

# Mid Essex Hospital Services NHS Trust

## Inspection report

Broomfield Hospital  
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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 

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.

# Summary of findings

## Background to the trust

Mid Essex Hospital Services NHS Trust was established in 1992 and continues to provide local elective and emergency acute medical services for adults and children for over 380,000 people living in and around Chelmsford, Maldon, Braintree and Witham. The trust also includes Braintree Community Hospital which covers the whole of Mid Essex and includes a variety of services including x-rays, MRI scans, CT scans, ultrasound, day surgery, endoscopies, physiotherapy, nursing and rehabilitation services.

The trust employs over 5,000 staff and had a total turnover of £317m in 2018/19.

The trust continues to focus on performance and financial improvements, supported by NHS Intelligence, NHS England and the CCG, to deliver their vision of becoming a financially stable, modern health system that delivers integration and excellence in local and specialist services.

Mid Essex Hospitals NHS Trust remains a non-foundation trust. The trust began working closely with Southend University Hospital NHS Foundation Trust and Basildon and Thurrock Hospitals NHS Foundation trust in 2014. In 2015 the Essex Success Regime was announced and collaborative working to have a joint clinical strategy began and continues. The leadership team's restructure of the three trusts commenced in 2016 and was formalised as of 1 January 2017, shared governance arrangements began in March 2017.

This vision will continue through the proposed merger in 2020 of Mid Essex Hospital Services NHS Trust with Basildon and Thurrock University Hospitals NHS Foundation Trust, and Southend University Hospital NHS Foundation Trust.

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 Mid Essex Hospital Services NHS Trust December 2018. One core service was rated outstanding, three core services were rated good, five core services were rated requires improvement and one core service was rated inadequate. The trust was rated as requires improvement for safe, effective, responsive and well led 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

Mid Essex Hospital Services NHS Trust provides a comprehensive range of acute services, including:

- General medicine
- General surgery
- Orthopaedics
- Ear, nose and throat
- Ophthalmology

# Summary of findings

- Cancer treatments
- Renal dialysis
- Obstetrics
- Gynaecology
- Children's services

In addition, the trust provides county wide plastics, head and neck, and upper gastrointestinal (GI) surgical services to a population of 3.4 million and a supra-regional burns service to a population of 9.8 million.

## 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, outpatients and gynaecology.

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. The overall rating remained the same. In rating this trust we took into account the current ratings of the service not inspected on this occasion.

# Summary of findings

- We rated two (urgent and emergency care and surgery) of the six core services inspected as requires improvement and four services (medical care, maternity, gynaecology 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 our current methodology gynaecology is not aggregated in the overall ratings. Rating the trust overall, we took into account the three core service not inspected this time.
- 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 fully document risk assessments of patients. Staff were not always managing medicines well.
- 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. The trust was not externally reporting due to data validation issues.

## 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:

- Two of the six core services were rated as requires improvement and four as good.
- Not all staff had completed the required mandatory training and competency assessments in key skills and had not met the trust's compliance target for a number of modules.
- Not all staff had received children's safeguarding level three training in line with national guidance.
- We found several areas where staff were not always fully completing risk assessments in line with national guidance. Record keeping varied, improvements with documentation were required in a number of core services.
- Nursing and medical staffing was a general issue across all core services. Although this was mitigated with the use of bank and agency staff to keep patients safe. The service was actively recruiting staff from overseas.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. In outpatients the chemotherapy suite did not have a specific treatment room and was not designed to accommodate the number of patients receiving treatment.

However,

# Summary of findings

- Generally core services controlled infection risk well. Staff adhered to policy for hand hygiene and staff followed infection control principles including hand hygiene and the use of personal protective equipment. However, in some areas cleaning records were not being completed.
- Most of the core services used systems and processes to safely prescribe, administer, record and store medicines. We found that allergies and weights were not routinely documented in maternity.
- 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 improved. We rated it as good because:

- All core services were rated as good.
- 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.
- 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 mainly observed good multidisciplinary working and teams supporting one another.

However,

- Not all core services had ensured staff had received an annual appraisal.
- Some improvement was required to improve performance in national clinical audits.

## 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 were rated as good.
- 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.
- Patients we spoke with felt involved in their care.

## 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:

- Five core services were rated as requires improvement for responsive, one was rated as good.

# Summary of findings

- Patients were not always able access the service when they needed it and waiting times for treatments in urgent and emergency care, surgery and outpatients were not in line with the England average. 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 improved. We took into account the ratings of services not inspected this time. We rated it as good because:

- Five core service were rated as good and one was requires improvement.
- 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 visible and approachable throughout all core services.
- Staff felt respected, supported and valued by the senior leadership team. Culture had improved since our last inspection.
- 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,

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. From 2018 to 2019, the trust implemented an electronic patient record system which caused data validity issues and poor quality data. With agreement from NHS England the trust were excluded from reporting data until they had completed a review and data cleansing exercise.
- Locally, managers told us waiting times were being monitored. However, at the time of our inspection local leaders were unable to provide us with data to evidence the percentages of harm reviews or whether the service were meeting the national targets.
- Following our inspection we requested data from the senior leadership team. We reviewed the data that was provided, we were not able to analyse trends on the unvalidated data. Senior leaders told us patients that were not able to access services within national targets, received a harm review and were reported to board in common meetings. They also told us that until they returned to reporting (scheduled April 2020) 'shadow reporting' was in place, which included monthly review meetings with NHS Improvement/England and commissioners.

