We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Southend University Hospital

Prittlewell Chase, Westcliff On Sea, SS0 0RY
Tel: 01702435555

Date of Inspections: 17 October 2013
16 October 2013

Date of Publication: November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Southend University Hospital NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Southend University Hospital NHS Foundation Trust provides a comprehensive range of services to a local population of some 330,000 in and around Southend and nearby towns. The trust has 729 beds. The trust provides a comprehensive range of acute services and is the south Essex surgical centre for uro-oncology and gynae-oncology surgery.</td>
</tr>
</tbody>
</table>
| **Type of services** | Acute services with overnight beds  
Community healthcare service  
Rehabilitation services |
| **Regulated activities** | Assessment or medical treatment for persons detained under the Mental Health Act 1983  
Diagnostic and screening procedures  
Family planning  
Management of supply of blood and blood derived products  
Maternity and midwifery services  
Surgical procedures  
Termination of pregnancies  
Treatment of disease, disorder or injury |
## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>8</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>10</td>
</tr>
<tr>
<td>Staffing</td>
<td>12</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>14</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>19</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>21</td>
</tr>
<tr>
<td>Contact us</td>
<td>23</td>
</tr>
</tbody>
</table>
Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Southend University Hospital had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety and suitability of premises
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2013 and 17 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and/or family members, talked with staff and reviewed information given to us by the provider. We talked with commissioners of services, talked with local groups of people in the community or voluntary sector, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We carried out this visit to check on improvements made to the service following concerns identified when we last visited the service in May 2013. Overall we found that the required improvements had been achieved in the areas where we visited.

We found that improvements had been made to the arrangements for ensuring that people were treated with respect and involved in making decisions about their treatment. People we spoke with told us that they were treated well, and that they received the care and treatments that they expected. People said that staff treated them with respect, involved them in making decisions about their care and treatment and they received information and explanations in a way that they could understand.

We found improvements in how risks to the health and safety of people were managed. Appropriate safety checks, assessments and observations were carried out and recorded. These practices and procedures were regularly monitored to ensure that the improvements made were sustained.

Staff we spoke with reported that there had been improvements and that they had support
from senior colleagues and opportunities for learning and development. Staffing levels and skill mix were regularly monitored and there was an on-going recruitment plan to address staff shortages.

Improvements were on-going to address the issues with premises and to ensure that the quality and safety of the service was monitored and improved.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Met this standard

Our judgement

The provider was meeting this standard.

People’s privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at the arrangements to ensure that staff respected people’s dignity and privacy during their stay in hospital. We also looked at how people were enabled to be involved in making decisions about the care and treatment they received.

When we last visited the service in May 2013 we identified areas of concern in the overall arrangements for ensuring that people were treated with respect and involved in their care and treatment. We identified concerns particularly relating to Accident and Emergency and maternity departments. At this time we issued a compliance action and told the service that they must make improvements. Following our visit the service provided us with an action plan describing how they would implement changes for improvement.

When we visited the service in October 2013 we saw that improvements had been made in the arrangements for promoting and maintaining people’s privacy and dignity. An ‘expert by experience’ accompanied us on this inspection to assist us in obtaining people’s views about their experience during their hospital stay. An ‘expert by experience’ is a person who has experience of using adult social care or health services, or who cares for someone who receives such services.

The expert by experience made observations and spoke with 25 people across the Accident and Emergency (A&E) department, Dowsett ward and the x-ray department. We also spoke with people in Assessment Medical Unit (AMU), Benfleet and Paglesham wards.

People we spoke with were complimentary about how they were treated by all staff. They told us that reception staff in A&E were "kind and efficient". One person commented, “They were very polite, did not make us feel we're a nuisance, and showed some genuine concern.” People told us that nursing staff and doctors in A&E and the AMU, and Dowsett wards kept them informed about waiting times, treatments and results of tests. One person told us, "When I arrived I felt very anxious, and the staff were very kind, checking me over
quickly, and explaining as they went along what they were doing. I'm now feeling much better, and I feel I'm in safe hands." Another person in A&E said, "Staff have been so kind, they checked me over very quickly and have reassured me. I haven't felt rushed by anybody even though they've been very busy."

