

# Basildon and Thurrock University Hospitals NHS Foundation Trust

## Inspection report

Basildon University 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 rating for this trust

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 
Are resources used productively?	Requires improvement 

# Summary of findings

## Combined quality and resource rating

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.

## Background to the trust

Basildon and Thurrock University Hospitals NHS Foundation Trust provides services for a population of around 405,000 in south-west Essex covering Basildon and Thurrock, together with parts of Brentwood and Castle Point. The trust also provides services across south Essex. Services include urgent and emergency care, medical care (including older people's care), surgery, maternity and gynaecology, critical care, services for children and young people, end of life care, outpatients and diagnostic imaging.

The trust provides an extensive range of acute medical services at Basildon University Hospital, which includes the Essex Cardiothoracic Centre and Orsett Hospital as well as x-ray and blood testing facilities at the St Andrew's Centre in Billericay. The trust also provides dermatology services across the whole of south Essex.

The Essex Cardiothoracic Centre (CTC) provides a full range of tertiary cardiothoracic services for the whole county and further afield.

Basildon and Thurrock University Hospitals became a foundation trust in 2004. The trust began working closely with Southend University Hospital NHS Foundation Trust and Mid Essex Hospital Services NHS Trust in 2014. In 2015 the Essex Success Regime was launched. Further collaborative work was undertaken between the trusts 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 decided to enter into a formal collaborative governance framework and contractual joint venture. The partnership between the three trusts was formalised as of 1 January 2017 and shared governance arrangements took effect from March 2017. In November 2017, public consultation began on plans for clinical reconfiguration of the three trusts in line with STP. This was approved by commissioners in July 2018. The boards of the three trusts formally approved the proposal for a merger of the trusts in January 2018.

We previously inspected the trust in March 2015 under our comprehensive methodology and rated the trust as good overall. We conducted a focussed inspection of the critical care services in February 2016 to follow up on specific concerns and rated the service as good overall.

We inspected the trust under our current methodology in February 2019. We inspected the core services of medical care, surgery, maternity and outpatients' services. A well led inspection took place in March 2019 and we issued requirement notices.

## Overall summary

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

## What this trust does

Basildon and Thurrock University Hospitals provides acute services at three locations in south west Essex.

# Summary of findings

## 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.

We inspected four of the acute services provided at Basildon University hospital by this trust as we had concerns about the quality of the services due to the information that we held and had been shared by external stakeholders. This inspection was also a part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found 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 good because:

- We rated safe and responsive as requires improvement. Effective, caring and well-led were rated as good.
- We rated one of the trust's four services we inspected as requires improvement and three as good. In rating the trust, we took into account the current ratings of the four core services not inspected this time. However, we also considered that the rating in Urgent and Emergency services within the safe domain had been in place since 2015. The trust presented updated information which meant it had a disproportionate effect on the trusts overall rating. Therefore, we have overridden the overall aggregation principles and rated the trust overall as good.
- There were effective processes in place to ensure that learning from incidents was shared across divisions and embedded to minimise the risk of re-occurrence.
- There were enough nursing and medical staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment. There were processes in place to address staffing shortages to deliver safe patient care.
- Infection prevention and control policies and protocols were in place and regularly audited. Staff kept themselves and equipment clean.
- There were effective systems and processes in place to conduct internal and external audits and teams acted on results.
- There were robust processes in place to manage demand and capacity through performance monitoring and systems to manage access and flow.

# Summary of findings

- The trust had developed a strategy to develop services in line with the over-arching strategy of a merger and clinical re-configuration. This meant that teams were able to link current activity to the trust's future plans.
- Managers worked hard to create a positive culture which was patient focussed and staff could raise concerns openly.

However, we also found:

- Maternity services ratings for safe had declined from good to requires improvement. There had been a decline in safety practices in relation to women who were assessed as 'high risk' and the leadership team. The well-led rating for maternity services had declined from outstanding to requires improvement. There had been some changes in the leadership since our last inspection and the new maternity leadership team was developing.

## Are services safe?

Our rating of safe went down. We took into account the current ratings of services not rated this time. We rated it as requires improvement because:

- There was a decline in safety practices in maternity services. The service was caring for women deemed as 'high risk' in inappropriate areas without access to the right equipment or medical staff. As we did not inspect urgent and emergency care on this occasion, the rating for safe remained as requires improvement which has contributed to the overall rating for the trust in the safe domain.
- Medical care, surgery and outpatient services were rated as good.

## Are services effective?

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

- Medical care, surgery and maternity services were rated as good. Services continued to use evidence-based guidance to deliver care and treatment. Pain relief was monitored and managed in line with national guidance and teams used results from internal; and external audits to improve patient outcomes.
- Outpatients was not rated in line with our methodology.

## Are services caring?

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

- Medical care, surgery, maternity and outpatient services were rated as good. Staff continued to deliver compassionate care and treated patients and their loved ones with respect and dignity. Patients that we spoke with told us that staff had been caring and treated them with kindness.

