

Mid Essex Hospital Services Trust Broomfield Hospital

Quality Report

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

Ratings

Medical care (including older people's care)

Summary of findings

Letter from the Chief Inspector of Hospitals

Broomfield Hospital is operated by Mid Essex Hospital Services NHS Trust. The trust provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree. The trust, based in the city of Chelmsford in Essex, employs nearly 5,000 staff and provides acute services from five sites in and around Chelmsford, Maldon and Braintree. There are 21 inpatient wards and 502 inpatient beds at the Broomfield hospital site.

The hospital has 295 medical inpatient beds located across 17 wards and units. Acute medicine is undertaken in the emergency village which comprises of an acute medical unit (AMU), which is the primary route of admission and assessment for GP referred medical patients, and an emergency short stay (ESS) ward. The AMU comprises of 12 assessment trolleys and 20 beds, with the intention that the length of patient stay should be less than 24 hours. The ESS consists of six ED observation beds, 12 frailty beds and the remainder are intended for up to 48 hour patient stays under the acute medicine speciality.

We last inspected the medical care core service in September 2018. The service was rated inadequate overall; safe and well-led were rated inadequate, effective, caring and responsive were rated requires improvement.

During the 2018 inspection, we identified that there was a lack of a robust induction process and competency assessment to ensure that temporary staff were competent to carry out their roles and responsibilities. As a result, a requirement notice for breaching regulation 12 (1) (2) (C) of the health and social care act (2014), was issued against the trust. The requirement notice informed the action the trust must take to comply with its legal obligation and we requested an action plan from the trust, outlining steps that had been taken to address the concerns we raised. The trust submitted an action plan following publication of the inspection report in January 2019.

Whilst monitoring the trust, we received notification from the trust of a medicine management error, registered as a serious incident, which involved an agency member of staff. This incident highlighted concerns that the trust had not made sufficient progress with improvement in consistent monitoring of induction checks and competencies for temporary staff, in order to comply with the requirement notice we issued trust wide for their breach of Regulation 12. We carried out a focused inspection on 21 May 2019 to follow up on the concerns raised.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities. We carried out a focused inspection which did not include all of our key lines of enquiry (KLOEs). We did not rate the service as a result of this inspection.

During this inspection we visited the Emergency Short Stay (ESS) ward, Acute Medical Unit (AMU), Writtle ward and Baddow ward. During the inspection visit, the inspection team spoke with 21 members of staff, including nurses, support workers and senior managers. We reviewed 20 agency staff member's recruitment checklists, of their training and competencies, who were on duty on the 20 and 21 May 2019. We also reviewed 10 agency staff member's orientation, training and competency checklists at ward level completed for agency nursing staff that worked on the wards we visited.

We found the following areas where improvements had been made:

- The trust had taken measures to put processes in place for robust induction and competency assessments, to ensure that temporary staff were competent to carry out roles and responsibilities. This has ensured progress from the September 2018 inspection.
- The trust had reviewed the induction policy and the associated induction checklist to address the concerns that were identified at our September 2018 inspection. The concerns included the lack of a robust induction processes and sufficient internal competency checks for agency nurses.

Summary of findings

- The changes that were implemented were shared and cascaded to the ward level appropriately. We saw evidence of communication from the senior leadership team to ward staff. Staff we spoke with during our inspection confirmed the information shared.
- The trust was making progress with imbedding the reviewed induction policy and associated orientation checklist trust wide. In addition, the trust was developing and implementing effective governance process to provide oversight of the service.
- There was a clear governance process to ensure the changes were embedded in practice from ward level up to the board. We reviewed the action plan submitted March 2019 which demonstrated oversight of the progress of actions within the action plan.

However:

- Focus needs to continue on the oversight and progress of the systems and processes, to monitor the induction and competency checks are completed in line with trust induction policy for temporary staff, are fully embedded.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Broomfield Hospital

Detailed findings

Services we looked at

Medical care (including older people's care)

Detailed findings

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Background to Broomfield Hospital

Broomfield Hospital is operated by Mid Essex Hospital Services NHS Trust. The trust provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree. The trust, based in the city of Chelmsford in Essex, employs nearly 5,000 staff, and provides acute services from five sites in and around Chelmsford, Maldon and Braintree. There are 21 inpatient wards and 502 inpatient beds at Broomfield hospital site. Referrals are taken from 10 CCGs across the East of England.

The trust is a part of the Essex success regime which was launched in 2015, with the aim of addressing the pressures on the local health and care system by tackling the gaps in clinical staffing, meeting the growing health demands of the population and enabling the system to

achieve financial balance. In December 2016, the boards of the three acute trusts (Mid Essex Hospital services NHS Trust together with Basildon and Thurrock University Hospitals NHS Foundation Trust, and Southend University Hospital NHS Foundation Trust) decided to enter into a formal collaborative governance framework and contractual joint venture. This allows the organisations to plan services and make decisions together, whilst remaining three independent statutory organisations with their own boards and councils of governors (or equivalent). In November 2017, a public consultation started that included the option of the potential merger of all three acute trusts, this ended in March 2018. A draft business merger case is now being considered.

