

Southend University Hospital NHS Foundation Trust

Inspection report

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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

Requires improvement 

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

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

Summary of findings

Background to the trust

Southend University Hospital NHS Foundation Trust (SUHFT) provides acute services from its main Southend hospital site and outlying satellite clinics across Southend-on-Sea, Castle Point and Rochford.

The trust employs over 4,500 staff, serves a population of over 350,000 and has a higher combined percentage population over 65 years of age (20.2%) than the England average (16.95%).

The trust provides a comprehensive range of acute services including acute medical and surgical specialties, general medicine, general surgery, orthopaedics, ear, nose and throat, ophthalmology, cancer treatments, renal dialysis, obstetrics and gynaecology and children's services. It is the South Essex surgical centre for uro-oncology and gynaecology surgery and has a dedicated stroke unit. Also offered are breast screening, ophthalmology and orthodontic services to the wider South Essex population.

The current hospital site opened in 1932 with additional extensions added throughout the existing site, the major extension of the tower block was opened in 1966. In 1997, the trust was officially designated cancer centre status and in 2006 opened the centre for clinical oncology. The trust has 544 acute inpatient beds, 31 maternity beds and 26 critical care beds.

From July 2016 to June 2017 there were:

- 90,849 inpatient admissions
- 625,109 outpatient attendances
- 101,120 emergency department attendances.

The trust is a part of the Mid and South Essex Success Regime 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 (SUHFT together with Basildon and Thurrock University Hospitals NHS Foundation Trust, and Mid Essex Hospital Services NHS 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). This followed a period of board-level collaboration as part of the Acute Joint Working Project Steering Group between April and December 2016. In November 2017, a public consultation started regarding the future of the organisations and potential merger of all three acute trusts, this is due to end March 2018.

The Mid and South Essex Success Regime is one of three national initiatives designed to support the most challenged health and care systems across the country. It covers hospitals and NHS providers in the south of the county plus the CCGs that commission the services. The two to three year programme will see hospitals, GP surgeries and other NHS service providers work together to address deep-rooted pressures and secure high quality care.

The overall aim is to improve health and care in areas managing financial deficits or issues of service quality or both. The Success Regime will bring managerial and financial support to the region. It will help facilitate the developments of local plans that will set out how partners will transform care in a sustainable way. Key elements of focus include a closer working relationship across the area and improvements of provision and access to urgent and emergency care.

We carried out a comprehensive inspection at Southend University Hospital NHS Foundation Trust in January 2016 when the trust was rated as requires improvement overall. Urgent and emergency care, surgery, critical care and maternity and gynaecology were rated as 'Good' in the 2016 inspection and all other core services were rated as requires improvement.

Summary of findings

A responsive inspection was then carried out in February 2017 due to a number of concerns that had arisen via our ongoing monitoring of the trust alongside a number of whistle blowing contacts. We undertook focussed inspections in urgent and emergency care, medical care (including older people) and surgery. We looked at the questions relating to safe, responsive and well-led. The overall service ratings were aggregated with the previous ratings from the comprehensive inspection in 2016. Urgent and emergency care and surgery were rated as good and medical care (including older people) was rated as requires improvement.

We undertook a comprehensive inspection on 21 and 22 November 2017 with a follow up inspection on 4 December 2017. Core services inspected were urgent and emergency care, medical care (including older people), surgery, children and young people's services, end of life care and outpatients. We inspected services at Southend Hospital and the Lighthouse Development Unit. A Well-Led inspection at provider level took place on 13 & 14 December 2017.

Overall summary

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

What this trust does

Southend University hospitals NHS Foundation Trust provides a full range of acute clinical services across the following locations: Southend Hospital and Lighthouse Child Development Unit.

Acute services are provided at Southend University Hospital and encompass urgent and emergency care, planned medical and surgical care, critical care, maternity, neonatal and paediatric care, end of life care and diagnostic and therapy services. Including more specialist services such as oncology and radiotherapy, neonatology, orthopaedics, ophthalmology, rheumatology, paediatric medicine and surgery.

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. Following the comprehensive inspection in 2016 we undertook enforcement action and told the trust it must take action to improve. CQC served five requirement notices.

Following the responsive inspection in February 2017 we found some improvements and there were a number of actions we told the trust they should take to improve.

Between 21 November and 4 December 2017 we inspected the following core services; urgent and emergency care, medical care (including older people), surgery, children and young people's services, end of life care and outpatients services.

Summary of findings

We inspected the above services provided by this trust as part of our continual checks on the safety and quality of healthcare. Also, to establish if improvements had been made in specific areas where we had received information of concern or nationally available data suggested there are areas for improvement.

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, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed, is this organisation well-led?

What we found

Overall trust

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

- The trust had made a number of improvements in areas previously rated as 'requires improvement'. However, some of these changes were yet to be embedded and there were still some areas for improvement. The ratings for safe for the trust remained as requires improvement because medical care (including older people) rating for safe remained the same. The aggregated rating for the trust includes ratings for previous inspections for core services that we did not inspect during this inspection. The ratings for responsive for the trust remained the same because the rating in this area for Surgery went down because there was declining performance in referral to treatment times (RTT). Responsiveness for Outpatient services remained the same.
- Urgent and emergency care stayed as good overall. The question of safety improved from requires improvement to good. Effective, caring, responsive and well-led remained good. Service performances against national standards were variable but had improved. The department had a cohesive team and had governance processes in place for the oversight of risk, safety and quality. However, there were concerns with safety aspects relating to staffing for children's ED, security within the department and risk assessment processes for the environment. All risks related to mental health care provision were not highlighted on the ED risk register.
- Overall we rated medicine including older peoples care as good. The question of safe remained requires improvement, effective and responsive improved from requires improvement to good and caring and well-led remained rated good. The service managed patient safety incidents, infection risk, records of patients' care and medicines well. The service provided care based on national guidance and staff met patients' nutritional needs. The service monitored the effectiveness of care and treatment; staff were competent for their roles and staff of different kinds worked together as a team to benefit patients. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and cared for patients with compassion. The trust provided services in a way that met the needs of local people and patients' individual needs and treated concerns and complaints seriously. The trust had managers at all levels with the right skills and abilities to run a service with effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Surgery services remained rated as good overall, with safe, effective, caring and well-led rated as good. The rating for responsive went down from good to requires improvement because the referral to treatment times (RTT) were significantly lower than the England average and there was a declining picture of performance. The key question of safe improved from requires improvement to good. Safety of the service was good, with improvements noted in ward-based pharmacy provision and sepsis training compliance. Senior staff were aware of staffing issues and had responded to reduce risk. Mandatory training compliance was generally good, with some areas of variability. Staff worked together to meet patients' needs and treatment was delivered by competent, caring staff.