## Are services responsive?

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

- Surgery and outpatient services were rated as requires improvement. Although the trust had implemented a number of actions to improve performance in specific areas; patients could not always access initial treatment and assessment in a timely manner. This was a particular concern for patients awaiting initial treatment for cancers.
- Medical care and maternity were rated as good.

## Are services well-led?

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

# Summary of findings

- The trust mostly had experienced leadership teams with the skills abilities and commitment to deliver the strategy and high-quality care. Managers across the trust generally recognised the training needs of staff at all levels and worked to provide development opportunities for the future of the organisation.
- The newly developed trust strategy was directly linked to the vision and values and aligned to the over-arching strategy to merge with two other acute trusts and clinical reconfiguration. Staff were aware of the trust's values and vision and how their actions contributed to delivering the strategy for the future organisation.
- Managers across the trust were visible and approachable.
- The trust had a clear structure for overseeing performance, quality and risk, with board members mostly represented across the divisions. There were clear escalation processes to follow when services needed more support.
- Managers across the trust worked hard to promote a positive culture where staff and patients could raise concerns openly to improve patient safety and experience.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However.

- In maternity services, the leadership team was relatively new and developing processes and systems. The Head of Midwifery and Clinical Lead met with the Chief Nursing Officer monthly but did not have direct access to the board to present to them regularly.

Our full inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website.

## 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. We considered that the rating in Urgent and Emergency services within the safe domain had been in place since 2015. The trust presented updated information which meant it had a disproportionate effect on the trusts overall rating. Therefore, we have overridden the overall aggregation principles and rated the trust overall as good.

## Outstanding practice

We found outstanding practice in medical care, surgery, outpatients and trust wide.

## Areas for improvement

We found areas for improvement including eight breaches of legal requirements that the trust must put right. We found five 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.

# Summary of findings

## Action we have taken

We issued two requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of one legal requirement at trust wide level and breaches in maternity, surgery and outpatients.

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

## What happens next

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

## Outstanding practice

We found the following outstanding practice:

### Trust wide:

- The trust was one of the first trusts to have medical examiners employed by the trust ahead of national guidance, with six in place at the time of our inspection. This has resulted in a decrease in the number of cases referred to coroners and greater opportunities for learning from deaths.
- There has been an increased effort to improve access and flow throughout the hospital. This has resulted in an improvement in performance and patient experience. The trust has worked extensively with external stakeholders to introduce new initiatives to avoid admissions and deliver more appropriate care in the right place.
- The trust had been one of the first in the region to employ an Admiral nurse as the lead for dementia awareness and training throughout the trust.

### Medical care:

- Orsett ward had introduced a telephone appointment system for relatives and carers to speak to medical staff which supported the involvement of relatives who lived further away or who were unable to visit regularly.

### Surgery

- Staff had collected and held a reverse raffle to produce patient care packs for patients who may be going home unattended. The pack consists of many items including a warm hat, blanket, gloves and a hot water bottle to provide patients with a little extra luxury when its required.
- In June 2018, over 100 patients attended a recognised world record day for cardiac arrest survivors within the cardiothoracic centre.

## 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 the quality of services.

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

# Summary of findings

## Trust wide

- The trust must ensure staff complete mandatory and safeguarding training in line with the trust target (Regulation 12).
- The trust must continue to improve the referral to treatment times for patients (Regulation 12).

## Surgery:

- The trust must ensure that plans in place continue to be developed to improve the referral to treatment times (Regulation 12).

## Maternity:

- The trust must ensure that the low risk midwifery pathway is robust and women access the correct pathway of care and give birth in the correct area according to their assessment of risk (Regulation 12).
- The trust must ensure that medication including medical gases are stored in line with trust policy and national guidance (Regulation 12).
- The trust must ensure that patient records are completed in line with trust policy (Regulation 17).
- The trust must ensure grading of incidents reflects the level of harm (Regulation 17).
- The trust must ensure that the Head of Midwifery and Clinical Lead have direct access to the board to present to them regularly in line with 'Spotlight on Maternity' 2016 (Regulation 17).
- The trust must audit compliance with the World Health Organisations (WHO) surgical safety checklist (Regulation 12).

## Outpatients:

- The trust must ensure that plans to improve referral to treatment times continue (Regulation 12).

## Action the trust should take to improve

We told the trust that it should take action either because there were minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in the future, or to improve services.

## Medical Care:

- The trust should ensure that staff follow trust policy and procedures for completing Mental Capacity Act 2005 assessments for patients when the capacity to make decisions about their care was variable (Regulation 11).
- The trust should ensure that patient records are fully completed in line with trust policy (Regulation 17).
- The trust should consider options to display safety thermometer results for staff and the public to see.
- The trust should consider ways to improve the environment in the renal unit and ensure there is sufficient oversight of plans to improve.

## Surgery:

- The trust should ensure that staff comply with trust policy in relation to document management to ensure that staff access the most recent policy guidance. (Regulation 17).