As described in the report from our inspection visit in May 2013, the layout of the A&E department was not designed for maintaining people's privacy or discussing people's care and treatment confidentially. The doctors and nurses station was positioned in the centre of the unit with patient cubicles situated around this area. However during our visit in October 2013 we saw that staff did all they could to ensure that they were discreet when discussing information regarding people's care and treatment. We saw that curtains were drawn when consultations, delivery of care and treatments were carried out so as to protect people's privacy and dignity.

We employed specialist advisors to assist us in our inspection of maternity and theatre services. These advisors accompanied us on this visit. The specialist advisor who visited the maternity department reported that women they spoke with were satisfied with the care and treatment they received. Women and their partners said that they were actively encouraged to participate in their care. Women kept their notes, which included the preference of the expectant mother on issues such as place of birth, pain relief in labour and birthing positions. Two women we spoke with on the postnatal ward spoke positively about their care and stated that staff were kind and supportive. Their notes documented a plan of care and this corresponded with the women's understanding and preferences. We saw that a 'facilitating women's choice' record was completed where women requested something that was perceived to be out with the usual approach to care. These had not been audited to determine whether a change to the maternity pathway was required. We saw that where handover of personal information and details of the women's condition and treatment occurred such as at the end of a shift rota that this was carried out in a closed room so that confidentiality could be maintained.

The advisor who visited theatres reported that people's privacy and dignity was maintained pre, post and during surgical procedures. People were provided with information about their surgical treatment, benefits and potential risks and people's consent was obtained.

People we spoke with told us that their care and treatment was explained to them in a way that they could understand. There were various patient information leaflets were available in the areas where we visited. The availability of this information varied. For example Benfleet ward had a dedicated room with information for people who had or were identified as being at risk of stroke. Other areas had less information available to people. The hospital's website had very little information for expectant parents about accessing antenatal care or the booking process. The provider may wish to review the arrangements for providing information about service and treatments offered.
Care and welfare of people who use services  

People should get safe and appropriate care that meets their needs and supports their rights  

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We looked at the arrangements for ensuring that people received safe and appropriate care and treatment in a caring and compassionate way.

When we last visited the service in May 2013 we identified areas of concern in the overall arrangements for ensuring that people received safe, appropriate and effective treatment. We identified concerns particularly relating to theatres, Accident and Emergency (A&E) and maternity departments. At this time we issued a compliance action and told the service that they must make improvements. Following our visit the service provided us with an action plan describing how they would implement changes for improvement.

When we visited the day stay theatres in May 2013 we saw that staff did not consistently or robustly carry out the World Health Organisation (WHO) surgical safety checklists. The checklist identifies three phases during surgical procedures: before a person is anaesthetised, before a surgical incision is made and before a person leaves the operating room. We also identified concerns about the way in which care and treatment was delivered to people in A&E and in the maternity units.

When we visited in October 2013 we found that improvements had been made to the service. People we spoke with in the A&E department told us that improvements had been made to waiting times. People said that they were seen and received treatment quickly. One person told us, "I was seen very quickly. I was very anxious and in pain. Staff were very kind and reassuring. I am very pleased with the care I have received."

We employed specialist advisors to assist us in our inspection of maternity and theatre services. These advisors accompanied us on this visit. Both specialist advisors reported improvements in these areas.

The maternity specialist spoke with women and their partners on antenatal and postnatal wards. People told us that they were happy with their experience and the level of care and treatment that they received. Women told us that they had been involved in discussions about their care and the support and treatments that they received. Care records we viewed reflected the care and treatments provided and each person’s wishes around their care such as the preferences of the expectant mother on issues such as place of birth,
pain relief in labour and birthing positions. This showed that women were involved in the planning and delivery of their care.