Summary of findings

- Services for children and young people had improved from requires improvement to good overall. Safe, effective and well led had improved to good, with caring and responsive retaining a good rating. Staff now followed good practice in relation to infection prevention and control, patient documentation and incident reporting. Gillick competence awareness had improved and staff applied this proportionately when obtaining consent from young people. Staff now provided care and treatment in line with national guidelines. Our concerns around the length of time patients waited for autism spectrum disorder and epilepsy assessments remained.
- End of life care had improved from requires improvement to good overall. Safe, effective, responsive and well-led improved to good. Caring remained the same and was rated as good. The service handled safety incidents well. The service had processes in place to measure their performance. Staff went the extra mile in caring for their patients. The service had a cohesive team and had governance processes in place for the oversight of risk, safety and quality.
- Outpatient services were previously inspected jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated outpatients as requires improvement for responsive. Safe, effective, caring and well-led were rated as good because there were processes in place to ensure nurse staffing levels met the needs of patients. Staff treated patients with compassion and dignity and service leaders worked cohesively with internal and external stakeholders to manage the backlog of follow-up appointments in ophthalmology and respiratory clinics.
- On this inspection we did not inspect critical care, maternity or diagnostic imaging. As we have not previously inspected diagnostic imaging as a single core service we cannot aggregate previous ratings. The ratings we gave to critical care and maternity in the previous 2016 inspection are part of the overall rating awarded to the trust this time.

Are services safe?

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

- The trust has implemented a number of changes since our last and recent inspection to improve safety. However, some of these changes are yet to be embedded and there are still improvements to be made in key areas such as staffing levels and mandatory and safeguarding training compliance levels.
- Urgent and emergency care rating for safe improved from requires improvement to good. Our rating for safety improved because the service had made some improvements in key areas since our previous inspection. The trust had introduced measures to provide assurance that adult nurses caring for children in the ED had the correct competencies. There was a plan in place to improve mandatory training rates. There were some concerns relating to mental health care within the ED, however the trust are aware and have a plan to minimise the risks to patients and staff.
- Medical care (including older people's care) rating of requires improvement for safety stayed the same. The service did not have enough nursing staff to keep people safe from avoidable harm and to provide the right care and treatment. Nursing and medical staff compliance with trust mandatory training was below target and nursing and medical staff were below the trust target for compliance with safeguarding adults and children training.
- Surgery services improved from requires improvement to good. Staff monitored safety of the service and demonstrated learning from incidents. Improvements were noted in ward-based pharmacy provision and sepsis training compliance. Most areas visited had sufficient staff, although staffing on Southbourne ward did not meet planned levels. Senior staff were aware of staffing issues and had responded to reduce risk. Mandatory training compliance was generally good, with some areas of variability.
- The safety of services for children and young people improved from requires improvement to good. Staff now followed good practice in relation to infection prevention and control, patient documentation and incident reporting. Medicines were recorded, stored and disposed of safely. Improvements were needed around mandatory training compliance for medical staff.

Summary of findings

- End of life care rating for safety improved from requires improvement to good. The service had processes in place to manage safety incidents and protect people from abuse and avoidable harm. The service had adequate staffing to meet the needs of patients.
- Outpatient services was rated as good for safety. The service managed patient safety incidents well. Staff demonstrated good awareness of recognising and reporting abuse. There were effective processes in place to ensure that medicines were managed in line with guidance and legislation. However, there were some concerns in relation to infection, prevention and control in isolated areas of the eye treatment unit. We also found that surgical safety checklists were not being consistently used in minor treatment areas.

Are services effective?

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

- Urgent and emergency care services rating for effective remained as good. Care and treatment was based on national guidelines and monitored the effectiveness of the care and treatment provided. Members of the team worked together to get the best quality outcomes for their patients.
- Medical care services rating for effective remained as good. The service provided care and treatment based on national guidance and evidence of its effectiveness. There were processes in place to ensure that patients' nutritional needs were being met. The service made adjustments for patients' religious, cultural and social preferences. The service monitored the effectiveness of care and treatment and used the findings to improve them. The service made sure staff were generally competent for their roles and staff of different kinds worked together as a team to benefit patients. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Surgery rating for effective remained rated as good. Staff worked together to meet patients' needs and treatment was delivered by competent staff. Staff delivered care in line with national and local guidance. Staff monitored the effectiveness of the service.
- The effectiveness of services for children and young people improved from requires improvement to good. Care was provided in line with national and best practice guidelines. The service participated in both local and national audits to improve patient outcomes. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment. Staff had improved awareness of Gillick competence and applied this proportionately when obtaining consent from young people.
- In End of Life Care services our rating for effective improved from requires improvement to good because care and treatment was based on national guidelines and monitored the effectiveness of the care and treatment provided. Member of the team worked together to get the best quality outcomes for their patients. However, managers had not always ensured that staff had an annual appraisal
- We do not currently rate the effectiveness of outpatient services. Policies were aligned to national guidance and audits were being carried out to monitor compliance and identify service improvements. Staff of different kinds worked together as a team to benefit patients. Staff received regular appraisals and supervision.

Are services caring?

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

- Urgent and emergency care rating for caring remained the same. We rated the ED as good because staff cared for their patients with compassion. They involved patients and those close to them with care and treatment decisions and staff provided emotional support to their patients.

Summary of findings

- Medical care services rating of caring stayed the same. We rated it as good because: Staff cared for patients with compassion and feedback from patients confirmed this. Staff involved patients and those close to them in decisions about their care and treatment and provided emotional support to patients to minimise their distress. However, response rates for the friends and family test (FFT) were consistently low across all medicine wards.
- In surgery services, caring remained rated as good. Staff delivered compassionate care and patients gave positive feedback about the service. Staff involved patients and those close to them in decisions about their care.
- Services for children and young people continued to provide a good standard of care. Staff cared for patients with compassion, treating them with dignity and respect. Feedback was consistently positive from patients and those close to them.
- End of life care services rating for caring stayed the same and was rated as good because; people and those close to them were consistently treated with kindness, dignity and respect. Staff involved patients and those close to them in their care and treatment. The service supported patients and those close to them emotionally.
- Outpatient services were rated as good for caring. Staff cared for patients with compassion and patients told us that they felt involved in decisions about their care and treatment. Staff provided emotional support to patients in distressing situations.

Are services responsive?

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

- Urgent and emergency care services rating for responsive stayed the same and was rated as good. The ED planned services to meet the needs of the local population and had adapted a triage tool taking into account the health needs of local people. However, the service did not staff the children's ED from 9pm and 8am and there was not always a registered children's nurse on duty in the adults ED during these times.
- Medical care rating for responsive improved from requires improvement to good. The trust planned and provided services in a way that met the needs of local people and people could access the service when they needed it. The service took account of patients' individual needs and treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The service had high numbers of medical outliers and had introduced new processes to meet the needs of patients on outlier wards.
- Surgery rating for responsive went down from good to requires improvement. Referral to treatment (RTT) times were consistently and significantly below the England average and complaints were not always investigated in a timely way. However, staff were focused on meeting patients' individual needs and supporting patients with complex needs. Senior staff and clinicians worked closely together to improve the responsiveness of the service and there were improvements in the number of cancellations of elective surgery. Clinicians were involved in any decisions to cancel surgery.
- Services for children and young people rating for responsive remained as good. Staff planned and delivered services to meet individual needs. Complaints were responded to in a timely way and used to improve the quality of the service. However, improvements were still needed around the length of time patients waited for autism spectrum disorder and epilepsy assessments. In addition, staff did not consider the personal preferences when nursing young people on adult wards.
- End of Life Care rating for responsive improved from requires improvement to good. The service was planned to meet the needs of local people and people could access services when they needed them. Staff took account of patient's individual needs. The service learned from complaints.
- Outpatient services were rated as requires improvement. Referral to treatment (RTT) times for incomplete pathways was consistently worse than the England average. There was a significant backlog for follow-up appointments in