# Summary of findings

## 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.

We rated well-led at the trust as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They were working hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed trust strategy was directly linked to the over-arching strategy related to the merger and clinical reconfiguration. The future strategy for the proposed merger and clinical reconfiguration had been developed with internal and external stakeholders. The trust had worked hard to ensure that they engaged with all key stakeholders in the development of the business case and had made changes to initial recommendations based on stakeholder feedback.
- Senior leaders were visible and approachable. There was a program of ward visits which involved non-executive directors, governors and executives.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This generally gave them greater oversight of issues facing the service and they responded well when services needed more support.
- Information used to measure performance was being effectively processed, challenged and acted upon. There were clear processes in place to ensure that information was validated and reliable.
- Leaders worked hard to ensure that people who used the services, the public, staff and external partners were involved with decisions about their services. The trust had held a number of events to facilitate patient and staff feedback and made changes to practice as a result.
- There were systems and processes for learning, continuous improvement and information. Quality improvement methodology was used throughout the trust and staff were encouraged and supported to develop ideas and implement new practices.

However:

- The trust was developing their equality and diversity strategy and recognised that more work was needed in relation to Workforce Race Equality Standards.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RDD/Reports](http://www.cqc.org.uk/provider/RDD/Reports).

## 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 ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Basildon University Hospital	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
<b>Overall trust</b>	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

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

## Ratings for Basildon University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Medical care (including older people's care)	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Surgery	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Critical care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good ↔ Feb 2016	Good ↔ Feb 2016	Good ↔ Feb 2016
Maternity	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Services for children and young people	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Good ↔ Jul 2019	N/A	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
<b>Overall*</b>	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019

\*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.

# Basildon University Hospital

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## Key facts and figures

There are 25 inpatient wards and 637 inpatient beds at the main Basildon University Hospital site located in Basildon. The hospital serves a local population of 450,000 living in and around the south west Essex area.

Referrals are taken from five CCGs across the East of England. The hospital has the Essex Cardiothoracic Centre which offers a range of treatments for people who have specific heart and lung conditions.

At Basildon University hospital there is a 24-hour emergency department for adults and children. A range of acute services for adults and children include urgent and emergency care, general medicine including elderly care and general and elective surgery. There are a range of outpatient services including specialist clinics.

From July 2017 to June 2018 the trust saw:

- 86,748 inpatient admissions (24% increase on previous year)
- 560,276 outpatient attendances (1% increase from previous year)
- 125,352 emergency department attendances (2% increase from previous year)
- 1,627 deaths (a reduction of 3% from previous year)
- 4,541 births.

## Summary of services at Basildon University Hospital

Good   

We did not inspect all services at this inspection, but we combined previous inspection ratings for those not inspected to give an overall rating for the hospital. We inspected medical care, surgery, maternity and outpatients.

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

- We rated safe and responsive as requires improvement. Effective, caring and well-led were rated as good.
- Our rating for safe went down from good to requires improvement. This was because we found a decline in safety practices in maternity. Women who were identified as 'high-risk' were not always cared for in appropriate areas with access to appropriate staff and equipment. We were not assured that infection and prevention control measures were consistently applied in maternity.

# Summary of findings

- Our rating of effective stayed the same and was rated as good. The trust continued to provide care and treatment based on national guidance and its effectiveness. Patient outcomes were monitored and actions plans were developed to address areas for improvement.
- Our rating of caring stayed the same and was rated as good. Staff continued to treat patients with dignity and respect. Interactions between staff, patients and their loved ones was compassionate and empathetic.
- Our rating of responsive went down and was rated as requires improvement. Referral to treatment times were below the England average in some specialities. This was of particular concern for patients awaiting cancer treatments and patients who had been waiting over 52 weeks for appointments. The trust had taken actions to improve performance; however, patients could not always access initial assessment and treatment in a timely manner.

Our rating of well-led stayed the same and was rated as good. Managers across the trust worked hard to promote a positive culture. Leaders were visible and approachable. Staff at all levels were aware of the trust vision and how they contributed to the delivery of the overall strategy. The trust had developed plans with external stakeholders for future provision of services in line with national objectives to achieve sustainable quality care.

# Medical care (including older people's care)

Good   

## Key facts and figures

The division of medicine encompasses both acute and a small proportion of elective admissions. The trust provides wide ranging inpatient services whilst also hosting outpatient specialities such as the renal day units, dermatology, rheumatology, sleep and a Joint Advisory Group (JAG) accredited endoscopy.

There are 14 inpatient medical wards with an additional escalation area representing 325 beds. The majority of the patient cohort are emergency admissions through the front door emergency department (ED) and Acute Medical Assessment Unit (AMU) pathway. Within the bed base the trust has a frailty assessment unit which supports an ambulatory pathway for patient reducing the trust's admission and length of stay profile.

The trust has two medical assessment units (male and female) where patients can be transferred to from the emergency departments once referred to medicine. This does not require them to be seen and clerked by medics in the emergency department (ED).

The acute medical assessment units (AMUs) have seven day a week dedicated consultant cover and are managed by a team of eight acute physicians. A medical ambulatory care unit is based within the AMU and accepts referrals from the ED, ambulance service and GP's.

The trust has a hyper acute stroke unit and male and female acute respiratory units that provide level 2 care to patients. There are a number of speciality services including a diabetes team, falls and osteoporosis team, liver nurse specialists, tissue viability service and an admiral nurse supporting the trust's vision of dementia care.