The theatre specialist advisor reported improvements in safety measures within theatres. 87% of theatre staff had undertaken training in completion of the World Health Organisation (WHO) surgical safety checklists. They witnessed that these checklists were completed appropriately. Surgical sites were marked clearly and consistently to minimise risks of ‘wrong site’ surgery. We saw that these practices were monitored so as to minimise risks to the health and safety of people undergoing surgical procedures. Records we looked at were detailed in respect of the treatment before, during and after surgery. People we spoke with told us that they were happy with the care and treatment they received. They told us that their treatment, any potential risks and limitations of their treatments were explained to them in a way that they could understand.

We looked at care records for people across a number of wards and areas including A&E, AMU and stroke wards. We saw that information was recorded, which described the care and treatment provided such as tests, x-rays and changes to medication. Records were clear and well maintained and showed that care was generally planned and delivered in a timely way. There was evidence as to the input from all levels and different types of staff involved in the care and treatment provided.

We looked at the arrangements for recognising the 'deteriorating patient'. We saw that throughout a person's stay in hospital that checks and observations were carried out to help recognise any deterioration in a person's health. The hospital had a critical outreach team to support staff in treating people whose health showed signs of deterioration so that appropriate urgent treatment could be provided. From people's care notes we saw that appropriate observations were carried out and that the team were called where required to give urgent medical attention. In order to test the effectiveness of this system regular audits were carried out. Any 'avoidable' deterioration or admissions to the critical care unit were fully investigated so as to minimise recurrence through learning from incidents. From the audits we saw that the systems in place were effective and that there was ongoing work to improve how staff recognised and treated people who were at risk.

As part of the hospital's measures to make improvements to the care and treatment that people received audits of nursing indicators were carried out. These audits looked at the systems and practices in place for managing risks of falls, assessing people's nutritional needs, monitoring and managing pain, pressure sore prevention and medication management. We saw that improvements had been achieved in many ward areas. However we identified that there were areas such as Benfleet ward where audits of these indicators showed that nursing staff were failing to carry out and record the appropriate checks on people so as to minimise these risks. When we looked at care records on Benfleet and Paglesham wards we saw that the nursing assessments were not completed consistently. The hospital's senior management team assured us that this was being monitored and that improvements would be made.
Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

Reasons for our judgement

We looked at the arrangements for ensuring that people who used the service were protected from the risks of unsafe or unsuitable premises.

We inspected this standard in May 2013 and issued a compliance action. At that time, we found that although the hospital was managing estates and facilities well, and were meeting legislative requirements in many areas such as legionella and asbestos management, they had not been compliant for long enough to demonstrate twelve months' assurance. At our inspection in October 2013, we followed up on the work the trust had done to address the compliance action.

We found that the hospital had continued to make the good progress we identified in May 2013. We looked at its programme of maintenance and testing in all areas and considered that they were compliant with the standard. In respect of legionella, we saw evidence through monthly testing reports from external companies of continued negative results. This meant that the hospital had at least eight months' assurance of negative tests. This, and the results of other testing, was reported to the hospital board at each board meeting. Whilst the hospital still did not have twelve months' assurance of all testing, we were satisfied with the progress being made. Regular reports and risk assessments were produced for the relevant hospital committees and regular testing of the air conditioning in theatres had continued and ensured that it was fit for purpose. We saw that proposals were in place to replace the units.

We saw that the hospital had received extra funding that would enable it to complete its work in replacing lighting, heating and ventilation. We also saw that a programme of redecoration had started in the ‘tower block’ part of the hospital, which would also include replacing lights and signage. The hospital had contracted a cleaning company to clear up the external parts of the site that were found to be untidy at our last inspection. Hedges and trees had also been pruned, or removed, and any trapped litter had been cleared away. This meant that the site appeared much cleaner as a result.

We saw that the refurbishment of the accident and emergency (A&E) department that we were informed about at our last inspection had been completed. This involved the creation of new treatment areas, improved paediatric area, replacement flooring that was easier to
keep clean and better lighting. The assessment medical unit (AMU) had also been reorganised. These areas were seen to be much better environments for staff to provide care to people. Staff we spoke with were pleased with the changes.