# Summary of findings

## 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 medical care, surgery, maternity and gynaecology.

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

### Medical care

- The service had developed a game for patients with called "Either, neither or both" to help initiate conversations with patients. Staff providing one to one care or meaningful time with a patient used this game to enhanced conversation and stimulate dialogue. There was a pocket pack of 100 cards with a choice of two subjects on the cards that staff uses as an aid for conversation and getting to know patients better.
- Inspired by the NHS England's "Sign UP to Safety Kitchen Table Events", the provider's falls service took the kitchen table to the wards. Using the idea of a table cloth and having tea, coffee, biscuits and jelly babies, staff were invited to take a five minute break and have a chat about the service's frailty harm awareness document. This was a quick glance guide to assist staff unfamiliar with clinical frailty to consider tissue viability, medication, bone health, end of life care, falls interventions, nutrition, delirium, dementia and avoiding deconditioning. The document was permanently hosted on the services falls intranet page. The mobile kitchen table also promoted dangers of deconditioning awareness.
- The service introduced a virtual dementia tour for staff. This was an eight minute immersive experience enabling staff to gain empathy and greater understanding when interacting with patients living with dementia. All staff could enrol onto the course as any staff member potentially will have contact with people living with dementia. Staff we spoke with were extremely positive about the tour and told us this gave them increased understanding of what it is like for patients living with dementia.



# Summary of findings

- The service had a shared care programme in renal replacement therapies (DIY Dialysis). The shared care (formerly self-care) programme was non-compulsory. The new programme allowed patients to gain a better understanding of their chronic condition and a better understanding of their treatment. Patients who signed up encouraged others to get involved to improve overall health and well-being, and 50 out of the 139 eligible patients had signed up at the time of our inspection.
- The service had introduced pet therapy on its renal unit. Sam the white Siberian Samoyed visited the unit once a week, providing renal patients with a welcome distraction from the monotony of dialysis. Staff noticed a significant difference to patients' body language and mood on the days Sam visited the unit.
- The red bag scheme was launched within Mid-Essex to identify patients from nursing homes and to improve two-way communication for this cohort of patients. The bags were held in the nursing homes and when a patient was transferred to an acute trust the red bag was sent with all relevant paperwork, medication and some personal belongings. The bag stayed with the patient all the way through their journey and ensured that vital information related to the patients do not attempt cardiopulmonary resuscitation status (DNACPR) was shared with all clinical teams and any updated status returned with the patient on discharge.

## Surgery

- Staff from Notley ward were passionate about reducing the number of hospital-acquired sacral pressure ulcers. Previous data showed Notley ward as having a high prevalence of pressure ulcers in the last two years. In response to findings staff had developed their own tool using preventative sacrum dressings for patients with fractured neck of femur (hip). Results were positive, with no patients in the trial acquiring sacral pressure ulcer.

## Maternity

- The service was especially caring and responsive to parents who had suffered a pregnancy loss, such as stillbirth or neonatal death. Staff were committed to continually improving the care and services they provided for bereaved parents. In December 2019, the maternity bereavement team won a national award and were praised for demonstrating leadership and compassion for women, partners and families and inspiring their colleagues.

## Gynaecology

- The gynaecology ward managed ward meetings, clinical supervision, mandatory training and the appraisal process well. All ward nursing staff attended a team meeting and clinical supervision day every two months. This process provided time for appraisal and mandatory training completion. This process meant nursing staff met and exceeded the trust targets for mandatory training and appraisal completion rates.

## 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:

#### Urgent and emergency care

- The trust must continue to monitor NEWS2 scoring to ensure that patients are monitored in line with national guidance. Regulation 12 Safe care and treatment: (2)(a)



# Summary of findings

- The trust must ensure sepsis documentation is compliant with national guidance. Regulation 12 Safe care and treatment: (2)(a)

## **Surgery**

- The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff. Regulation 18 Staffing: (1)
- The trust must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 Good governance: (b)
- The trust must maintain securely an accurate, complete and contemporaneous record in respect of each patient. Regulation 17 Good governance: (c)

## **Outpatients**

- The trust must ensure that all relevant staff are up to date with safeguarding children level three training. Regulation 12 (2)(a)

## **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:

## **Overall**

- 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 investigated and closed within the time frames set out in the trust's policy.

## **Urgent and emergency care**

- The trust should ensure that recruitment of staff continues to meet the needs of the department.
- The trust should work to improve documentation such as comfort rounding and nutritional assessments in patient records.
- The trust should continue to improve mandatory training rates for medical staff and ensure the trust target is met.
- The trust should ensure that cleaning records throughout the department are completed on a daily basis.
- The trust should ensure patients' fluid and nutrition charts are completed where needed.
- The trust should work to improve performance in national clinical audits to meet national standards.
- The trust should ensure staff appraisal rates meet the trust target.
- The trust should work to establish clear pathways of care from emergency department to other areas of the hospital.
- The trust should consider how to improve the average time patients wait for treatment in the emergency department and the overall time patients are in the department before they are discharged or accepted into the hospital as an inpatient.

## **Medicine**

- The trust should review its existing staff handover process to ensure it promotes patient privacy, individuality and comfort.

## **Surgery**

# Summary of findings

- The trust should ensure that equipment is checked on a regular basis in line with service policy.
- The trust should ensure that action plans are regularly reviewed and updated to facilitate improvements in a timely manner.

## Maternity

- The trust should consider reviewing medical staffing arrangements to ensure they are in line with national recommendations.
- The trust should ensure all eligible staff undertake annual competency assessment in cardiotocography (CTG) interpretation and auscultation in line with national recommendations.
- The trust should ensure all staff know what to do if a baby was abducted from the maternity unit.
- The trust should ensure prescription charts are completed with women's weight and allergy status.
- The trust should ensure staff have completed all mandatory and safeguarding training courses required for their role.
- The trust should consider reviewing the appraisal process to ensure all staff find it useful.

## Gynaecology

- The trust should improve the compliance of medical staff for safeguarding training
- The trust should review medical staffing levels to ensure numbers meet the needs of patients and the service.
- The trust should ensure that all medical and administration staff complete the appraisal process every year.

## Outpatients

- The trust should ensure data collection is reliable and integrated.
- The trust should ensure all nursing staff receive an annual appraisal.
- The trust should ensure the design, maintenance and use of facilities, premises and equipment are appropriate for the acuity within the service.

## 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.

- 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. All senior managers we spoke with were enthusiastic regarding quality improvement plans.