The trust has an independent governance, health and safety and risk and complaints managers within the division providing an integral governance structure to the division.

(Source: Acute RPIR – Acute Context tab)

The trust had 62,193 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 35,611 (57.3%), 1,322 (2.1%) were elective, and the remaining 25,260 (40.6%) were day case.

Admissions for the top three medical specialties were:

- General medicine, 34,467 admissions
- Gastroenterology, 7,034 admissions
- Cardiology, 6,394 admissions

(Source: Hospital Episode Statistics)

Throughout our inspection we visited 20 of the medical care areas and wards managed throughout the division. We used a variety of methods to help us gather evidence to assess and judge the medical care services. We spoke with nine patients and those important to them, 22 doctors, including junior doctors, middle grade doctors and consultants, 40 nurses, four allied healthcare professionals, three ward receptionists and 11 senior staff. We interviewed the divisional general manager, divisional head of nursing and a matron.

We observed the care and the environment including six resuscitation trolleys, 42 pieces of equipment and 28 consumable items and looked at 29 sets of patient care records, and 11 medicine charts. We also reviewed a wide range of documents, including policies, minutes of meetings, action plans, risk assessments, and audit results.

# Medical care (including older people's care)

We last inspected this service in March 2015 and rated safe, effective, caring, responsive, and well led as good with medical care (including older people's services) rated as good overall.

## Summary of this service

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

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

- Staff reported and managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The effectiveness of the service was good. Staff ensured that people received care and treatment that reflected current evidence-based guidance and achieved good outcomes. Where performance in national audits did not meet national standards, the service had plans to improve.
- The care provided by staff remained good. People were treated with dignity and respect and were involved as partners in their care.
- Patients and their families were involved in developing care plans and given information to help them understand choices available to them. Feedback from patients was generally positive about the caring attitude of staff.
- The service was responsive to people's needs. Vulnerable and local people had their needs met and there was good access to specialist staff and support services. Waiting times for referral to treatment were mostly in line with national averages.
- Staff monitored patient flow well and understood the challenges to address delayed transfers of care and discharges and had systems and process to
- There were innovative services to meet the needs of the population. Staff cared for patients with additional needs well and care for patients living with dementia had improved.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were generally proud to work at the trust and felt valued for the contribution they made to patient care.
- We found that the leadership, governance and culture generally supported the delivery of high-quality care. There were clear governance processes from ward level up to the trust board.

However:

- Although most staff had received an up to date appraisal, and the relevant mandatory training, senior staff reported difficulty with monitoring training due to delayed updates on the electronic monitoring system. Staff were knowledgeable about how to protect patients from abuse and the service worked well with other agencies to do so, but we were not assured that all staff who required it had received the necessary level of adult safeguarding.
- Systems and processes to keep people safe were not always followed when responding to patients with sepsis and medical records quality, storage and information governance was inconsistent.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff did not always follow the trust policy and procedures when a patient needed a mental capacity assessment.

# Medical care (including older people's care)

- The trust mostly used a systematic approach to improve the quality of its services but there was inconsistency in the monitoring of performance and quality standards to ensure the creation of an environment in which clinical care would flourish.

## Is the service safe?

Good   

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

- Our rating of safe stayed the same. We rated it as good because:
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well although the renal dialysis unit required updating.
- The service had enough nursing staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment. There were vacancies but the service flexed staff to ensure safe patient care.
- The service had enough medical staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and available to all staff providing care. There were some inconsistencies in the completion of medical records.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff but did not share it with patients and visitors. Managers used this to improve the service.

However:

- The service provided mandatory training in key skills to all staff but there was inconsistency in the monitoring to ensure that everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so but we were not assured that all necessary staff had the appropriate level of adult safeguarding training.
- Staff completed and updated relevant risk assessments for each patient but did not always perform the appropriate actions to manage deteriorating patients or those with sepsis.

## Is the service effective?

Good   

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

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and provided prompt pain relief.
- Managers monitored the effectiveness of care and treatment and mostly used the findings to improve them. They compared local results with those of other services to learn from them.
- 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 monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The medicine division provided high quality diagnostic and assessment services to support seven days a week care.
- Staff mostly understood their roles and responsibilities under the Mental Health Act 1983. They knew how to support patients experiencing mental ill health.
- However:
- Staff understanding of how and when to assess whether a patient had the capacity to make decisions about their care and the Mental Capacity Act 2005 (MCA) was variable. They mostly followed the trust policy and procedures when a patient could not give consent but there were inconsistencies in MCA assessments for those who lacked the capacity to make decisions about their care.

## 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 provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. Staff monitored patient flow well and understood the challenges to address delayed transfers of care and discharges.
- The service took account of patients' individual needs.

# Medical care (including older people's care)

- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Referral to treatment times were below the England average in specific specialities and patients could not always access initial assessment or treatment in a timely manner.