Summary of findings

some specialities and the service had processes in place to manage this. This included collaborative working with external stakeholders such as commissioners and community health care providers. Services were not always planned in a way that met the needs of patients. However, the service managed complaints well and there was clear evidence that lessons were learnt from concerns and complaints.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Urgent and emergency care services rating for well-led remained as good. Local leaders and managers generally had oversight of the risks within the department and escalated them appropriately. There were clear governance processes in place and staff understood what they were accountable for. Staff were happy in their roles and reported an open culture where they were able to raise their concerns without fear of reprisal.
- Medical care services rating for well-led remained as good. The service had managers at all levels with the right skills, knowledge and abilities to lead the service and promote a positive culture that supported and valued staff. There were effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Local leaders were continuously exploring new ways of working to address the significant challenges with capacity throughout the trust. However, nursing and medical staff felt the executive team lacked visibility and some consultants felt the communication from the executive team was poor.
- Surgery services rating for well-led remained rated as good. There were clear governance systems in place and the trust had effective systems for monitoring and responding to risks. Leaders engaged staff in development of the service and staff described a positive culture. We saw examples of innovative practice and collaboration with other trusts to benchmark and improve services.
- Services for children and young people rating for well-led improved from requires improvement to good. The department had developed their governance, risk management and quality measures to improve patient care, safety and outcomes. There was a clear management structure and ward managers knew about the quality issues, priorities and challenges within the service.
- End of life care services rating for well-led improved from requires improvement to good. The service had addressed the concerns raised during the previous comprehensive inspection. The trust had comprehensive action plans in place to reduce the risks identified on the risk register.
- Outpatients services were rated as good for well-led. Managers throughout the service promoted a positive culture and creating a sense of common purpose based on shared values. Managers supported staff to explore development opportunities. Staff we spoke with told us they felt valued and respected. Staff were encouraged to raise concerns and challenge behaviour that was not in line with the trust's vision and values. There was a comprehensive strategy in place to improve RTT performance and reduce backlogs of appointments.

Acute core services

Southend Hospital

What we found is summarised above under the sub-heading Overall trust.

Click or tap here to enter text.

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.

Summary of findings

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, medical care (including older people's care), surgery, children and young people's services, end of life care and outpatient services.

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

Areas for improvement

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

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of two legal requirements at a trust-wide level and two in four of the core services.

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 examples of outstanding practice in urgent and emergency care, medical care (including older people's care), surgery, children and young people's services, end of life care and outpatient services.

- The emergency department (ED) had developed a mobile rapid assessment and treatment team that moved around the department rather than being in a fixed area. This allowed the team to move to the patients and improved the flow of the department.
- The ED had adopted the Luton and Dunstable triage tool and this was adapted to meet the needs of local people to ensure patients with long term respiratory conditions remained in the department rather than being sent to the on-site GP service.
- In medical care services, the stroke unit had developed a seven day trans-ischaemic attack (TIA) clinic which could be accessed within 24 hours. The clinic supported GPs to make urgent referrals and provided an online triage tool for GPs to help prioritise more urgent cases.
- Staff in the surgery team were part of a national network developed to promote best practice in management of sepsis. The service had developed methods to extend this knowledge and best practice guidance to external health and social care partners in the community such as care homes and district nurse services. The practice development theatre team had led the development of "Post-operative emergency treatment scenarios," which were carried out in a fully equipped simulation training room.
- The children and young people service participated in the East of England HDU (high dependency unit) forum. The forum had established HDU admission criteria, using the Royal College of Nursing's 'time to move on' paper, in order to improve consistency in the region and gain appropriate funding

Summary of findings

- In end of life care services we found staff went the extra mile for patients and their loved ones. Several wedding ceremonies were facilitated and coordinated by the whole staff group to bring comfort and love to a patient's last days of life. Birthday cards were given to patients celebrating the event whilst in hospital. Comfort packs, concessionary car parking and accommodation for families were available. There was a four hour mandatory end of life training package for all trust staff attending induction training
- In outpatient services, the renal unit worked with the local authority to co-ordinate support for patients with their social needs and enable them to focus on their treatment. There was a dedicated social worker who attended the renal unit and worked with patients and staff to provide holistic care. This has improved the health outcomes for some patients who had previously been non-compliant with treatment due to societal factors. The urology percutaneous tibial nerve stimulation service was a centre of excellence.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to individual services and the trust overall. The services were urgent and emergency care, medical care (including older people's care), services for children and young people, end of life care and outpatients.

For the overall trust

- The trust must ensure that mandatory training rates and attendance improves to ensure that staff are aware of current practices and legislation.
- The trust must ensure that annual appraisal rates improve.
- The trust must ensure that plans for improvements to the mortuary continue to progress.
- The trust must ensure that safeguarding training rates improve to ensure that all staff are aware of their responsibilities.
- The trust must ensure that complaints are handled in line with trust policy and in a timely manner to identify areas for improvement and provide feedback to patients and the public.
- The trust must ensure that processes and systems to improve performance in referral to treatment (RTT) times continue to be developed to improve access for all patients and specifically in relation to surgery, and outpatients (including the Lighthouse development unit).

In urgent and emergency care services:

- The trust must ensure that safeguarding level three training rates for medical staff are improved.
- The trust must ensure that the processes related to use of the mental health assessment areas for adults and children are reviewed to protect people from avoidable harm. Adjustments to the environment must be made where possible and risk assessments undertaken on a regular basis.

In medical care services:

- The trust must ensure that nursing staffing levels improve.

Summary of findings

- The trust must ensure that medical staff receive the appropriate level of safeguarding training.
- The trust must ensure that processes are in place to ensure that patients requiring one to one care and enhanced observations are protected from avoidable harm.

In surgery services

- The trust must continue to closely monitor its referral to treatment time (RTT) performance and take action to address areas where operational standards are not being met

In Outpatient services

- The service must ensure that the use of the World Health Organisation WHO Surgical Safety Checklist is embedded in the eye unit and other areas where minor procedures are conducted and compliance is audited
- The service must continue to develop processes and systems to ensure that the backlog in appointments continues to reduce.

Action the trust SHOULD take to improve

Overall trust:

- The trust should ensure that the governance arrangements and processes described in the trust wide infection, prevention and control plan continue to be embedded to protect people from avoidable harm.
- The trust should continue to develop their organisational and development strategies to improve communication with all staff groups.
- The trust should continue to develop their succession planning and talent management strategies to ensure that there is a process in place to maintain sustainable leadership.

In Urgent and emergency care

- The trust should provide reception staff with training and information to recognise patients with 'red flag' symptoms in line with the Royal College of Emergency Medicine 'Triage position statement' 2011.
- The trust should consider the access arrangements for the children's ED and explore the options for controlled access.
- The trust should continue to ensure that there is a registered nurse (children's branch) in ED at all times when the children's ED is operational. In addition, the trust should continue with the programme of upskilling adult nurses with paediatric competencies to meet the demands of the service.