However,

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. From 2018 to 2019, the trust implemented an electronic patient record system which caused data validity issues and poor quality data. With agreement from NHS England the trust were excluded from reporting data until they had completed a review and data cleansing exercise.
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## 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 Mid Essex Hospital Services NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Requires improvement ↔ Mar 2020
Medical care (including older people's care)	Good ↑↑ Mar 2020	Good ↑ Mar 2020	Good ↑ Mar 2020	Requires improvement ↔ Mar 2020	Good ↑↑ Mar 2020	Good ↑↑ Mar 2020
Surgery	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ Mar 2020
Critical care	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019
Maternity	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Gynaecology	Good Mar 2020	Good Mar 2020	Good Mar 2020	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020
Services for children and young people	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Requires improvement Jan 2019	Requires improvement Jan 2019
End of life care	Good Jan 2019	Good Jan 2019	Good Jan 2019	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2020
Outpatients	Good ↔ Mar 2020	N/A	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020
Diagnostic imaging	Requires improvement Jan 2019	N/A	Good Jan 2019	Requires improvement Jan 2019	Inadequate Jan 2019	Requires improvement Jan 2019
Specialist burns and plastic services	Good Jan 2019	Good Jan 2019	Outstanding Jan 2019	Good Jan 2019	Outstanding Jan 2019	Outstanding Jan 2019
<b>Overall*</b>	Requires improvement ↔ Mar 2020	Good ↑ Mar 2020	Good ↔ Mar 2020	Requires improvement ↔ Mar 2020	Requires improvement ↔ 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.

# Broomfield Hospital

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## Key facts and figures

Mid Essex Hospital Services NHS Trust was established in 1992 and continues to provide local elective and emergency acute medical services for adults and children for over 380,000 people living in and around Chelmsford, Maldon, Braintree and Witham. The trust also includes Braintree Community Hospital which covers the whole of Mid Essex and includes a variety of services including x-rays, MRI scans, CT scans, ultrasound, day surgery, endoscopies, physiotherapy, nursing and rehabilitation services.

In addition, the trust provides county wide plastics, head and neck, and upper gastrointestinal (GI) surgical services to a population of 3.4 million and a supra regional burns service to a population of 9.8 million.

The trust employs over 5,000 staff and had a total turnover of £317m in 2018/19.

The trust continues to focus on performance and financial improvements, supported by NHS Intelligence, NHS England and the CCG, to deliver their vision of becoming a financially stable, modern health system that delivers integration and excellence in local and specialist services.

## Summary of services at Broomfield Hospital

**Requires improvement** ● → ←

Our rating of services stayed the same. We rated them as requires improvement because:

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 stayed the same. We rated it them as requires improvement because:

- Our rating for safe remained 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.

# Summary of findings

- 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 timelines of the trust's complaints policy.
- Our rating for well led remained requires improvement. Arrangements for governance and performance management were not always effective. Clinical and internal audit processes were not fully utilised to improve services. Not all systems produced reliable information that supported staff to develop and improve performance.

However,

- Our rating for effective improved to 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 patient's distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

Details of emergency departments and other urgent and emergency care services

- Broomfield Hospital accident and emergency department
- Broomfield Hospital emergency care therapy

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

Emergency care at Broomfield Hospital is based in the emergency village, which comprises: the adult emergency department (ED), acute medical unit (AMU), ambulatory care unit (ACU), and emergency short stay ward (ESS) and frailty unit.

Emergency department patients are assessed, prioritised and streamed to agreed locations such as gynaecology assessment, ACU, surgical assessment and GP within the emergency department.

The emergency department is part of the East of England trauma network and has four adult resuscitation bays with 10 acute majors cubicles and eight further majors trollies. There are five early senior assessment and treatment (ESAT) cubicles and a mental health interview room.

AMU is the primary route of admission and assessment for GP heralded medical patients with 10 assessment trollies, two triage rooms and 20 assessment beds with a target length of stay of less than 24hrs. The unit is led by acute physicians who also lead the same day emergency care service in ACU.

The ACU is a seven day service receiving patients streamed and referred from the ED and from GPs supporting referrals from medical wards to facilitate earlier discharge when clinically appropriate. There is in-reach into AMU from various specialty medical teams such as cardiology, and community teams such as hospital at home and early supported discharge admissions avoidance and resettlement (ESDAAR).

Paediatric ED nursing sits within Women's and Children's. Any child or young person is triaged by a nurse, and then seen by an ED clinician, emergency nurse practitioner, GP or direct referral to specialist services. In addition, the children's ED service has appointed four paediatric consultants to work within the ED department.

*(Source: Routine Provider Information Request (RPIR) – Acute context)*

We used a variety of methods to help us gather evidence to inspect the emergency services at Broomfield Hospital. We spoke with 40 members of staff, six patients and two relatives. We reviewed 19 patient records during this inspection. We interviewed the department leads and we spoke with a variety of different staff members. We observed the environment, checked the safety and currency of equipment, we looked at records in relation to patients' treatment and medication. We also looked at a range of documents relevant to the service including policies, minutes of meetings, action plans, risk assessments, and audit results.

## Summary of this service

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

- Although we found the service largely performed well, it did not meet legal requirements relating to Regulation 12, Safe care and treatment, meaning we could not give it a rating higher than requires improvement.

# Urgent and emergency services

- The service did not always have enough staff to care for patients and keep them safe. Staff did not always assess risks to patients or act on them. Staff did not always keep good care records. Equipment was not always visibly clean.
- Managers did not always monitor the effectiveness of the service or make sure staff were competent. Although they generally provided good care and treatment they did not always meet national clinical audits, calculate fluid balance charts or complete staff appraisals.
- People could not always access the service when they needed it and did not always receive care promptly. Complaints were not always dealt with in a timely manner.

However,

- Staff had training in key skills and understood how to protect patients from abuse. Staff 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 generally provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. 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.
- Leaders ran services well, using mostly 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?