## Is the service well-led?

**Good** ● → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a joint vision within the wider merged group which demonstrated what it wanted to achieve. It had workable plans to turn into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying service risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The trust mostly used a systematic approach to improve the quality of its services but there was some inconsistency in the monitoring of performance and quality standards to ensure the creation of an environment in which excellence in clinical care would flourish. Sepsis training compliance was low and the use of the deteriorating patient tool was not embedded or monitored.
- The trust collected, analysed, managed and used information well to support its activities, mostly using secure electronic systems with security safeguards, but there was inconsistent sharing of performance with patients and visitors.

# Surgery

Good   

## Key facts and figures

Surgical services at Basildon and Thurrock University Hospitals NHS Foundation trust consist of a theatre suite of 14 theatres across the Basildon Hospital and Orsett Hospital sites (12 at Basildon, two at Orsett). The service undertakes both day-case and in-patient elective work as well as running emergency theatres for general work and trauma seven days per week. All patients admitted were treated under the direct care of a consultant. A senior house officer supported surgical care 24 hours a day, seven days a week. Patients are cared for and supported by registered nurses, care assistants and allied health professionals.

The hospital has 126 surgical beds with a surgical day unit at both sites, with side rooms available on all ward areas. Orsett Hospital's unit is predominantly used for termination of pregnancy and chronic pain procedures and was not included in this inspection.

We inspected the service from 12 to 14 February 2019. As part of the inspection we visited:

- Pre-operative assessment unit
- Elective admissions lounge
- Day surgical unit
- Day surgery theatres and main theatres
- Recovery area
- Surgical ambulatory care unit
- Surgical referral unit
- Burstead, Chelmer, Elsdon, Horndon, Linford and Kate Evelyn Luard wards.

During this inspection:

- We spoke with 50 members of staff including doctors, managers, nurses, housekeepers, chaplaincy staff and other allied health professionals.
- We spoke with 10 patients and their families.
- Reviewed 10 patient records and trust policies. Reviewed performance information and data from, and about the trust. Obtained patient feedback and observed their care.
- The last inspection for this service was completed in March 2015. At the last inspection this core service was rated as good for safe, effective, caring, responsive and well led. This gave the service an overall rating of good. We looked at changes within surgical services during this inspection. We reviewed the cardiac surgical services as part of this core service.

Surgical specialists were managed by the surgical services group. The cardiac services were managed by the Essex cardiothoracic services division.

The trust provided the following information for the surgical wards and areas which have bed or trolley facilities:

Kate Evelyn Luard (KEL) has 9 beds. KEL is the joint replacement unit and provides care for patients undergoing elective orthopaedic and surgical surgery pre and post procedure. The ward has an operational policy, which aims to

# Surgery

provide an appropriate and safe environment for patients undergoing major joint replacements and clean elective procedures. The team works very closely with the multi-disciplinary teams and also the community orthopaedic team. This ensures patients follow a well defined pathway whilst ensuring that patients are aware of all of their planned care.

Day unit has 16 trolleys. Basildon Day Unit (BDU) cares for adult surgical patients who are to undergo day surgery from various specialities within the Trust that require a surgical procedure. The unit is primarily Nurse led, the staff nurses are responsible for the admission and discharge of the day case patient.

Surgical Referral Unit has 24 beds. Surgical Referral Unit (SRU) provides assessment for adult patients who require surgical treatment, rapid assessment, diagnosis and stabilisation and investigations or treatment. Patients are prepared for theatre and cared for post-operatively until discharge or movement to the general surgical wards.

Burstead ward has 28 beds. Burstead is an acute surgical ward that cares for patients undergoing major and complex general surgical procedures, as well as patients under the care of specialty surgical teams including urology, vascular and orthopaedics. Burstead manages acutely ill patients and specialises in advanced nursing practice including intensive care step down patients, central line management, intravenous nutrition, advanced wound therapies and tracheostomy care. The multidisciplinary team ensures a high level of patient care and effective communication.

Linford ward has 28 beds. The ward is the acute trauma ward that cares for patients on the Fracture Neck of Femur pathway utilising the skills of the specialist nurses attached to the service. It also cares for patients who have suffered other trauma that are stable enough to remain at a district general hospital (DGH) rather than transferring to a tertiary centre. The ward has two ring fenced beds to ensure that fracture neck of femur patients are transferred directly from accident and emergency(A&E).

Chelmer ward has 32 beds. The ward is an acute/tertiary care cardiothoracic surgical ward/and step down from critical care and cares for cardiothoracic surgical patients pre and post-operatively. The majority of patients are admitted to the ward as elective admissions or from other hospitals as inter hospital transfers (urgent). Approximately 1,400 admissions per year, a combination of cardiac surgical including valvular and coronary artery bypass grafts as well as a range of thoracic procedures.

Horndon ward has 15 beds. Horndon ward is a function independence and transfer unit (FIT) caring for patients mainly after a traumatic injury or limb amputation. The specialist service ensures functional independence is restored as soon as possible after admission and that rehabilitation needs are assessed and met prior to discharge. Ongoing rehabilitation is arranged as required on discharge to ensure patients return to their previous function ability or as close to a previous functional ability as able. The ward is supported by a multidisciplinary team which includes a specialist trauma physician in elderly medicine, nurses, doctors physiotherapists, occupational therapists, speech and language therapists and dieticians with a wide variety of specialist skills including neurosciences, orthopaedics, amputee prosthetic limb management and hand therapy.