In surgery

- The trust should ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of patients on Southbourne ward.

In Children and Young People's services

- The trust should consider the personal preferences of young people aged 16 and 17, specifically their preference to be nursed on either an adult or paediatric ward

In End of Life Care services

- The trust should ensure medical records are consistently cross referenced with other records relating to the same patient.
- The trust should ensure consultant staffing is in line with national guidance.

Summary of findings

- The trust should meet its target for staff appraisals.
- The trust should continue to ensure that patients and relatives are reassured about the quality of handover of care between teams.
- The trust should continue to ensure all staff comply with the 'arms bare below elbows' policy, particularly the consultant staff group.
- The trust should continue to review the availability of side rooms for patients at the end of life

In Outpatient service

- The service should monitor waiting times for patients attending outpatient appointments to identify ways to improve access and flow and the patient's experience

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:

- Senior leaders were aware of the risks to the organisation and the challenges it faced. The trust worked with external stakeholders within the sustainability and transformation plan to deliver services and address issues.
- The trust was committed to promoting equality and diversity and had developed a comprehensive Workforce Race Equality Standard (WRES) action plan and had a dedicated lead.
- The board and senior leaders had set a clear vision and staff had been involved in the development of the values.
- The senior leadership team were exploring ways to recruit and retain staff.
- The leaders of this organisation were actively seeking ways to improve communications and engagement with staff. This was because some staff felt that there was a disconnect between the local teams and the executive management team.

However

- The sustainable delivery of quality care is sometimes put at risk by financial challenges.
- The organisation does not react sufficiently to risks identified through internal processes and often relies on external parties to identify key risks before key actions are taken to address.
- Whilst staff were aware of the immediate short-term plans for their directorates, there was a lack of clarity around the future of the organisation and how they could participate and contribute to the development of plans for the future.
- The trust was in a transitional period, some processes and policies were being developed across the three trusts in the partnership agreement and were yet to be implemented and embedded.
- Whilst leaders had the skills, knowledge, experience and abilities to deliver sustainable quality care, some of these roles were interim posts as the trust goes through a period of significant change.

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 ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Requires improvement ↔ Apr 2018

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

Ratings for Southend University Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Medical care (including older people's care)	Requires improvement →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018
Surgery	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement ↓ Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Critical care	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Services for children and young people	Good ↑ Apr 2018	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
End of life care	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Outpatients	Good Apr 2018	N/A	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Overall*	Requires improvement →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Requires improvement →← Apr 2018	Good ↑ Apr 2018	Requires improvement →← Apr 2018

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

Southend University Hospital

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Key facts and figures

All the information for this location appears in the overall summary above.

Summary of services at Southend University Hospital

Requires improvement ● → ←

All the information for this location appears in the overall summary above.

Urgent and emergency services

Good   

Key facts and figures

The Emergency Department (ED) saw 100,455 attendances in 2016/17. There are nine minors' cubicles and 16 majors cubicles, one of which can be flexed into a Rapid Assessment and Treatment (RAT) cubicle, or majors 'Step Down Area' (by providing additional chairs). The resuscitation area has four bays, which can stretch to five. The Paediatric Emergency Department has four cubicles and three side rooms and is open 8am to 9pm, seven days a week. Outside of these times, paediatric patients are seated in a visually separate area from adult patients. There are approximately 120 doctors, nurses and other practitioners.

Walk-in patients are streamed by an ED consultant or experienced triage nurse 8am to 8pm Monday to Friday, with a senior nurse led triage at all other times. There is a daily on-site GP from 10am to 11pm to re-direct non-acute patients.

There is a Rapid Assessment and Treatment (RAT) multidisciplinary team (running for up to 13 hours per day) led by a consultant or middle grade doctor and assisted by a junior doctor (FY2), nurse and emergency department assistant (EDA).

The Clinical Decisions Unit has capacity for six patients transferred under strict protocols and managed under the care of the Emergency Department medical team.

The last comprehensive inspection of the department took place in January 2016 where the ED was rated as good overall. Safe, effective, caring and responsive were rated as good and well-led rated as outstanding.

A responsive inspection was carried out in February 2017. We looked at three domains, which included safe, responsive and well-led. We rated safe as requires improvement because of concerns about the lack secure access to treatment areas for example the children's emergency department. We also had concerns about the staffing levels within the department. Both the responsive and well-led domains were rated as good.

The aggregated ratings for the previous inspections rated effective, caring, responsive and well-led as good. Safe was rated as requires improvement.

We undertook an inspection of the whole core service. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we hold about the service and information we requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 14 patients who were using the service and 21 relatives.
- Spoke with 20 staff members including managers, matrons, doctors and nurses
- Observed staff providing patient care
- Reviewed 15 patient records relating to physical health including risk assessments and clinical observations

Summary of this service

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

Urgent and emergency services

- Urgent and emergency care stayed as good overall. The question of safety improved to good. Effective, caring, responsive and well-led remained good. Service performances against national standards were variable but had improved. The department had a cohesive team and had governance processes in place for the oversight of risk, safety and quality.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave and recorded medicines well. Patients received the right medications at the right dose at the right time.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Staff always had up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those closed to them in the decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of the 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 staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- The trust had a vision enough for what it wanted to achieve and workable plans to turn it into action developed ways involvement from staff, patients and key groups representing the local community.

Urgent and emergency services

- 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 used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish.
- The trust has systems for identifying risks, planning to eliminate or reduce them, and is coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 go well and when they go wrong, promoting training, research and innovation.

However:

- The service did not have suitable premises to ensure all patients remained safe. The children's ED waiting room was not controlled access and the mental health assessment area had a door that led to the car park.
- The department did not always protect patients from potential abuse. Children were not separated adequately from adult patients at night in the adults ED when the children's ED was not staffed.
- Staff mostly kept appropriate records of patients' care and treatment. Records were clear, mostly up-to-date and available to all staff providing care.
- Not all staff had completed mandatory training in key skills.
- The service did not have enough staff with the right skills to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had not always made sure staff were competent in their roles. Managers had not appraised all staffs work performance and held supervision meetings with them to provide support and monitor the effective of the service.
- People could not always access the service when they needed it. The children's ED was not staffed from 9pm to 8am and there was not always a registered children's nurse on duty in the adults ED during these times. However, after our inspection the trust approved a business case to increase capacity within the children's ED.

Is the service safe?

Good  

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

- Our rating for safety improved to good because the service had improved the rapid assessment and treatment system, with a team that moved around the department rather than in a designated area.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Urgent and emergency services

- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The rapid assessment and treatment system in place had a team that moved around the department rather than solely in a designated area.
- The service prescribed, gave and recorded medicines well. Patients received the right medications at the right dose at the right time.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did not have suitable premises to ensure all patients remained safe. The children's ED waiting room was not controlled access and the mental health assessment area had a door that led to the car park.
- The department did not protect patients from potential abuse. Children were not separated adequately from adult patients at night in the adults ED when the children's ED was not staffed.
- Staff mostly kept appropriate records of patients' care and treatment. Records were clear, mostly up-to-date and available to all staff providing care.
- Not all staff had completed mandatory training in key skills.
- The service did not have enough staff with the right skills to keep people safe from avoidable harm and to provide the right care and treatment.