**Requires improvement** ● → ←

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

- Although we found the service largely performed well, it did not meet legal requirements relating to Regulation 12, Safe care and treatment, meaning we could not give it a rating higher than requires improvement.
- The service did not always control infection risk well. Not all equipment we observed was visibly clean. Which meant there were not sufficient measures to protect patients from infection.
- Staff did not always complete risk assessments for each patient swiftly. They did not always remove or minimise risks and update the assessments. Staff did not always identify and quickly act upon patients at risk of deterioration.
- The service did not always have 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.
- Staff did not always keep detailed records of patients' care and treatment.

# Urgent and emergency services

However,

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Records were 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 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 improved. 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.
- 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.

# Urgent and emergency services

- 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.

However,

- We were not assured that staff always completed patients' fluid and nutrition charts where needed.
- The service did not meet national standards in the national clinical audits it participated in.
- Staff appraisal rates did not meet the trust target.

## 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:

- People could not always access the service when they needed it and did not always receive care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Complaints were not closed within the timeframes set out in the trust's policy.

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.
- 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.

# Urgent and emergency services

## Is the service well-led?

Good  

Our rating of well-led improved. 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. The vision for developing the department was 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 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.

## 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 continue to monitor NEWS2 scoring to ensure that patients are monitored in line with national guidance. Regulation 12 Safe care and treatment: (2)(a)
- The trust must ensure sepsis documentation is compliant with national guidance. Regulation 12 Safe care and treatment: (2)(a)

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

# Urgent and emergency services

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 that recruitment continues to meet the needs of the department.
- The trust should work to improve documentation such as comfort rounding and nutritional assessments in patient records.
- The trust should continue to improve mandatory training rates for medical staff and ensure the trust target is met.
- The trust should ensure that cleaning records throughout the department are completed on a daily basis.
- The trust should ensure patients' fluid and nutrition charts are completed where needed.
- The trust should work to improve performance in national clinical audits to meet national standards.
- The trust should ensure staff appraisal rates meet the trust target.
- The trust should ensure complaints are investigated and closed within the timeframes set out in the trust's policy.
- The trust should work to establish clear pathways of care from emergency department to other areas of the hospital.
- The trust should consider how to improve the average time patients wait for treatment in the emergency department and the overall time patients are in the department before they are discharged or accepted into the hospital as an inpatient.

# Medical care (including older people's care)

Good   

## Key facts and figures

Medical care at the trust consists of elective and non-elective services. All inpatient care is based at Broomfield Hospital and there are 278 medical beds.

Acute medicine is based in the emergency village and consists of the acute medical unit, 20 short stay beds (length of stay 24 hours) and 12 assessment trollies. GP referred patients are also seen in this area. In addition, this area contains the emergency short stay ward consisting of 10 beds with a length of stay of less than 72 hours. There is also a 7-day ambulatory care unit.

Geriatric medicine is comprised of four wards, each with 26 beds, and a 16 bed frailty unit with four assessment trollies. The frailty unit provides a multi-disciplinary team seven days a week.

There are inpatient wards for gastroenterology, cardiology, respiratory and renal. Details of these services are below:

- There is 24/7 consultant cover for gastrointestinal bleed rota and the five gastroenterology consultants provide two endoscopy sessions each week to the endoscopy service.
- There is a dedicated 24/7 consultant led stroke service with thrombolysis cover.
- There is a renal unit providing a haemodialysis service, 7am to midnight, six days a week, and outpatient clinics.
- There is a large cardiology centre at Broomfield Hospital offering outpatient cardiac imaging, angiography and devices. Respiratory services provide inpatient non-invasive ventilation (NIV) and outpatient lung function and sleep studies.
- Dermatology services offer consultant led and nurse led outpatient clinics and minor operations.
- Neurology provide outpatient clinics and neurophysiology diagnostic testing.
- There is a diabetic centre providing both consultant-led and nurse-led outpatient clinics. There is also an onsite HIV service.

*(Source: Routine Provider Information Request (RPIR) – Acute context)*

The trust had 37,323 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 18,120 (48.5%), 275 (0.7%) were elective, and the remaining 18,928 (50.7%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 17,547 admissions
- Medical oncology: 5,995 admissions
- Clinical haematology: 3,659 admissions

*(Source: Hospital Episode Statistics)*

Due to the number of core services inspected, our inspection of Broomfield hospital was announced. Prior to our inspection we reviewed data we held about the service along with information we requested from the service. The



# Medical care (including older people's care)

medicine service was rated inadequate overall following its last inspection in September 2018. Safe was rated as inadequate, effective, caring and responsive were rated requires improvement and well-led was rated inadequate. We carried out a focused inspection on 21 May 2019 to follow up on the concerns raised at our previous inspection and found that the service had made improvements to address our concerns.

During our inspection, we spoke with 66 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We visited all of the medicine wards and the endoscopy department, acute medical assessment, frailty assessment bay, renal unit, discharge lounge, angio suite, day therapies and faith centre.

We reviewed 25 sets of patient records and considered other pieces of information and evidence to come to our judgement and ratings. We spoke with nine patients and other family members to gather their experience of the service.

We carried out a further unannounced inspection on the 20 November 2019 in order to review changes in the service's acute medical assessment centre, its frailty assessment bay and observe staff handovers.

## Summary of this service

Our rating of this service improved. 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, 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.
- 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,

- The ward areas lacked space for family rooms or break out rooms to support patient activities.
- We were not assured that people could access the service when they needed it or that they received the right care promptly.
- The staff handovers lacked consistency and impacted on the patients' experience, privacy and confidentiality.

# Medical care (including older people's care)

## Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone 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.
- 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.
- 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, 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.
- The service had enough allied health professionals 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.
- 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 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- The ward areas lacked space for family rooms or break out rooms to support patient activities.

## Is the service effective?

Good  

# Medical care (including older people's care)

Our rating of effective improved. 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.
- 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 improved. 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.

However,

- The staff handovers lacked consistency and impacted on the patient experience, privacy and confidentiality.