Elsdon ward has 15 beds. Elsdon ward is a female only ward who cares for women with gynaecological problems and those who have undergone general surgery. Women present with a variety of gynaecological conditions including, pelvic inflammatory disease, hyperemesis, endometriosis, miscarriage, ectopic pregnancy and cancers of the reproductive tract.

*(Source: Acute RPIR – Context and sites tab)*

## Summary of this service

# Surgery

We previously inspected the surgical service and rated safe, effective, caring, responsive and well led as good. The rating for this inspection stayed the same because:

- Patients were protected from avoidable harm and there was a culture of learning from incidents. Staff recognised incidents and reported them appropriately. Lessons learned were shared with the surgical teams.
- Staff in the operating theatres and day unit followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery and monitored to make sure this was completed accurately.
- Records were appropriately completed, and their safety monitored and maintained.
- There were robust processes to assess and escalate deteriorating patients.
- Infection prevention and control policies and protocols were in place and regularly audited and surgical site infections were monitored.
- Staff had a good understanding of safeguarding and awareness of their responsibilities in relation to safeguarding adults. The service worked with other agencies to share relevant safeguarding information.
- The environment was visibly clean, tidy and well maintained.
- The service had enough staff who had the skills, knowledge and experience to deliver effective care and treatment to patients.
- Staff used external evidenced based standards and information to monitor and benchmark their practice. Patients care and treatment achieved good outcomes and was based on the best available evidence.
- The service monitored the effectiveness of care and treatment through continuous local and national audits.
- The service took part in national and international research programmes which supported the development of innovative and new ways of working and improving standards of care for patients.
- Patients were at the centre of the service and the quality care was a priority for staff. Patients were involved in their care and treated with compassion, kindness, dignity and respect. Patients that we spoke with during this inspection were very complimentary about the level of care they had received.

However:

- The service provided protected time for mandatory training for staff but had not achieved the trust target.
- We saw trust wide policies that had last been reviewed 5 years ago and did not reflect the most recent guidance.
- The referral to treatment (RTT) was poor but we saw that plans were in place with improved outcomes.

## Is the service safe?

**Good** ● → ←

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

- The service had systems in place to ensure that equipment and environment were clean and maintained.
- Staff followed best practice in relation to infection prevention and control to prevent the spread of infection.
- Ward staffing levels and skill mix were planned and reviewed to deliver safe and appropriate patient care.
- Staff had the necessary skills, knowledge and experience to carry out their roles.

# Surgery

- Staff assessed, monitored and managed patient risk. Staff updated patient risk assessments and managed the deteriorating patient appropriately.
- Patient care records reviewed were detailed, clear and contemporaneous for all staff caring for the patient.
- The service had effective processes in place to keep people safe and protected from abuse.
- The service managed patient safety incidents with shared lessons learned across the service and whole trust.
- Medication administration followed best practice with staff demonstrating medication management in line with trust policy.

However:

- The service provided protected time for mandatory training for staff but had not achieved the trust target.

## Is the service effective?

Good ● → ←

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

- Staff provided care and treatment based on evidence-based practice and national guidance.
- Patients were provided with sufficient food and drink to meet their needs and improve their health
- Staff assessed and monitored patient's pain well.
- Patient outcomes were routinely reviewed and monitored for effectiveness
- Staff received regular appraisals and development opportunities in addition to the mandatory training requirements. Managers supported staff development and met with staff to review the effectiveness of the service.
- Patient care was delivered effectively and reviewed in a coordinated manner across the multidisciplinary team, wards and theatres.
- The service provided a seven-day service with the patient at the centre of care and included in future service developments.

However:

- We saw trust wide policies that had last been reviewed 5 years ago and did not reflect the most recent guidance.

## Is the service caring?

Good ● → ←

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

- Staff provided compassionate care and treated patients with dignity and respect.
- Patient feedback was positive and patients told us the staff were amazing.
- Staff communicated appropriately with patients about their care and treatment, giving them relevant information and time so that informed decisions could be made.

# Surgery

- Emotional support was provided for patients and those close to them. We observed staff providing support to an anxious patient to minimise their distress.
- The cardiac service has a psychologist attached to the centre to support patients post surgery.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The referral to treatment (RTT) times were not meeting national standards or the England average in some areas. Patients could not always access initial assessment and treatment in a timely manner. There were plans in place to improve performance; however, some patients were still waiting longer than expected for appointments and treatment.

However:

- The trust planned and provided services to meet the needs of its population
- The service put the patient at the centre of its care.
- The service treated concerns and complaints seriously and learned lessons which were shared across the trust.

## Is the service well-led?

**Good** ● → ←

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

- Managers had the right skills to lead the service and provide high quality care.
- Managers promoted a positive culture that valued and supported staff.
- Staff spoke positively about their local leaders and felt they were listened to.
- There were clear responsibilities, roles and systems to support good governance.
- The monthly quality dashboard provided the board with an overview of the effectiveness of the service.
- The trust engaged well with patients, staff and stakeholders to plan and manage appropriate services as well as working with partner organisations.