Is the service effective?

Good   

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

- Our rating for effective remained the same; we rated the ED as good because care and treatment was based on national guidelines and monitored the effectiveness of the care and treatment provided. Member of the team worked together to get the best quality outcomes for their patients. However, managers had not always ensured that staff had an annual appraisal.
- 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.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. They participated in the Royal College of Emergency Medicine national audits and developed action plans for identified areas for improvements. For example, providing additional training for staff in sepsis management and introducing new ways of working for patients with asthma.
- 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.

Urgent and emergency services

- Staff always had up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However:

- The service had not always made sure staff were competent in their roles. Managers had not appraised all staffs work performance and held supervision meetings with them to provide support and monitor the effective of the service.

Is the service caring?

Good ● → ←

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

- Our rating for caring remained the same; we rated the ED good because staff cared for their patients with compassion. They involved patients and those close to them with care and treatment decisions and staff provided emotional support to their patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those closed to them in the decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good ● → ←

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

- Our rating for responsive remained the same; we rated the ED good because the trust planned service to meet the needs of the local population and had adapted a triage tool taking into account the health needs of local people. However, the service did not staff the children's ED from 9pm and 8am and there was not always a registered children's nurse on duty in the adults ED during these times.
- The trust planned and provided services in a way that met the needs of the 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 staff.
- The service had developed their internal systems to improve access and flow and performance. This included implementing a mobile rapid assessment and treatment team to deliver immediate life-saving treatment throughout the department. The service had introduced a modified version of the Luton and Dunstable triage tool to meet the needs of the local population and improve their streaming and triage processes.

However:

Urgent and emergency services

- People could not always access the service at when they needed it. The children's ED was not opened from 9pm to 8am and during these times; children were not always effectively separated from the stress of the adult ED environment.

Is the service well-led?

Good ● → ←

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

- Our rating for well-led remained the same; we rated the ED as good because the managers generally had oversight of the risks within the department and had clear governance processes. Staff were happy in their roles with an open culture to raise their concerns.
- The trust had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- The trust had a vision enough for what it wanted to achieve and workable plans to turn it into action developed ways involvement from staff, patients and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and empowered staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish.
- The trust has effective systems for identifying risks, planning to eliminate or reduce them, and is coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

Medical care (including older people's care)

Good  

Key facts and figures

The trust has 12 in-patient medical wards totalling 290 beds. The wards are comprised of: care of the elderly, general medicine, cardiology, respiratory including acute respiratory care unit, acute stroke unit, two oncology wards and one short stay medical ward.

The Day Assessment Unit (DAU) provides direct access for Primary Care for multidisciplinary assessment and management of frail patients. Cardiac and Medical Day Stay unit has capacity for 12 patients for medical day stay procedures including pleural effusion for lung cancer patients, stress echocardiography and the implantation of cardiac loops.

The Stroke team provide an online transient ischaemic attack (HOT TIA) referral service for Primary Care and in conjunction with Interventional Radiology and Anaesthetic consultant colleagues provide a burgeoning thrombectomy (clot retrieval) service.

Elizabeth Loury ward undertakes Chemotherapy for up to five patients each day and they also have a radio-active iodine room for treating patients with thyroid cancer.

The trust had 52,083 medical admissions between June 2016 and May 2017. Emergency admissions accounted for 22,810 (44%), 1,860 (4%) were elective, and the remaining 27,413 (53%) were day case.

Admissions for the top three medical specialties were:

- General Medicine: 26,592
- Clinical Oncology (Previously Radiotherapy): 9,748
- Clinical Haematology: 5,594

During our inspection we spoke with 13 medical staff, 39 nursing staff, one porter, one volunteer, 18 patients and 17 relatives or carers. We visited nine wards, the medical admissions unit (MAU), the day assessment unit (DAU) and the discharge lounge. We reviewed ten patient medical care records along with other documents such as team meeting minutes and trust policies.

Summary of this service

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

- The service managed patient safety incidents well and staff apologised and gave patients honest information and suitable support if things went wrong.
- The service controlled infection risk well and staff kept appropriate records of patients' care and treatment.
- The service prescribed, gave, recorded and stored medicines well and patient records were clear, up-to-date and available to all staff providing care.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service provided care and treatment based on national guidance and staff gave patients enough food and drink to meet their needs and improve their health.

Medical care (including older people's care)

- The service monitored the effectiveness of care and treatment and made sure staff were competent for their roles.
- 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 and always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion, involved them and those close to them in decisions about their care and provided emotional support to ease any distress. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs ensuring people could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service and had a vision for what it wanted to achieve.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The service did not have enough nursing staff to keep people safe from avoidable harm and to provide the right care and treatment. This was a potential breach of the Health and Social Care Act 2008 regulated activities regulations 2014 regulation 18: Staffing.
- Nursing and medical staff compliance with trust mandatory training and safeguarding mandatory training was below target as was appraisal rates for nursing staff.
- Not all services were available seven days per week. For example, occupational therapy, physio therapy and speech and language therapy were not routinely available at weekends.
- Response rates for the friends and family test (FFT) were consistently low across all medicine wards.
- There were a high number of medical outliers.
- Nurses and doctors felt the executive team lacked visibility on the wards and consultants felt the communication from the executive team was poor.

Is the service safe?

Requires improvement ● → ←

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

Medical care (including older people's care)

- The service did not have enough nursing staff to keep people safe from avoidable harm and to provide the right care and treatment. This was a potential breach of the Health and Social Care Act 2008 regulated activities regulations 2014 regulation 18: Staffing. We observed incidents where a lack of nursing staff had led to patients receiving poor care.
- Nursing and medical staff compliance with trust mandatory training was below the trust target.
- Nursing and medical staff were below the trust's target for compliance with safeguarding adults and children training.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Ward managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence 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.
- The service monitored the effectiveness of care and treatment and 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Medical care (including older people's care)

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Appraisal rates for nursing staff were below the trust target.
- Not all services were available seven days per week. For example, occupational therapy, physio therapy and speech and language therapy were not routinely available at weekends.

Is the service caring?

Good   

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

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

However:

Response rates for the friends and family test (FFT) were consistently low across all medicine wards.

Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were well managed and arrangements to admit, treat and discharge patients were in line with good practice.
- 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.

However:

- The trust had high numbers of medical outliers and was exploring ways to develop processes to manage these patients.

Is the service well-led?

Good   

Medical care (including older people's care)

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it 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 used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 go well and when they go wrong, promoting training, research and innovation.

However:

- Nurses and doctors felt the executive team lacked visibility on the wards.
- Consultants felt the communication from the executive team was poor.

Outstanding practice

We found areas of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Good   

Key facts and figures

Southend Hospital is the trust's main site for providing surgical services. The surgery service is made up of specialities including trauma and orthopaedics, ophthalmology, ear nose and throat (ENT), urology, vascular, colorectal and oral and maxillofacial surgery.

The surgery service includes approximately 180 inpatient beds, 20 day stay and 33 recovery beds. The surgery service also includes an emergency surgical ambulatory care service (ESAC) and a trauma ambulatory service. Surgical services are provided by approximately 615 whole time equivalent staff.