## Is the service responsive?

**Requires improvement** ● → ←

# Medical care (including older people's care)

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

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. From 2018 to 2019, the trust implemented an electronic patient record system which caused data validity issues and poor quality data. With agreement from NHS England the trust were excluded from reporting data until they had completed a review and data cleansing exercise.
- Locally, managers told us waiting times were being monitored. However, at the time of our inspection local leaders were unable to provide us with data to evidence the percentages of harm reviews or whether the service were meeting the national targets.
- Following our inspection we requested data from the senior leadership team. We reviewed the data that was provided, we were not able to analyse trends on the unvalidated data. Senior leaders told us patients that were not able to access services within national targets, received a harm review and were reported to board in common meetings. They also told us that until they returned to reporting (scheduled April 2020) 'shadow reporting' was in place, which included monthly review meetings with NHS Improvement/England and commissioners.
- Complaints were not closed within the timeframes set out in the trust's policy.

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.
- 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 improved. 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.

# Medical care (including older people's care)

- 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.

## Outstanding practice

- The service had developed a game for patients with called "Either, neither or both" to help initiate conversations with patients. Staff providing one to one care or meaningful time with a patient used this game to enhanced conversation and stimulate dialogue. There was a pocket pack of 100 cards with a choice of two subjects on the cards that staff uses as an aid for conversation and getting to know patients better
- Inspired by the NHS England's "Sign UP to Safety Kitchen Table Events", the providers falls service took the kitchen table to the wards. Using the idea of a table cloth and having tea, coffee, biscuits and jelly babies, staff were invited to take a five minute break and have a chat about the services frailty harm awareness document. This was a quick glance guide to assist staff unfamiliar with clinical frailty to consider tissue viability, medication, bone health, end of life care, falls interventions, nutrition, delirium, dementia and avoiding deconditioning. The document was permanently hosted on the services falls intranet page. The mobile kitchen table also promoted dangers of deconditioning awareness.
- The service introduced a virtual dementia tour for staff. This was an eight minute immersive experience enabling staff to gain empathy and greater understanding when interacting with patients living with dementia. All staff could enrol onto the course as any staff member potentially will have contact with people living with dementia. Staff we spoke with were extremely positive about the tour and told us this gave them increased understanding of what it is like for patients living with dementia.
- The service had a shared care programme in renal replacement therapies (DIY Dialysis). The shared care (formerly self-care) programme was non-compulsory. The new programme allowed patients to gain a better understanding of their chronic condition and a better understanding of their treatment. Patients who signed up encouraged others to get involved to improve overall health and well-being and 50 out of the 139 eligible patients had signed up at the time of our inspection
- The service had introduced pet therapy on its renal unit. Sam the white Siberian Samoyed visited the unit once a week, providing renal patients with a welcome distraction from the monotony of dialysis. Staff noticed a significant difference to patients' body language and mood on the days Sam visited the unit.
- The red bag scheme was launch within Mid-Essex to identify patients from nursing homes and to improve two-way communication for this cohort of patients. The bags were held in the nursing homes and when a patient was transferred to an acute trust the red bag was sent with all relevant paperwork, medication and some personal belongings. The bag stayed with the patient all the way through their journey and ensured that vital information related to the patients do not attempt cardiopulmonary resuscitation status (DNACPR) was shared with all clinical teams and any updated status returned with the patient on discharge.

# Medical care (including older people's care)

## Areas for improvement

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:

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

- The trust should review how to improve facilities family rooms or break out rooms to support patient activities.
- The trust should review its existing staff handover process to ensure it promotes patient privacy, individuality and comfort.
- The trust should ensure that people could access the service when they needed it and received the right care promptly.
- The trust should ensure complaints are investigated and closed within the timeframes set out in the trust's policy.

# Surgery

Requires improvement   

## Key facts and figures

We inspected surgery at Mid Essex Hospital Services NHS Trust at Broomfield Hospital.

The trust had 35,566 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 12,396 (34.9%), 18,318 (51.5%) were day case, and the remaining 4,852 (13.6%) were elective.

The trust's surgical division has six divisions: specialist surgery (ophthalmology, which is now a Mid and South Essex (MSE) group managed specialty, oral maxillofacial surgery (OMFS), ear, nose and throat (ENT) and audiology, musculoskeletal services (trauma and orthopaedics and rheumatology), surgical specialties with endoscopy (upper/lower gastrointestinal, colorectal, breast, vascular and urology) and theatres, and critical care including anaesthetics and pain.

Operating takes place mainly at Broomfield Hospital with an inpatient theatre suite (25 theatres) and day surgery unit (three theatres). There is a surgical emergency ward with a GP referral and ambulatory unit process where general surgery emergencies are assessed and admitted or treated.

In addition, some elective orthopaedics, ophthalmology, and day case surgery is carried out at Braintree Community Hospital. There are plans to expand the elective orthopaedic work at Braintree to offer better patient choice and create a centre of excellence. At the time of our inspection, Braintree Community Hospital offered elective hip and knee replacement surgery to elective patients only.

Clinics take place at St Peter's Hospital in Maldon and Braintree Community Hospital for several specialties in addition to those at Broomfield Hospital.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

We visited Broomfield Hospital and visited at four surgical wards, the theatre department, pre-assessment clinic and day surgery unit. During our inspection we spoke with 28 staff and five patients and relatives.

## Summary of this service

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

- The service did not have enough staff to care for patients. Not all medical staff had completed training in key skills to understand how to protect patients from abuse. The service did not always control infection risk well. Staff did not always assess the risks to patients or keep good care records. They did not manage all medicine processes well.
- The service did not always make sure that staff were competent for their roles. Not all staff had received an appraisal within required timeframes.
- We were not assured that people could access the service when they needed it and that they received the right care promptly. Complaints were not closed within the timeframes set out in the trust's policy.
- We could not gain assurance that leaders always operated effective governance processes throughout the service. Performance did not always show steady and sustainable signs of improvement. Not all risks were identified and escalated with documented actions to reduce their impact.

However,



# Surgery

- 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. 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.
- Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. 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?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff. However, not all medical staff had completed it.
- Not all medical staff were up-to-date with safeguarding training on how to recognise and report abuse.
- The service did not always control infection risk well.
- Staff did not always complete and update risk assessments for each patient.
- The service did not have enough nursing and support staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- Paper and electronic patient details were not always stored securely.
- Controlled drugs checking systems and processes were not embedded or carried out in line with trust policy.

