they has visited the hospital on two occasions in the past and had needed to complain about their care on both occasions. On the person's third admission they told us, "credit where it is due, there have been some real changes here, well done Basildon."

The introduction of the 'tops and pants' washing line in children's and younger persons services was a good example of how patients were being listened to and their views acted on.

Maternity services had involved patients who all used to service to develop the quality of care they received when patients experienced problems with gestational diabetes. The support service provided for bereaved parents had been developed after listening to the experiences of patients. This service was recognised by the Royal College of Midwives in 2013.

There was a difference between the 2013 NHS staff survey results for the trust, and the enthusiasm and passion that was observed during the inspection, and communicated in focus groups and staff drop-in sessions. The trust scored better than average for 10 questions and worse than average for 13 questions. The survey captured the responses of 1,300 staff from across the trust. Some staff told us that they had felt uninspired in the past, but that they recognised that things were different now. Staff reported feeling satisfied with their jobs, support from managers, reduced work pressure and trust communication had improved. The trust needed to make further improvements for staff in terms of access to training such as equality and diversity and health and safety training.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The trust had recently conducted its own staff survey the results of which were positive and showed what staff had told us throughout this inspection about the change of culture, leadership and pride in working for the trust.

Learning, improvement, innovation and sustainability

The board and the executive team encouraged staff at all levels to invest in their learning and development. There was a Board Development Programme in place, which assessed and addressed individual and overall Board development needs. Staff at all levels, in all services, at the hospital told us that learning and improvement was a priority for them and for their managers. There were times when training and development activities were cancelled or postponed when there were shortages of staff.

Junior doctors and student nurses were very positive about the quality of teaching within the trust, and the support they received. The General Medical Council reported that the trust was mostly similar or better than expected in results from the National Training Scheme Survey for doctors in January 2014.

Staff we met said they felt encouraged within their departments to be innovative. The midwifery team said they were able to attend national conferences. Staff we met said they felt encouraged within their division to learn and improve. Nursing staff said they took part in national training. A consultant told us the trust enabled them and colleagues to attend professional development courses and national conferences, and gave them time to travel and stay overnight when needed. Staff were aware of external reviews that had taken place; for example, the Keogh Rapid Review 2013. Staff described the actions that had been taken following this review, and the improvements that have been made to services.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of medicines. How the regulation was not being met: Controlled drugs were not consistently being recorded, the administration records of patients were incomplete and nutritional supplement were out of date and no system in place to replace them. Regulation 13 The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.