During this inspection, we visited nine clinical areas, as follows:

- Surgical pre-assessment clinic, which provides clinical assessment for patients before surgery.
- Elective admissions unit, which is a pre-operative area where patients are prepared for their operation on the day of surgery.
- Chalkwell ward, which is a 21 bedded surgical assessment unit (SAU) providing assessment and treatment for general surgical, urology and some orthopaedic admissions, before either transfer to a speciality ward or discharge.
- Southbourne ward, which has 30 beds and is a surgical ward specialising in urology, ENT and short stay general surgery.
- Shopland ward, which is a 31 bedded orthopaedic ward.
- Balmoral ward, which is a surgical ward specialising in wound management. It has 16 beds and an ambulatory unit for wound management. It is also the designated ward for patients with a learning disability.
- Main theatres
- J Alfred Lee ward, which is the main recovery area where patients are cared for immediately after surgery.
- Discharge lounge where patients wait before discharge from the hospital.

All clinical areas provide care for adult male and female patients. There are established pathways in place for both elective and emergency surgical admissions.

The last comprehensive inspection of the surgery service took place in January 2016. We rated the service as good for the key questions of safe, effective, caring and well-led, with the key question of responsive rated as requires improvement. This resulted in a rating of good overall. The trust was issued with a requirement notice in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. Concerns related to the lack of ward-based pharmaceutical oversight for surgical wards, the high number of cancellations of elective surgery, lack of clinical input into decisions to cancel elective surgery and poor performance against the England average for patients being treated within 28 days of cancellation.

We carried out a responsive inspection in February 2017, where we inspected three key questions (safe, responsive and well-led). We rated safe as requires improvement and we rated responsive and well-led as good. Concerns related to the lack of ward based pharmaceutical oversight for three surgical wards, nursing staffing, staff compliance with sepsis training and the lack of a reminder for staff to review prescribed antibiotics.

Surgery

At this inspection, we re-inspected all key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced at short notice to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit, the inspection team spoke with 14 patients who were using the service and four relatives or carers. We spoke with 38 members of staff including consultants, junior doctors, nursing staff, allied health professionals, theatre staff and support staff. We reviewed 18 patient care records.

We also observed theatre safety briefings, handovers and reviewed information including meeting minutes, audit data, action plans and training records.

Summary of this service

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Each ward we visited had a pharmacist. This was an improvement since our last inspection.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff compliance with sepsis training had improved since our last inspection.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and staff had regular team meetings to monitor the effectiveness of the service and develop practice.
- 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.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people. Consultants worked closely with senior leaders to improve the responsiveness of the service.
- The service took account of patients' individual needs.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff and other healthcare providers to plan and manage appropriate services. Staff in the out of hours team and theatres were involved in projects to share good practice and benchmark their services against other providers.

Surgery

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Staff demonstrated learning from incidents and never events and used innovative training methods such as a simulation training room to develop practice.

However:

- Staffing on Southbourne ward was not in line with guidance from the Royal College of Nursing. Senior staff knew about this and were taking action to keep patients safe.
- Although the service provided mandatory training in key skills to all staff, compliance with mandatory training and safeguarding training was variable.
- The trust's referral to treatment time (RTT) for admitted pathways for surgery showed a decline in performance and was below the England average from August 2016 to July 2017. Senior staff were aware of this and were taking actions to improve performance.
- Complaints were not always investigated in a timely way. From August 2016 to July 2017 there were 102 complaints about surgical care. The trust took an average of 75 days to investigate and close complaints, which was not in line with the trust's complaints policy.

Is the service safe?

Good  

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected and shared safety information, including learning from incidents and results from the NHS safety thermometer and used this information to improve the service.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff compliance with sepsis training had improved since our last inspection.
- The service had suitable emergency equipment and processes to ensure this equipment was checked daily and ready for use.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Each ward we visited had a pharmacist. This was an improvement since our last inspection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- In most areas we visited, the service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. On Chalkwell ward (SAU), the elective admissions unit and Balmoral ward, the actual number of staff was in line with the planned number on the day of our inspection. Senior staff continually assessed risk and allocated staff dependent on patient need.

However,

Surgery

- Staffing on Southbourne ward was not in line with guidance from the Royal College of Nursing. Senior staff knew about this and were taking action to keep patients safe.
- Although the service provided mandatory training in key skills to all staff, compliance with mandatory training and safeguarding training was variable.

Is the service effective?

Good ● → ←

At the responsive inspection of February 2017 effective was not inspected and therefore not rated. During our comprehensive inspection in January 2016 we gave the service a rating of good for effective. Therefore, our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence 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.
- The service monitored the effectiveness of care and treatment and 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 staff had regular team meetings to monitor the effectiveness of the service and develop practice.
- 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.
- Staff had access to up-to-date, accurate and evidence-based information to support patients' care and treatment. All staff had access to the trust intranet, where they could access policies and guidance.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good ● → ←

At the responsive inspection of February 2017 caring was not inspected and therefore not rated. During our comprehensive inspection in January 2016 we gave the service a rating of good for caring. Therefore, our rating of caring stayed the same. We rated it as good because:

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

Surgery

Is the service responsive?

Requires improvement ● ↓

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

- The trust's referral to treatment time (RTT) for admitted pathways for surgery showed a decline in performance and was below the England average from August 2016 to July 2017. Actions had been taken to improve performance; however, performance was significantly below the national average and continuing to decline.
- Complaints were not always investigated in a timely way. From August 2016 to July 2017 there were 102 complaints about surgical care. The trust took an average of 75 days to investigate and close complaints, which was not in line with the trust's complaints policy.

However,

- Consultants worked closely with senior leaders to improve the responsiveness of the service.
- Arrangements to admit, treat and discharge patients were in line with good practice.
- 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.

Is the service well-led?

Good ● → ←

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality care.
- Leaders were aware of the challenges to providing quality sustainable care and took actions to address them. For example, they had developed action plans to try and improve the referral to treatment times and were exploring different ways of working to drive improvements in this area.
- The trust had a clear statement of vision and values. Staff understood the trust values and how local plans for the surgery service linked to these.
- Managers across the trust promoted a positive culture that supported and valued staff. Staff we spoke with were generally positive about engagement with leaders of the service.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff and other healthcare providers to plan and manage appropriate services. Staff in the out of hours team and theatres were involved in projects to share good practice and benchmark their services against other providers.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Staff demonstrated learning from incidents and never events and used innovative training methods such as a simulation training room to develop practice.

Surgery

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for improvement section above.

Services for children and young people

Good  

Key facts and figures

Services for children and young people are provided on the main site and at the Lighthouse Child Development Centre by approximately 100 staff.

Neptune ward cares for children and young people, up to the age of 16, requiring routine or emergency medical care and treatment. The ward provides high dependency beds for children requiring more specialist care. Capacity is currently reduced to 21 beds whilst recruiting to nursing vacancies. The ward also houses the paediatric assessment unit. The unit assesses, investigates, observes and treats children and young people, reducing inpatient admission.

The neonatal unit provides 16 Level 2 beds for sick and premature infants. The unit contains a special care nursery for infants who no longer require intensive care.