Our inspection team

The team that inspected the service comprised an inspection manager and a lead inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

How we carried out this inspection

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and Baddow ward. During the inspection visit, the inspection team spoke with 21 members of staff, including nurses, support workers and senior managers. We reviewed 20 agency staff member's recruitment checklists, of their training and competencies, who were

Detailed findings

on duty on the 20 and 21 May 2019. We also reviewed 10 agency staff member's orientation, training and competency checklists at ward level completed for agency nursing staff that worked on the wards we visited.

Facts and data about Broomfield Hospital

The trust provides a comprehensive inpatient medical service, 24 hours a day, seven days a week. Medical care at the trust comprises elements of both elective and unscheduled inpatient and outpatient work.

All inpatient medical care is based at Broomfield Hospital site. Acute medicine is undertaken in the emergency village which comprises of an Acute Medical Unit (AMU), which is the primary route of admission and assessment for GP referred medical patients, and Emergency Short Stay (ESS) ward.

Other medicine specialities include gastroenterology, cardiology, outpatient dermatology and neurology, care of the elderly, stroke, endocrinology; and renal. Each service manages general medical cases in addition to the specific medical specialities.

The hospital has 295 medical inpatient beds located across 17 wards and units.

Medical care (including older people's care)

Effective

Well-led

Overall

Information about the service

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- The trust had reviewed the induction policy and the associated induction checklist to address the concerns that were identified at our September 2018 inspection. The concerns included the lack of a robust induction processes and sufficient internal competency checks for agency nurses.
- The changes that were implemented were shared and cascaded to the ward level appropriately. We saw evidence of communication from the senior leadership team to ward staff. Staff we spoke with during our inspection confirmed the information shared.
- The trust was making progress with imbedding the reviewed induction policy and associated orientation checklist trust wide. In addition, the trust was developing and implementing effective governance process to provide oversight of the service.
- There was a clear governance process to ensure the changes were embedded in practice from ward level up to the board. We reviewed the action plan submitted March 2019 which demonstrated oversight of the progress of actions within the action plan.

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Medical care (including older people's care)

- Focus needs to continue on the oversight and progress of the systems and processes, to monitor the induction and competency checks are completed in line with trust induction policy for temporary staff, are fully embedded.

Are medical care services effective?

Competent staff

- **The trust had taken measures to put processes in place, such as robust induction and competency assessments, to ensure that temporary staff were competent to carry out their roles and responsibilities.**
- At the last inspection in September 2018, staff raised concerns about the competencies of nursing staff due to the frequency of staff moving to unfamiliar wards to cover rota gaps and high reliance on non-substantive agency nurses. Staff felt that the lack of robust induction processes, the pressurised and overstretched working environment and the lack of sufficient internal competency checks for agency nurses, had contributed to incidents including; medicines incidents, poor documentation in patient records and insufficient nursing handover of care. As a result, a requirement notice was issued to the trust, in accordance with Regulation 12 (1)(2)(c). This required the trust to ensure that there were effective systems in place and a consistent approach to monitor the systems to ensure that induction and competency checks were completed in line with trust policy for temporary staff.
- Following the inspection report published in January 2019, the trust provided an action plan to make improvements to meet the requirement notice we served.
- We reviewed the initial audit the trust completed in March 2019, of compliance with the completion of the agency/bank staff orientation form, as per the revised trust induction policy. This compliance audit was conducted in five wards across four core services which included one medical care ward. The audit looked at five bank and agency worker orientation checklist in each of the five wards.
- The audit findings showed that several wards had used a ward level local induction checklist instead of the revised trust wide version. This was not in line with the trust induction policy. The audit also highlighted that the trust induction policy contained several embedded forms that staff were unable to access. This

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meant staff were not always able to access and use the most up to date version of the form. Completion of the bank and agency worker orientation checklist on the ward (each time it was the agency/bank worker's first shift on that ward area) was inconsistent across the five wards that were audited.