In response to anonymous concerns we received recently, we also inspected the hospital's eye unit, which is situated in a stand-alone unit. We found that there had been problems with a leaking roof and an infestation of flies in the summer months. The leaking roof had been investigated and the source of the leak had been identified. We noted that funding had been made available to carry out the work in December 2013. In respect of the fly infestation, this had been investigated and remedial action had been taken that had eradicated the problem. The provider may like to note that we found the décor in parts of the eye unit to be unkempt and at the time of our visit there did not appear to be enough space in the waiting area to accommodate all the people requiring it. This made it crowded and uncomfortable. Senior managers advised they were aware of the issues regarding décor in the eye unit and had a plan in place commencing in early 2014 to address these issues.
Staffing  

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the arrangements in place for ensuring that people were supported by sufficient numbers of suitably qualified, skilled and experienced staff; and that these arrangements were effective and responsive to the needs of people who used the service.

When we last visited the service in May 2013 we identified areas of concern in the arrangements for ensuring that there were sufficient numbers of staff available to meet the needs of people who used the service. We identified concerns particularly relating to Accident and Emergency, theatre and maternity departments. At this time we issued a compliance action and told the service that they must make improvements to their management arrangements. Following our visit the service provided us with an action plan describing how they would implement changes for improvement.

When we visited the service in October 2013 we saw that improvements had been made in this area. The majority of people we spoke with told us that staff were available as required. People we spoke with in A&E, Assessment Medical Unit (AMU) and Dowsett wards told us that staff were attentive and responsive to their needs. People told us that they did not have to wait for assistance when they requested this. One person commented, "Staff are wonderful. They answer call bells quickly and are always available to help. They do this happily and I have never felt rushed or a burden."

We employed specialist advisors to assist us in our inspection of maternity and theatre services. These advisors accompanied us on this visit. The maternity specialist advisor reported that staff they spoke with on the maternity unit said that there have been improvements made since our last visit in May 2013. Midwives of all grades told us that they received support from their managers. They told us that there were good, effective working relationships between midwifery and obstetrician staff within the unit.

The theatre specialist also reported improvements. A new management structure had been developed within the department. A new manager had been appointed and was due to commence in post soon. Staff we spoke with said that they had access to support from senior colleagues and that the teams within the department worked well. We were told that the theatre support worker vacancies had been recruited to and staff would be in post by the end of October 2013.
We saw that temporary agency staff were employed to cover long term staff shortages due to illness, maternity leave or vacant posts. We saw that agency staff were employed on a contract basis to help ensure continuity of care in the areas where agency staff were used. We also saw that there were robust local induction procedures in place to help ensure that temporary agency staff were able to familiarise themselves with policies, procedures and ways of working within the areas they were employed. This helped to ensure the continuity and effectiveness of care and treatment received by people who were using the service.

The majority of staff we spoke with across the areas we visited told us that they felt staffing levels were appropriate and that they received the support they needed. Staff we spoke with in Paglesham ward (stroke rehabilitation) told us that more staff were needed due to the needs of people on the ward. Through discussion with staff and the senior management team we saw that a review of staffing levels had been undertaken and that extra staffing for this ward had been agreed and a proposal had gone to the hospital's management board to agree financing for extra staff.

The majority of staff, medical, nursing and other professions including dieticians and physiotherapists we spoke with reported that they felt improvements were being made. Staff told us that they could raise issues with the hospital's senior management teams and that they "were listening." We saw that the senior management team were looking at ways to improve working conditions, workloads and shift patterns. They had identified that a high number of staff left the hospital within two years of employment and they were conducting an analysis of 'exit interviews' to help identify reasons for staff leaving and any areas which could be improved so as to help retain staff. At the time of our visit this analysis had not been concluded. There were on-going plans to review staffing levels and skill mix throughout the hospital and a recruitment plan to fill staff vacancies. When we visited in May 2013 we were told that there were 263 vacant posts. In October 2013 when we visited 40 vacant posts had been filled through this recruitment process. This showed that the hospital's senior management team were taking appropriate action to ensure that there were appropriate numbers of staff employed to meet the needs of people who were using the service.