However,

- 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 used systems and processes to safely prescribe, administer and record 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.

## Is the service effective?

**Good** ● → ←

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

# Surgery

- 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.
- 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 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,

- Managers did not always manage performance well. Managers did not always appraise staff's work performance or hold supervision meetings with them in a timely manner to provide support and development.
- Staff were not following venous thromboembolism risk assessments in line with national guidance.

## 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:

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. From 2018 to 2019, the trust implemented an electronic patient record system which caused data validity issues and poor quality data. With agreement from NHS England the trust were excluded from reporting data until they had completed a review and data cleansing exercise.
- Locally, managers told us waiting times were being monitored. However, at the time of our inspection local leaders were unable to provide us with data to evidence the percentages of harm reviews or whether the service were meeting the national targets.

# Surgery

- Following our inspection we requested data from the senior leadership team. We reviewed the data that was provided, we were not able to analyse trends on the unvalidated data. Senior leaders told us patients that were not able to access services within national targets, received a harm review and were reported to board in common meetings. They also told us that until they returned to reporting (scheduled April 2020) 'shadow reporting' was in place, which included monthly review meetings with NHS Improvement/England and commissioners.
- The service did not see 95% of patients within the recommended national 62 day cancer treatment timeframe.
- Complaints were not closed within the timeframes set out in the trust's policy.

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.
- 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?

**Requires improvement** ● → ←

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

- Not all risks were identified and escalated with identified actions to reduce their impact.
- Leaders did not always operate effective governance processes throughout the service and with partner organisations.
- The service did not always collect reliable data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Information systems were not always integrated but were secure. Data or notifications were not always consistently submitted to external organisations as required.

However,

- Leaders had the 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.
- 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.

## Outstanding practice

- Staff from Notley ward were passionate about reducing the number of hospital acquired sacral pressure ulcers. Previous data showed Notley ward as having a high prevalence of pressure ulcers in the last two years. In response to findings staff had developed their own tool using preventative sacrum dressings for patients with fractured neck of femur (hip). Results were positive, with no patients in the trial acquiring sacral pressure ulcer.

## 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 there are sufficient numbers of suitably qualified, competent, skilled and experienced staff.  
Regulation 18 Staffing: (1)
- The trust must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.  
Regulation 17 Good governance: (b)
- The trust must maintain securely an accurate, complete and contemporaneous record in respect of each patient.  
Regulation 17 Good governance: (c)

### 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 that equipment is checked on a regular basis in line with service policy.
- The trust should ensure that action plans are regularly reviewed and updated to facilitate improvements in a timely manner.
- The trust should ensure that people could access the service when they needed it and received the right care promptly.
- The trust should ensure complaints are investigated and closed within the timeframes set out in the trust's policy.

# Maternity

Good 

## Key facts and figures

Mid Essex Hospital Services NHS Trust provides a range of hospital and community-based maternity services across three sites; Broomfield Hospital in Chelmsford, St Peter's Hospital in Maldon and St Michael's Hospital (also known as William Julien Courtauld Hospital) in Braintree. The trust has 62 maternity beds.

Broomfield Hospital provides consultant and midwife led care for high and low risk women. Inpatient maternity services include a consultant led delivery suite, midwife led birthing suite and postnatal ward. Delivery suite has 10 ensuite delivery rooms, one bereavement suite and two dedicated obstetric theatres. The birthing suite has four delivery rooms, two of which have static birthing pools. The postnatal ward has 20 beds. There is also a 14-bedded antenatal day assessment unit open 24 hours a day, seven days a week. Outpatient maternity services are provided on the hospital site and in conjunction with community services.

St Peter's Hospital and St Michael's Hospital both have birthing centres which provide midwife led care to women with uncomplicated pregnancies and labours. The birthing centres also act as hubs for community and acute outreach provision, including consultant led clinics.

There are three community midwifery teams based at each hospital site. They provide antenatal and postnatal care from GP surgeries, children's centres and birthing centres, as well as home visits. A home birth service is also available.

From August 2018 to July 2019 there were 4,300 deliveries at the trust. The number of deliveries per location is show below:

- 3,192 (74.2%) - Broomfield Hospital consultant led unit
- 682 (15.9%) - Broomfield Hospital midwife led birthing suite
- 107 (2.5%) - Home births
- 138 (3.2%) - St Peter's midwife led birthing centre
- 181 (4.2%) - St Michael's midwife led birthing centre

The last comprehensive inspection of the service was in June 2016. We rated the service good overall and good for each domain (safe, effective, caring, responsive and well-led). Since then the inspection methodology has changed. We no longer inspect maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. This is the first inspection of maternity as a single core service.

Our inspection was announced (staff knew we were coming) because of the number of core services we inspected. We also returned for an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity. Before the inspection visit, we reviewed information that we held about the service and information requested from the trust, including performance data, policies and meeting minutes.

During the inspection visit, the inspection team:

- Spoke with 10 women who were using the service and one partner
- Spoke with 54 staff members including midwives, doctors, managers, specialist midwives and maternity care assistants

# Maternity

- Observed two handover meetings
- Observed the environment and care provided to women and their babies
- Reviewed 21 maternity care records and 22 prescription charts

## 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:

- The service controlled infection risk well. Staff assessed risks to women and babies, acted on them and kept good care records. 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 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.
- 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 always have enough medical staff to care for women and keep women and babies safe and did not always make sure staff completed mandatory and safeguarding training. Staff did not always manage medicines well.

## 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:

- While planned medical staffing levels were met, the service did not always have enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.

# Maternity

- The service did not always make sure staff completed mandatory training in key skills. Medical staff completion rates for some mandatory training courses did not meet the trust target.
- Staff were not individually competency assessed for cardiotocography interpretation. The service was acting to address this.
- Medical staff completion rates for safeguarding adults training courses did not meet the trust target. Furthermore, not all staff were aware of the abduction policy. This meant there was a risk not all staff would know what to do if a baby was abducted from the maternity unit.
- Staff did not always label equipment to show when they last cleaned it.
- Prescription charts were not always completed with women's weight and allergy status. At the time of our inspection, storage temperatures were not always checked daily and temperature checklists were not always completed fully.