# Maternity

Requires improvement 

## Key facts and figures

The maternity unit at Basildon University Hospital provides a comprehensive range of services including; Mulberry assessment centre, prenatal diagnostic screening, antenatal care services, perinatal mental health and counselling service, midwife led birthing unit, delivery suite and birthing at home support.

- The maternity unit offers women the following birth options:
- Home birth: around 3% of all trust births are home delivery.
- Midwife-led birthing unit: Located on the Willow suite, consists of five delivery rooms (including two pool rooms) and four postnatal beds.

Delivery suite: 6 birthing beds, five induction of labour beds, with three high dependency rooms. There are two dedicated maternity theatres.

The maternity unit also includes Cedar Ward, a 29-bedded postnatal ward that also provides some antenatal care and the Mulberry Suite, which is a seven-bedded ambulatory care assessment suite for all women from 14 weeks gestation.

The service delivered 4,513 babies between April 2017 to March 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings.

During this inspection we:

- Spoke with 38 staff members; including service leads, matrons, midwives, doctors, midwifery care assistants, and administrative staff.
- Spoke with nine women who were using the service.
- Checked 20 pieces of equipment.
- Reviewed 16 medical records.
- Reviewed 11 prescription charts.

## Summary of this service

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

- Mandatory and safeguarding training rates did not consistently meet trust target compliance levels.
- We found records for women were inconsistently completed. These included records of foetal movement, recording of the date and time of the observations and signatures of the member staff undertaking the review.
- The service did not assess, monitor or manage women with high risk pregnancies in the correct environment with the support of medical staff. This meant that if risks were identified there was a delay in transferring women to the obstetric led unit.

# Maternity

- The service did not have a Non-Executive Director Champion.
- The trust did not have robust systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.
- The Head of Midwifery (HOM) and clinical lead did not have direct access to the board to present to them regularly, although they did meet monthly with the chief nursing officer, this was not in line with recommendations from 'Spotlight on Maternity' 2016.
- The service did not store medications in line with good practice.
- Midwifery handovers were not completed in line with best practice or trust policy.

However:

- Staff were kind, caring and considerate and women were happy with the care they were receiving.
- Staff were competent and were supported to develop their skills and knowledge.
- Staff thought local management was good and they felt supported by the local managers.

## Is the service safe?

**Requires improvement** ●

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

- The service did not have suitable premises to care for women and the current environment of the MLBU was unfit for purpose.
- Staff had not completed mandatory training in accordance with the trust's target.
- Medical staff had not completed safeguarding children training in accordance with the trust's target
- The SBAR (situation, background, assessment, recommendation) handovers were not completed in line with trust policy.
- High risk women in labour were not always correctly identified and therefore regularly reviewed by the appropriate member of staff.
- Incidents were not always graded correctly. We reviewed some that were graded as no or low harm which did not reflect the level of harm to the woman or baby.
- Medicines were not always stored in line with best practice.
- We looked at 16 sets of patient records and found to be inconsistently completed. These included records of foetal movement, recording of the date and time of the observations and signatures of the member staff undertaking the review.

However:

- Hand hygiene audits were displayed and compliant with trust targets.
- The service reported patient safety incidents well. Staff recognised incidents and reported them appropriately.

# Maternity

- Staff were assessing and responding to patient risk through use of the 'fresh eyes' approach to cardiotocography (CTG) monitoring.
- Resuscitation equipment was checked and recorded daily in all areas.
- Staff could describe their responsibilities regarding the duty of candour (DoC) regulation and when this needed to be implemented.

## Is the service effective?

**Good** ●

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

- The trust took part in the 2018 MBRRACE audit and their stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was 4.80. This is up to 10% lower than the average for the comparator group rate of 4.95 and better than expected.
- Guidelines were easily accessible on the trust intranet for staff to access. We reviewed ten guidelines, all of which were in date, sufficiently clear and detailed.
- Staff gave women enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

However:

- Multi-disciplinary team (MDT) meeting attendance was inconsistent. We attended one meeting where the attending consultant was late and it was conducted without an anaesthetist in attendance. Staff told us this was a regular occurrence.
- Staff understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA)2005 was inconsistent.

## Is the service caring?

**Good** ●

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

- Women were treated with kindness, care and compassion.
- Following a pregnancy loss, women and their families were supported by midwives. The trust employed a bereavement midwife who offered additional support to the women and staff. The service supported women and families to make memories of their loss.
- Staff supported women to cope emotionally with their pregnancy, birth, postnatal care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment. New mothers using the services felt that they were treated with respect and dignity, listened to and given the help they needed.

# Maternity

However:

- The trust performed worse than other trusts for eight of the 19 questions in the CQC maternity survey 2018 and about the same as other trusts for 11 questions.

## Is the service responsive?

**Good** ●

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

- The service mainly planned and provided services in a way that met the needs of local people and considered the particular needs and choices of different women.
- Women were supported to have a home birth if they opted for this.
- Midwives were aware of women's individual needs and social circumstances and we observed positive and supportive discussions between the midwives and women.
- The service treated concerns and complaints seriously, with investigations and outcomes completed in a timely manner and mainly in line with the trust's complaints policy.