We looked at staff duty rotas for a four week period between September and October 2013 in the A&E, and the Assessment Medical Unit, and on Paglesham and Benfleet wards. We saw that where possible staff absences were covered with temporary staff. This helped to ensure that there were appropriate numbers of staff available to meet the needs of people.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the arrangements in place for ensuring that people were supported by staff that were supported to deliver care and treatment to an appropriate standard; and that these arrangements were effective and responsive to the needs of people who used the service.

When we last visited the service in May 2013 we identified areas of concern in the arrangements for ensuring that staff were supported to deliver care safely and to an appropriate standard. We identified concerns particularly relating to Accident and Emergency, theatre and maternity departments. At this time we issued a compliance action and told the service that they must make improvements to their management arrangements. Following our visit the service provided us with an action plan describing how they would implement changes for improvement.

When we visited the service in October 2013 we found that improvements had been made in this area. People we spoke with told us that staff were "caring", "professional" and "competent." One person said, "All the staff here have been absolutely wonderful. My care and treatment has been exceptional. Everyone is professional and caring. I could not have asked for any better." Another person told us, "I feel that there have been real improvements. Treatment and staff are excellent."

The majority of staff we spoke with told us that they received the support they needed to carry out their duties. Staff told us that they had opportunities to access learning, training, supervision and appraisals. One member of staff we spoke with on Paglesham ward told us that they had to cancel training over the last few months due to staff shortages. They told us that this had been raised with senior managers who were reviewing staffing levels to address these issues.

When we visited the service in May 2013 we were told that some staff in maternity and theatres did not feel supported and some staff reported a culture of harassment and bullying. The hospital's senior management team had taken actions to address these issues. This included an external review of maternity services from which an action plan had been developed and implemented. Both maternity and theatre specialist advisors who accompanied us on our visit in October 2013 reported improvements in these areas. Staff
we spoke with said that there were better support arrangements and that there were good working relationships within the teams.

Following concerns identified when we visited the service in May 2013, including four 'never events. A 'never event' is an incident affecting the health, safety or welfare of a person as a result of 'mistakes which never should have happened'. We saw that training sessions and learning from incidents had been implemented. We saw that 87% of theatre staff had undertaken training in the World Health Organisation (WHO) surgical safety checklists. (The checklist identifies three phases during surgical procedures: before a person is anaesthetised, before a surgical incision is made and before a person leaves the operating room). We also saw that learning from serious incidents had been disseminated to all staff so as to improve practices and help minimise risks to people who used the service.

Staff in A&E, and AMU, and on Paglesham and Benfleet wards told us that they had opportunities to access mandatory training via the hospital's 'iLearn' online system. They told us that they met regularly with their manager for supervision and that they had an annual appraisal to identify training and development needs. We saw that the senior management team had reviewed working hours and shift patterns to help ensure that staff had appropriate time to access learning and training opportunities. The majority of staff we spoke with reported that this had improved things. Staff we spoke with told us that they had appropriate time off work to attend training sessions. A leadership development programme had been introduced to help develop staff to progress within their career path.

The East of England Multi–Professional Deanery Performance and Quality Review in January 2013 identified on-going concerns regarding training in clinical oncology and respiratory medicine. The hospital had an action plan in place and could demonstrate on-going improvements in ensuring that medical staff had access to appropriate training and development opportunities.

The hospital's senior management team had systems in place for monitoring performance against targets for mandatory training and supervision. Performance was monitored at the senior managers' board meetings. From records we looked at we saw that the hospital was on course to meet its annual training and appraisal targets.

As part of the hospital's initiatives to improve communication among staff and providing staff with a means to make comments, suggestions or to raise issues of concern a 'Have Your Say' group, a monthly "Lunch with the Boss" and a "Staffside Briefing" had been introduced. Staff we spoke with told us that they found these useful in helping to communicate any issues they had with senior managers and a means of receiving communications about changes, improvements within the hospital.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the arrangements for ensuring that the service was well led, safe, effective and responsive to the needs of the people who used it.