However,

- Midwifery staff received and kept up to date with their mandatory training.
- Staff understood how to protect women and babies from abuse and worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, babies, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and baby and took action to remove or minimise risks. Staff identified and quickly acted upon women and babies at risk of deterioration.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and mostly available to all staff providing care.
- Staff followed systems and processes when safely administering and recording 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 women 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. While safety thermometer data was not shared with staff, women and visitors, other safety information was displayed publicly.

## 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:

# Maternity

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women and babies enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- 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 pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women and babies. The service had been accredited under the UNICEF UK Baby Friendly Initiative.
- 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 and babies. They supported each other to provide good care.
- Most key services were available seven days a week to support timely 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 women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Some staff did not find the appraisal process useful.
- Not all staff were up to date with Mental Capacity Act and Deprivation of Liberty Safeguards training.

## Is the service caring?

**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:

- 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, partners and families to minimise their distress. They understood women's personal, cultural and religious needs. Staff were committed to doing all they could to support the emotional needs of bereaved women, their partners and families.
- Staff supported and involved women, partners and families to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**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:

- 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 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 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.

However,

- The service did not have the capacity to meet national requirements for ultrasound scanning services. The service was acting to address this.

## 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 skills and abilities to run the service and deliver high-quality, woman-centred care. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff.
- 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 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. 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 identified and escalated risks and issues. They identified actions to reduce their impact. They had plans to cope with unexpected events.
- 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 women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- 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.

# Maternity

## Outstanding practice

- The service was especially caring and responsive to parents who had suffered a pregnancy loss, such as stillbirth or neonatal death. Staff were committed to continually improving the care and services they provided for bereaved parents. In December 2019, the maternity bereavement team won a national award and were praised for demonstrating leadership and compassion for women, partners and families and inspiring their colleagues.

## Areas for improvement

### 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 consider reviewing medical staffing arrangements to ensure they are in line with national recommendations.
- The trust should ensure all eligible staff undertake annual competency assessment in cardiotocography (CTG) interpretation and auscultation in line with national recommendations.
- The trust should ensure all staff know what to do if a baby was abducted from the maternity unit.
- The trust should ensure prescription charts are completed with women's weight and allergy status.
- The trust should ensure staff have completed all mandatory and safeguarding training courses required for their role.
- The trust should consider reviewing the appraisal process to ensure all staff find it useful.

# Gynaecology

Good 

## Key facts and figures

The trust provides a range of gynaecology services including the early pregnancy unit, acute gynaecology, outpatient services including colposcopy, fertility, hysterosalpingo contrast sonography (HyCoSy), urodynamics and hysteroscopy clinics as well as a specialist oncology service.

The service has eight obstetrics and gynaecology consultants who cover both specialties. Each consultant has area of expertise in women's health to provide a range of specialist clinic services. The gynaecology service offered the following specialist clinics:

- Colposcopy Clinic
- Early Pregnancy Assessment Unit
- Fast Track Clinic
- Fertility Clinic
- Gynaecology Outpatient's
- Gynae-oncology
- Hysteroscopy Clinic
- Menstrual Disorder Clinic
- Outreach Clinics
- Pre-assessment Clinic
- Termination of Pregnancy Clinic
- Uro-gynaecology Clinic
- Urodynamics Clinic

Gynaecology services has one inpatient ward, Gosfield Ward is a 10-bedded inpatient ward for gynaecological services at Broomfield Hospital. There is 24-hour consultant coverage for the service with close working with Ipswich and Southend Hospitals in relation to the oncology patient care pathways.

The gynaecology ambulatory care unit has four trolleys for patient assessments and accepts direct referrals from the emergency department and GP's. The gynaecology ambulatory care unit and the early pregnancy unit is located on Gosfield ward.

The trust has undertaken a number of service developments, including specialist nurse training courses to allow the introduction of nurse-led ultrasound scanning in the early pregnancy unit on completion of the training. The training has been completed by an advanced nurse colposcopist and is being rolled out to other nurses.

The trust is developing an outpatient endometrial ablation clinic to reduce the pressure on inpatient services. The trust is also in the final phase of implementing manual vacuum aspiration procedures in outpatient settings to minimise delays in patient care, reduce pressure on theatre capacity and improve patient experience.

*(Source: Routine Provider Information Request (RPIR) – Acute context tab)*

# Gynaecology

We previously inspected this service alongside maternity services. Gynaecology is inspected as a single core service and this was the first time this core service was inspected as a single service at Mid Essex Hospital Services NHS Trust. This meant we were unable to compare previous rating in our findings.

During the inspection we spoke with 19 members of staff including doctors, nurses, therapists, health care assistants and non-clinical staff. We spoke with seven patients and their relatives, reviewed 12 patient records and considered other pieces of information and evidence to come to our judgement and ratings.

## Summary of this service

We rated this service as good because:

- Nursing 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 and stored them securely. 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, 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.
- 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,

- Not all national time to treatment targets were published so we were unable to assess if the trust met these targets. Complaints were not closed within the timeframes set out in the trust's policy.

## Is the service safe?

**Good** 

We rated safe as good because:

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.

# Gynaecology

- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. 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.
- The service now 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.
- 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.
- 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 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ●

We rated effective 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 followed national guidelines to make sure patients fasting before surgery were not without food 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 nursing staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Gynaecology

- 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.

However,

- Medical staff did not always participate in the appraisal process in line with the trust's target.