- Following the initial audit, the trust updated the induction policy to include the updated bank and agency worker orientation checklist and clarification of how to use the revised trust wide checklist. All local induction checklists were withdrawn and replaced by the trust wide bank and agency worker orientation checklist.
- In April 2019, following a serious incident which involved an agency member of staff and a medication error, the trust conducted an urgent audit of the bank and agency worker orientation checklists. The audit reviewed the last five bank/agency workers assigned to a shift in each clinical area, 180 staff orientation checklists were reviewed across 40 clinical areas, including eight medicine care wards. The audit review was conducted to ensure that the induction and competency checks was being completed in line with the trust policy for temporary staff.
- The audit showed that trust wide compliance was at 74%. Division one, which included medicine and urgent & emergency care, was 81.5% compliant.
- During this focused inspection, we reviewed 10 bank and agency worker orientation checklists completed for agency nursing staff that worked on the wards on the 20 and 21 May 2019. All 10 orientation checklists were completed appropriately and the correct version of the form was used. All 10 checklists were completed and signed by the agency member of staff and the nurse in charge. This was an improvement from the last inspection and their last audit.
- Registered bank and agency staff competencies were also assessed on the checklist. The agency/bank member of staff would indicate and sign the checklist if they were competent with various tasks such as, administration of intravenous medication (IV) medication. The nurse in charge of the ward would then observe the agency/bank member of staff completing the task and confirm and sign that they were competent.
- All 10 agency/bank members of staff orientation checklist's we reviewed had the competencies section completed. If an agency/bank member of staff was not assessed to be competent by the nurse in charge, then in accordance with the trust policy they did not perform that task. This included for example, administration of IV medication, management of central lines and the management of a tracheostomy.
- We spoke with four agency members of staff during our focused inspection, who confirmed that they completed the orientation checklist on each ward they worked, which was then signed by the nurse in charge. We confirmed evidence of this when we reviewed the orientation checklists which were kept securely in the ward manager's office.
- Senior managers told us and we saw evidence that information was shared with all staff to comply with the bank and agency orientation checklist which must be completed for all agency/bank staff that were new to the ward or who had not worked in the area for more than six months.
- Following a serious incident which involved an agency nurse who had not had their orientation checklist signed off, senior managers immediately made amendments to the ward safety huddle template. This now included that the nurse in charge should confirm whether there were any agency staff working in the area for the first time and confirm on the handover sheet that they had signed off the bank and agency worker orientation checklist.
- The new safety huddle template and orientation checklist was being used on the four wards we visited, all staff we spoke with were aware of the policy, the correct process and how to complete the new checklist.
- Ward managers told us that they had received information about the changes to the revised checklist and policy through the ward managers' meeting with the matrons, safety alerts from the director of nursing and at the morning trust wide huddle "Moving Forward @Mid".

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- The trust shared evidence with us of the communication to staff from the director of nursing and the information that was shared during the trust wide huddles, this was corroborated with what senior managers had told us.

Are medical care services well-led?

Governance

- **We found that there was progress in developing and implementing effective governance process to provide oversight of the service.**
- Progress against the concerns identified during our last inspection September 2018 were being effectively monitored through the risk and compliance group. In March 2019, the trust provided CQC with an action plan in response to the concerns we raised in the requirement notice issued after our inspection.
- The actions included review of the induction policy as well as compliance monitoring arrangements for the completion of the bank and agency worker orientation checklist as per the trust induction policy.
- The trust had been sending CQC a monthly update of the action plan. As part of the focused inspection we reviewed the most recent risk and compliance group minutes May 2019. The meeting minutes showed that progress against the action plan had been monitored and discussed, this was reported at a local level through the site governance forum April 2019. We observed that this was a standing agenda item at the site governance meeting.
- At board level, the quality committees in common (QCIC) reviewed the progress of the action plan submitted to the CQC on monthly basis. The chief nursing officer provided an update on the progress with the delivery of the actions contained within the action plan.
- The minutes we reviewed from the risk and compliance group, site governance forum and the QCiC showed that progress against the concerns we identified in September 2018 were being monitored at a local level as well as at board level. For example, the minutes from the May 2019 risk and compliance group meeting showed discussion around the progress in the CQC action plan including the audit results for the bank and agency orientation checklist, communication of the changes at all levels following the serious incident and ongoing work to embed the new processes and procedures. Similarly the minutes from QCiC meeting from May 2019 showed detailed discussions around the overall progress of the CQC action plan in order for the trust to comply with its legal obligation. We were therefore assured that there was oversight at all levels.
- Following the serious incident which involved an agency nurse who had not had their orientation checklist signed off, the trust recognised this as a risk and carried out an immediate audit to measure compliance of the induction policy and completion of the orientation checklist. As a result of the audit the policy was reviewed, and the trust bank and agency worker orientation checklist updated.
- The trust obtained assurances from their agency and bank staff suppliers that the agencies complied with the requirements of the NHS framework agreement (an NHS framework where all suppliers have been audited to ensure ability to comply with NHS pre-employment check standards and mandatory training). This meant that agency staff working at the trust had completed all their mandatory training as stipulated on the NHS framework.
- During the focused inspection we reviewed 20 pre-employment checklists, of randomly selected agency workers in the trust, these were all for registered nurses. The checklist showed details of the agency worker's Nursing and Midwifery Council (NMC) registration, Disclosure and Barring service (DBS) checks, fitness for employment, if the nurse was able to cannulate, if they held a substantive post in the NHS and if they were up to date with their mandatory training. This meant that the trust had a process and system in place to ensure that agency members of staff had the correct employment checks before commencing work for the trust.
- Senior managers told us that they are continuing to monitor compliance with the trust induction policy through regular audits of the bank and agency orientation checklist, ward drop in checks by matrons

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and the director of nursing. Progress with the action plan will continue to be monitored both at site level through the risk and governance group and at board level through the QCiC.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **SHOULD** take to improve

- The trust should continue to ensure that systems and processes to monitor that induction and competency checks are completed in line with trust policy for temporary staff are fully embedded.