When we last visited the service in May 2013 we identified areas of concern in the overall management arrangements. We identified concerns particularly relating to Accident and Emergency, theatre and maternity departments. At this time we issued a compliance action and told the service that they must make improvements to their management arrangements. Following our visit the service provided us with an action plan describing how they would implement changes for improvement.

We reviewed the work the hospital had put in place to improve and embed its governance processes since May 2013. We found a good system that had become more established and effective, as demonstrated through our discussions with staff in the business units and through minutes of meetings seen of the hospital board, quality assurance committee and clinical assurance committee. There were clear lines of reporting and accountability. Staff we spoke with showed greater awareness of these structures, which confirmed that the board had worked well in informing and involving its workforce.

However, we found that there was still work to do in engaging and involving doctors in the new process but it was an improving situation. There was no consultants' forum because of the size of the number of consultants and reluctance among doctors to take on any further responsibility outside of their working hours. To try to address this, the medical director engaged with doctors, specifically where there was non-clinical leader of the department's business unit. Doctors were more aware of the risk register and there was more acceptance of the move to publish each doctor's patient mortality figures. Revalidation and appraisal had required doctors to become more involved and the trust had set up a leadership project as part of the process of medical development. We will continue to monitor this.

In respect of national targets, the hospital had introduced new ways of closer monitoring these since our last inspection. For example, a daily report ('Good Morning Southend') was produced for the board from the Accident & Emergency (A&E) department on performance...
against targets including the four-hour waiting time. These not only showed improved performance, with compliance since July 2013, but where breaches had occurred these set out the financial cost to the hospital of such penalties. In such cases, a root-cause analysis report was completed that was also distributed widely. However, the provider may like to note that for July 2013 to 15 October 2013 there were 20 days when they achieved the ambulance patient handover target of 30 minutes.

We saw changes to the management of A&E that had improved patients' experience and reduced the length of time patients spent in A&E before being discharged or transferred to an appropriate ward area. We also saw part of the hospital's capacity planning for winter pressures, which had been agreed as part of a wider 'Combined Winter Plan' with the local Clinical Commissioning Group.

Cancer waiting times had improved since our last inspection, with the overall target being met for the second quarter of this year. The hospital was not performing as well against targets in urology cancers and a root cause analysis identified the causing factors. We saw the work being undertaken to address this. This demonstrated that progress was being made following improved analysis of performance.

Performance against the '18-week referral to treatment' target had also improved over the last year but had dropped over the last two quarters. Data and discussion provided us with assurance that the hospital was on course to meet the target in quarter three. We were pleased to see that steps had been taken to improve the performance in this area in the form of weekly meetings between the chief operating officer, head of performance and each department's business unit director. Extra operating lists had been put on and any decision to cancel an operating list had to have senior management approval. The hospital also had a 'spot' contract with a local independent hospital to undertake some operations to improve the waiting times.

Ward staff also were made aware of their performance against the nursing indicators. We saw that compliance against the targets were generally good but where in a small number of wards the recent performance had fallen below the required level, it was seen to have been monitored and actions were being taken to address it. Again, it was positive to find that all staff we spoke with were informed about the indicators and had taken ownership of them.

Since our last inspection, the hospital had had a 'never event' in respect of medicine prescribing, which although was a concern due to the number of 'never events' the hospital had had over the past year, had been investigated thoroughly and learning disseminated. We tracked this investigation and spoke with senior staff and ward staff throughout the hospital. We found that people were informed about the details of this and other incidents and that learning had been shared across departments, part of which was a 'Learning from Harm' training event. This was an improvement since our last inspection.

We also tracked the hospital's implementation of alerts and guidance from the National Institute of Health and Care Excellence (NICE). This was also improving, with the trust currently at 91% compliance. We will continue to monitor this.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard**
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed**
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken**
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Standard Description</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Write to us at:</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td></td>
<td>Citygate</td>
</tr>
<tr>
<td></td>
<td>Gallowgate</td>
</tr>
<tr>
<td></td>
<td>Newcastle upon Tyne</td>
</tr>
<tr>
<td></td>
<td>NE1 4PA</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
</tbody>
</table>

Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.