## Is the service caring?

**Good** 

We rated good 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** 

We rated responsive as requires improvement because:

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. From 2018 to 2019, the trust implemented an electronic patient record system which caused data validity issues and poor quality data. With agreement from NHS England the trust were excluded from reporting data until they had completed a review and data cleansing exercise.
- Locally, managers told us waiting times were being monitored. However, at the time of our inspection local leaders were unable to provide us with data to evidence the percentages of harm reviews or whether the service were meeting the national targets.
- Following our inspection we requested data from the senior leadership team. We reviewed the data that was provided, we were not able to analyse trends on the unvalidated data. Senior leaders told us patients that were not able to access services within national targets, received a harm review and were reported to board in common meetings. They also told us that until they returned to reporting (scheduled April 2020) 'shadow reporting' was in place, which included monthly review meetings with NHS Improvement/England and commissioners.
- Complaints were not closed within the timeframes set out in the trust's policy.

# Gynaecology

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.
- 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** 

We rated well-led as good because:

- Leaders had the 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. Although the trust did not submit data against national treatment targets.
- 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.

## Outstanding practice

- The gynaecology ward managed ward meetings, clinical supervision, mandatory training and the appraisal process well. All ward nursing staff attended a team meeting and clinical supervision day every two months. This process provided time for appraisal and mandatory training completion. This process meant nursing staff met and exceeded the trusts targets for mandatory training and appraisal completion rates.

## Areas for improvement

### 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 improve the compliance of medical staff for safeguarding training
- The trust should review medical staffing levels to ensure numbers meet the needs of patients and the service.
- The trust should ensure that all medical and administration staff complete the appraisal process every year.
- The trust should ensure that patient waiting times are in line with national referral to treatment times.



# Outpatients

Good  

## Key facts and figures

Outpatient services at Mid Essex Hospital Services NHS Trust cover multiple sites including: Broomfield Hospital, St Peter's Hospital, St Michael's Hospital and Braintree Community Hospital.

The main outpatient area of Broomfield Hospital is located in the atrium. This was purpose-built and opened in 2010 with interactive self check-in kiosks throughout and a co-located pharmacy. There is also an information pod which opened in 2013 for cancer and other life-limiting illnesses. This is delivered in collaboration with Macmillan and Farleigh Hospice.

The remainder of the outpatient services are located in the older part of the building. The trust covers a wide range of specialities such as ophthalmology, musculoskeletal, surgical and medical, in addition to the St Andrew's burns and plastics regional unit at Broomfield hospital.

The trust had over 600,000 outpatient attendances from April 2018 to March 2019, with the majority undertaken at the Broomfield Hospital site. Outpatient appointments are available Monday to Friday between 8.30am and 5.00pm with regular evening and weekend clinics.

The trust is delivering a transformation programme to streamline patient pathways, reduce the number of follow-up appointments and improve the patient experience.

During our inspection, we visited the outpatient department located in Broomfield Hospital. We inspected and observed areas across main outpatients including, gynaecology, ophthalmology, Ear, Nose and Throat (ENT), phlebotomy, booking team and the St Andrews burns and plastics centre.

In addition to consultant-led clinics, there are nurse-led clinics across a range of specialities. We spoke with patients, relatives, and members of staff. During our inspection we spoke with 32 members of staff in total including nurses, healthcare assistants, receptionist staff, medical staff, service managers, bookings team administration assistants, and directors of nursing.

We observed interactions between patients and staff and considered the environment. We also reviewed national data and performance information about the trust, and a range of policies, procedures and other documents relating to the operation of the outpatient department.

The service was last inspected in September 2018, where safe, responsive and well-led were rated as requires improvement and caring was rated as good. Effective was not rated. This led to an overall rating of requires improvement.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. 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.

# Outpatients

- 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 were available seven days a week. Not all nursing staff received an annual appraisal.
- 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.
- Leaders ran services well 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,

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Not all nursing staff that treated children were trained to safeguarding level three in line with the intercollegiate document 'Safeguarding children – roles and competencies for healthcare staff' 2014.
- We were not assured that people could always access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients did not meet the England average for all specialities. Complaints were not closed within the timeframes set out in the trust's policy.

## Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Training was delivered face to face and via e-learning, and managers ensured staff were up to date with their training. This was an improvement since the last inspection.
- The service controlled infection risk well. Staff generally kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines. This was an improvement since the last inspection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. This was an improvement since the last inspection.

# Outpatients

- The service managed patient safety incidents well. Staff recognised incidents 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.

However,

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Not all nursing staff that treated children were trained to safeguarding level three in line with the intercollegiate document 'Safeguarding children – roles and competencies for healthcare staff' 2014.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.

## 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 patient's subject to the Mental Health Act 1983.
- Staff ensured patients who required it had enough food and drink to meet their needs.
- Staff assessed and monitored 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
- The service made sure staff were competent for their roles. Managers 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 five 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.

However,

- Not all nursing staff received an appraisal in line with the trust's target.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

# Outpatients

## Is the service responsive?

**Requires improvement**   

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

- We could not gain accurate assurances that people could access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment (RTT) were not externally reported at the time of our inspection. The trust was not formally submitting RTT data. Following a change in an electronic system senior leaders found concerns around data quality and were supported by NHS Improvement to cease formal submission of data in January 2018 until the concerns were resolved.
- Locally, managers told us waiting times were being monitored. Senior leaders told us patients that were not able to access services within national targets, received a harm review. However, local leaders were unable to provide us with data to evidence the percentages of harm reviews or whether the service were meeting the national targets. We requested data from the senior leadership team although this was not provided.
- Complaints were not closed within the timeframes set out in the trust's policy.

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.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good**  

Our rating of well-led improved. 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.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress. This was an improvement since the last inspection.
- 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 trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Outpatients

- 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.

However,

- The service did not always collect reliable data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Information systems were not always integrated but were secure. Data or notifications were not always consistently submitted to external organisations as required.

## 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 that all relevant staff are up to date with safeguarding children level three training. Regulation 12 (2)(a)

### **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 data collection is reliable and integrated.
- The trust should ensure all nursing staff receive an annual appraisal.
- The trust should ensure the design, maintenance and use of facilities, premises and equipment are appropriate for the acuity within the service.
- 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 investigated and closed within the timeframes set out in the trust's 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Nursing care  
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, six inspectors and six specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.