Outpatient appointments for children and young people, with the exception of three clinics, are held in a dedicated paediatric outpatient department. The department provides clinics for an array of specialities including asthma, allergy, diabetes, general surgery, rheumatology, seizure and dietetic.

The Lighthouse Child Development Centre specialises in outpatient care for children and young people with significant delay in multiple areas of development. The centre functions as a multi-agency facility, for children and young people requiring support from more than one secondary agency, service or discipline.

The trust had 2,199 spells between July 2016 and June 2017.

We inspected the whole core service and looked at all five key questions.

Our inspection was announced one week prior to the inspection, to ensure that everyone we needed to talk to was available.

During the inspection, we spoke with 42 members of staff including the matron and head of paediatrics, ward managers, nurses, consultants, junior doctors, healthcare assistants and allied health professionals. We spoke with eight relatives and reviewed 20 sets of patient records.

Summary of this service

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

- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable children. Staff assessed and monitored patient risk.
- Care was provided in line with national and best practice guidelines. The service participated in both local and national audits to improve patient outcomes.
- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Staff planned and delivered services to meet individual needs.
- The service had governance, risk management and quality measures to improve patient care, safety and outcomes.

However:

Services for children and young people

- The department did not ensure medical staff completed mandatory training to trust target levels.
- Staff did not consider the personal preferences of young people aged 16 and 17, specifically their preference to be nursed on either an adult or paediatric ward.
- Paediatric waiting lists were long, particularly for autism spectrum disorder (ASD) and epilepsy assessments. The trust was not commissioned to provide this service to children over the age of five; however, they had continued to accept referrals. The trust was in communications with the local commissioners to reduce the waiting list.

Is the service safe?

Good ● ↑

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

- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable children.
- Staff now followed good practice in relation to infection prevention and control. The department was clean and equipment well maintained.
- All patients had a full risk assessment that staff reviewed regularly from admission to discharge. Staff monitored changes in patients' conditions using nationally recognised systems.
- The department had enough staff with the right skill mix to care for patients.
- Patient records were accurate, stored safely and provided detailed accounts of care and treatment.
- Medicines, including controlled medicines, were recorded, stored and disposed of safely.
- Staff recognised incidents and knew how to report them. Senior staff investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- The department had plans for dealing with major incidents and staff understood their roles.

However:

- The department did not ensure medical staff completed mandatory training to trust target levels.

Is the service effective?

Good ● ↑

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

- Staff provided care and treatment in line with evidence-based practice.
- The service recognised the importance of good nutrition, hydration, and protected meal times as an essential part of patient care.
- Staff regularly assessed and managed patient pain levels, using age appropriate pain assessment tools.
- Ward managers monitored the effectiveness of care and treatment through continuous local and national audits.
- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.

Services for children and young people

- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff were aware of Gillick competence and applied this proportionately when obtaining consent from young people.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and carers in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

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 children and young people. They worked with commissioners, external providers and local authorities.
- Staff planned and delivered services to meet individual needs.
- Complaints were responded to in a timely way and used to improve the quality of the service.

However:

- Staff did not consider the personal preferences of young people aged 16 and 17, specifically their preference to be nursed on either an adult or paediatric ward.
- Paediatric waiting lists were long, particularly for autism spectrum disorder (ASD) and epilepsy assessments.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- The department had a clear management structure. Ward managers knew about the quality issues, priorities and challenges.
- The service had a clear vision and strategy that all staff understood and put into practice.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said leaders were visible and approachable.

Services for children and young people

- The department had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The service had effective systems in place to capture staff and patient feedback.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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End of life care

Good  

Key facts and figures

End of life care (EoLC) encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 1,630 deaths between July 2016 and June 2017.

Southend Hospital provides end of life care across the trust for patients who are approaching the end of their life. This can be in an outpatient setting, but is predominantly as an inpatient, especially during the last days of life and care after death. Whilst end of life care can be delivered on any ward, specialist palliative care beds are on Bedwell and Elizabeth Loury wards. The Palliative Care Team operates a seven day service providing direct clinical assessment, intervention and support for the Multi-Disciplinary Teams (MDT). Out of hours support is provided by Palliative Care Consultants.

Early bereavement support and 'one-stop' registration service in partnership with the local council is provided by the Bereavement Coordinator. This is part of the dedicated Bereavement Suite service.

Trust wide clinical lead provision is by the Medical Director. On-going development of EoLC is underpinned by the trust wide EoL working party (EoLWP), chaired by Palliative Care Lead Clinicians. The EoLWP strive to continually improve EoLC services and experiences of patients and families cared for by Southend Hospital. Operational development needs are supported by an EoLC nurse facilitator.

Southend Hospital hosts the Palliative Care Consultant who works across the acute trust and in South East Essex Community and is jointly funded by Southend Hospital, Castle Point and Rochford and Southend Clinical Commissioning Groups (CCGs). They are supported by the hospital Palliative care clerical team. Southend Hospital manages and coordinates the consultant rota for South Essex. This allows cross cover and maintains close working relationships across the NHS and voluntary providers in South Essex.

The specialist palliative care team (SPCT) received 324 referrals onto the palliative and supportive care register from 1 April 2017 and 30 September 2017. There was a 29% increase in support by the SPCT to non-cancer patients in 2016/17. The service was previously inspected in January 2016 and was issued with a requirement notice in relation to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Premises and Equipment.

Requirements to improve were made and related to the mortuary facilities not been secure or suitable for the purpose they were being used, not all mortuary equipment was safe to use and capable of effective cleaning, a mortuary storeroom could only be accessed by a footpath used by the general public and security and night surveillance arrangements for the mortuary were inadequate.

We completed a short notice inspection of the end of life care service on 21 and 22 November 2017. We visited seven wards, including Bedwell and Elizabeth Loury, respiratory wards, the children's unit, the Butterfly suite in maternity and the emergency department. We also visited the mortuary, the chapel and the bereavement suite. We spoke with four patients and 10 patients' loved ones. We spoke with 34 members of staff including medical and nursing staff, allied healthcare professionals, the SPCT, staff from the bereavement suite and mortuary, and chaplaincy staff. We reviewed 10 patient care records and 10 'do not attempt cardiopulmonary resuscitation forms (DNACPRs) and information including policies, procedures and audits.

End of life care

Summary of this service

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

- End of life care improved and has been rated as good overall. The questions of safe, effective, responsive and well-led improved to good. Caring remained the same and was rated as good. The service handled safety incidents well. The service had processes in place to measure their performance. Staff went the extra mile in caring for their patients. The service had a cohesive team and had governance processes in place for the oversight of risk, safety and quality.
- The service managed patient safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff cared for patients with commitment, dignity and compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

Is the service safe?

Good  

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

- Our rating for safety improved from required improvement to good. The service had processes in place to manage safety incidents and protect people from abuse and avoidable harm. The service had adequate staffing to meet the needs of patients.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, some senior staff needed reminding of the bare below elbows policy and the trust had measures in place to deal with this.
- The service had suitable premises and equipment and looked after them well. There were clear plans in place to refurbish and rebuild the ageing mortuary and action had been taken to improve the mortuary environment since our last inspection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were mainly clear, up-to-date and available to all staff providing care.