However:

- Women could not access a dedicate triage area 24 hours a day.

## Is the service well-led?

**Requires improvement** ●

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

- The service did not have a non-executive director champion.
- The trust did not have robust systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.
- The Head of Midwifery (HOM) and clinical lead did not have direct access to the board to present to them regularly, although they did meet monthly with the chief nursing officer, this was not in line with recommendations from 'Spotlight on Maternity' 2016.
- The service did not have a long-term strategy for what it wanted to achieve.
- Senior leadership staff were not aware of long term risks in the service.

However:

- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Outpatients

Good 

## Key facts and figures

The outpatient department at Basildon University Hospital, provides the majority of the outpatient clinics throughout the trust.

Basildon University Hospital and Orsett Hospital have outpatient departments. More than 1000 clinics are held every week and around 260,000 patients attend each year for outpatient consultations and treatment.

All outpatient services are staffed by nurses, health care assistants and administrative support while the clinics are run by a speciality doctor or clinical nurse specialist.

The outpatient department at Orsett Hospital, is an extension of Basildon University Hospital's outpatient department, and provides a smaller number of clinics.

The trust supplies nursing staff for the outpatient department at the Brentwood Site (NHS Property's owned) where clinics are run by a number of alternative providers. The outpatient service is remotely managed by the senior sister at Basildon University Hospital but is overseen on the site by an outpatient sister and team.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good overall because:

- The service provided mandatory training in key skills but not everyone completed the training in line with the trust's target.
- The service generally had suitable premises and equipment was well looked after.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service planned for emergencies and staff understood their roles if one should happen
- Staff assessed and managed patients to see if they were in pain
- Staff worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Patients were asked for their consent prior to procedures or examinations taking place.
- Patients were supported emotionally and staff made efforts to minimise their distress.
- Staff involved patients and those close to them in decisions about their care.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Matrons and managers were visible and supportive.
- Managers promoted a positive culture that supported and valued staff.

# Outpatients

- The service collected, analysed, managed, and used information well to support its activities to continually improve. Staff stored records securely.
- The leadership team for the service were passionate about continuous improvement.

However:

- Referral to treatment times were not meeting national standards or the England average. This meant that patients could not always access initial assessments and treatment in a timely manner.

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- The service provided mandatory training in key skills and the majority of staff completed the training in line with the trust's target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well, effective measures were used to prevent the spread of infection.
- The service generally had suitable premises and equipment was well looked after.
- Systems and procedures were in place to assess, monitor and manager risks to patients.
- The service mostly 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.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date, and generally available to all staff providing care.
- The service prescribed, gave, recorded and stored medicine well.
- 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.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

We do not rate the effective key question in outpatients. We found that

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs whilst in the outpatient department
- Staff assessed and managed patients to see if they were in pain
- The service monitored the effectiveness of care and treatment and used the findings to improve them.

# Outpatients

- The service made sure staff were competent for their roles. Managers appraised staff's work performance on an annual basis.
- Staff from all disciplines worked together as a team to benefit patients.
- There was a culture of multidisciplinary teamwork that supported the needs of patients throughout the hospital.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Patients were asked for their consent prior to procedures or examinations taking place.

## Is the service caring?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated caring as good because:

- Staff cared for patients with compassion.
- Feedback from patients confirmed that staff treated them well and with kindness. Staff introduced themselves to patients by name.
- Patients were supported emotionally and staff made efforts to minimise their distress.
- Staff involved patients and those close to them in decisions about their care.

## Is the service responsive?

**Requires improvement** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Patients could not always have access to initial assessments, test results, diagnoses or treatment in a timely manner. Referral to treatment times were not meeting the national standards and were worse than the England average in some areas. Whilst the trust had put in measures to improve performance this was yet to be realised and some patients had been waiting for more than 52 weeks for appointments.

However:

- The service had put measures in place to improve the way they provided services to meet the needs of local people
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- There was a process for the service to manage formal complaints and they monitored the number of complaints received each month.

# Outpatients

## Is the service well-led?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated well-led as good because:

- The service was led by open and accessible managers. There were various lead roles within the department and staff told us they felt supported by leaders.
- Matrons and managers were visible and supportive.
- Staff were aware of the trust's values and where to keep track of the changing vision.
- Managers promoted a positive culture that supported and valued staff.
- There was an open and transparent culture where concerns could be raised.
- The service had systems for identifying risks. It planned, eliminated, reduced risk and monitored performance.
- The service collected, analysed, managed, and used information well to support its activities to continually improve.
- The service engaged well with staff to provide appropriate services, there were regular team meetings.
- The leadership team for the service were passionate about continuous improvement.

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

#### Regulation

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

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

#### Regulated activity

#### Regulation

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Fiona Allinson, CQC Head of Hospitals Inspections led this inspection. Two executive specialist advisors and two CQC inspection managers supported our inspection of well-led for the trust overall.

The team included five CQC inspectors and seven further specialist advisers.

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