End of life care

- 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 provided mandatory training in key skills to all staff and made sure almost everyone completed it. There was four hour mandatory end of life training package for staff attending induction training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance and most were up to date with their mandatory and safeguarding training. However, consultant staffing in the SPCT was not in line with national guidance.
- The service planned for emergencies and staff understood their roles if one should happen.

However we also found:

- Staff did not always cross-reference different records relating to the same patient.
 - The wards did not display the safety thermometer information.
- Is the service effective**

Is the service effective?

Good   

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

- Our rating for effective improved from requires improvement to good because care and treatment was based on national guidelines and monitored the effectiveness of the care and treatment provided. Member of the team worked together to get the best quality outcomes for their patients. However, managers had not always ensured that staff had an annual appraisal.
- 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. The trust were investigating the possibility of being able to deliver special hydration techniques at ward level when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. The trust had put measures in place to improve communication.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However we also found:

- The service did not meet their target for appraisals for all staff in 2016/17.

End of life care

Is the service caring?

Good ● → ←

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

- Our rating for caring stayed the same and was rated as good because; people and those close to them were consistently treated with kindness, dignity and respect. Staff involved patients and those close to them in their care and treatment. The service supported patients and those close to them emotionally.
- Staff cared for patients with commitment, dignity and compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff went the extra mile for patients and their loved ones. Several wedding ceremonies were facilitated and coordinated by the whole staff group to bring comfort and love to a patient's last days of life. Birthday cards were given to patients celebrating the event whilst in hospital. Comfort packs, concessionary car parking and accommodation for families were available.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good ● ↑

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

- Our rating for responsive improved from requires improvement to good because; the service was planned to meet the needs of local people and people could access services when they needed them. Staff took account of patient's individual needs. The service learned from complaints.
- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it
- The service mostly 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.

However we also found:

- The trust had received feedback which stated that patients were not always able to access a side room at the end of life. The trust had plans in place to improve this.
- The service did not meet their target of completing the investigation into patient complaints within 35 days and took an average of 44 days.

Is the service well-led?

Good ● ↑

End of life care

Our rating of well-led improved. We rated it as good because:

- Our rating for well-led improved from requires improvement to good because; the service had addressed the concerns raised during the previous comprehensive inspection. The trust had comprehensive action plans in place to reduce the risks identified on the risk register.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it 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 used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

Outpatients

Good 

Key facts and figures

Southend University NHS Foundation Trust provides its main outpatients services at Southend Hospital. The main outpatient area at Southend University Hospital NHS Foundation Trust is located on the ground floor of the tower block building. It also provides outpatients clinics at services based at Brentwood Community Hospital and Canvey Island Primary Care Centre. These satellite services are managed by the same team who oversee main outpatients. We did not inspect any of the other locations during this inspection.

There are consultant, allied health professional and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients department and in separate dedicated clinics around the hospital. Outpatient clinics are held from Monday to Friday from 8am until 6pm with some late clinics until 7.30pm and regular Saturday appointments are provided dependant on specialty.

The trust had 418,852 first and follow-up Outpatient appointments between July 2016 and June 2017.

We visited seven outpatient areas including main outpatients, renal unit, urology, fracture and orthopaedics clinic, endocrine and diabetes, ophthalmology and heart and chest clinic.

Our inspection was announced at short notice to ensure that everyone we needed to talk to was available

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

We spoke with 33 members of staff including one consultant, one junior doctor, eight managers, 12 nurses, five administrative staff, three health care assistants, one social worker and two volunteers. We spoke with nine patients and two relatives of patients. We looked at the environment, we observed staff interacting with patients and their colleagues and we looked at eight patient's records, and information including policies, procedures, and audits.

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 because:

- Medicines and prescriptions were stored safely and records were accessible, clear and up to date.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- Staff cared for patients with compassion and empathy.
- Staff involved patients and those close to them in decisions about their treatment and provided emotional support.
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness to improve outcomes.
- There was enough nursing 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 were able to access training to develop their skills and were supported to do so.

Outpatients

- The trust planned and provided services in a way that met the needs of local people and of individuals who required additional support.
- Staff of different kinds worked together as a team to benefit patients.
- The trust performed better than the England average for people being seen within two weeks of an urgent GP referral, and receiving treatment within 31 days for a suspected cancer.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run the service providing high-quality sustainable care and had vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff. There was good team work within the teams. Teams were proud of their service and this was evident in the good interpersonal relationships we witnessed.
- The service 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 go well and when they go wrong.

However:

- Only 71% of staff were up to date with safeguarding children level two which is below the trust target of 85%.
- Not all areas controlled infection risk well. In one area the premises was visibly not clean and control measures were not in place to prevent the spread of infection. However this was resolved on our unannounced inspection.
- The overall referral to treatment times for incomplete pathways at 83% were worse than the England average (93%) between September 2016 and August 2017. The trust had a group of patients on a backlog known as a patient tracking list (PTL) awaiting outpatient appointments. Some patients had been waiting more than 35 weeks for an appointment.
- The eye unit did not use the World Health Organisation WHO Surgical Safety Checklist tool during invasive procedures. When we returned for the unannounced inspection its' use had been implemented but had yet to be embedded.
- Medical staff vacancies in certain specialities impacted the number of outpatient clinics that were able to run impacting the number of patients waiting for an outpatient appointment.

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 it as good because:

- There were clear processes in place to clinically prioritise patients who were waiting for appointments to ensure that those at greater risk of deterioration were seen first.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Outpatients

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Prescriptions were stored and monitored safely.
- 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 planned for emergencies and staff understood their roles if one should happen.
- The service had enough nursing 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.

However:

- Only 71% of staff were up to date with safeguarding children level two which is below the trust target of 85%. General adult clinical teams did not complete safeguarding children level three although staff confirmed that they would treat children in the children's outpatient area when required.
- The service controlled infection risk in most areas well. However a treatment room in the eye unit was visibly dirty, there was a hole in the wall and surface areas were cluttered. When we returned for our unannounced inspection these issues had been resolved.
- The eye unit did not use the World Health Organisation WHO Surgical Safety Checklist tool during invasive procedures. When we returned for the unannounced inspection its use had been implemented but had yet to be embedded.
- Medical staff vacancies in certain specialities impacted the number of outpatient clinics that were able to be run impacting the number of patients waiting for an outpatient appointment.

Is the service effective?

We do not rate outpatient services for effective.

- 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.
- 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.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Outpatients

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 it as good because:

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

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:

- The overall referral to treatment times for incomplete pathways at 83% was worse than the England average (93%) between September 2016 and August 2017.
- The trust had a group of patients on a backlog known as a patient tracking list (PTL) awaiting outpatient appointments some of whom had been waiting more than 35 weeks for an appointment.
- The service did not monitor waiting times for patients attending appointments at clinics to improve access and flow.
- There were a large number of cancelled appointments due to staff shortages.

However

- 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.

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 it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

Outpatients

- 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 risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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 go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

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

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Surgical procedures

Treatment of disease, disorder or injury

Our inspection team

This inspection was led by Fiona Allinson, Head of Hospital Inspections and an inspection manager. Three specialist advisers supported our inspection of well-led for the trust overall.

The team for the core service inspection included eight inspectors, one of which was a mental health inspector, 11 specialist advisers, and two experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.