## Basildon and Thurrock NHS Foundation Trust

### Location: Basildon hospital

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<tr>
<th>Region:</th>
<th>East</th>
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<tr>
<td>Location address:</td>
<td>Basildon hospital</td>
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<td>Nethermayne</td>
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<td>Basildon Essex</td>
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<td>SS165NL</td>
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<tr>
<td>Type of service:</td>
<td>ACS Acute services</td>
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<tr>
<td>Regulated activities provided:</td>
<td>Treatment of disease, disorder or injury</td>
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<td>Maternity and midwifery services</td>
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<td>Type of review:</td>
<td>Responsive_Review</td>
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<tr>
<td>Date of site visit (where applicable):</td>
<td>06/05/2010 to 07/05/2010</td>
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<td>Name of site(s) visited (where applicable):</td>
<td>Basildon Hospital</td>
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<td>Date of publication:</td>
<td>25/06/2010</td>
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### Information for the reader

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<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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### Care Quality Commission

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Introduction to our review of compliance

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards that everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards. This is called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and we will constantly monitor whether they continue to do so. We formally review a service when we receive information that is of concern and, as a result, decide we need to check whether it is still meeting one or more of the essential standards. We also formally review services at least every two years to check whether they are meeting all of the essential standards in each of their locations. Our reviews include checking all the available information and intelligence we hold about a provider. We may seek more information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for more information from the provider, and carry out a site visit with direct observations of care.

When we make our judgements about whether services are meeting essential standards, we will decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions, compliance actions or take enforcement action:

| Improvement actions | These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so. |
| Compliance actions | These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards, but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met. |
| Enforcement actions | These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people. |
How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
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<tbody>
<tr>
<td>XX: The outcome number and title</td>
<td>Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance</td>
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</tbody>
</table>

Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

**Outcome XX (number):**
**Outcome title**

Details of the outcome, taken from our *Guidance about compliance: Essential standards of quality and safety*.

**What we found for the Outcome**

<table>
<thead>
<tr>
<th>Our judgement</th>
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<tbody>
<tr>
<td>Our judgement about whether the &lt;service/provider&gt; meets the outcome described in the <em>Guidance about compliance: Essential standards of quality and safety</em>, or whether there are minor, moderate, or major concerns in relation to compliance.</td>
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<tr>
<th>Our findings</th>
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<tbody>
<tr>
<td>A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.</td>
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</table>

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.
Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Judgement</th>
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<tr>
<td>4: Care and welfare of people who use services</td>
<td>Moderate concern</td>
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<tr>
<td>7: Safeguarding people who use services from abuse</td>
<td>Compliant</td>
</tr>
<tr>
<td>10: Safety and suitability of premises</td>
<td>Minor concern</td>
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<tr>
<td>14: Supporting workers</td>
<td>Moderate concern</td>
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<tr>
<td>16: Assessing and monitoring the quality of service provision</td>
<td>Compliant</td>
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Summary of key findings:

Background:-
In November 2009 Monitor found the Trust to be in significant breach of its terms of authorisation and intervened under Section 52 of the National Health Service Act 2006. The concerns raised by Monitor were around the governance arrangements within the trust to assess and monitor the quality of service provision. The Care Quality Commission (CQC) also raised concerns regarding care and welfare of people who use the services and issues around staffing recruitment and support. The reporting by the trust on quality, risk and improvement planning demonstrated ongoing improvements, however, concerns remained particularly around care and welfare of patients, staff competencies, and professional development and appraisal practices. These outcomes required compliance conditions at the time of registration on 1st April 2010 to ensure that people who use care services are kept safe and their welfare is promoted, and to ensure that key requirements of the law are being met. Therefore a review of compliance in partnership with the Health and Safety Executive took place on 6th and 7th May 2010. Clinical experts were also employed to review the
essential standards of quality and safety around care and welfare of people who use services, staffing and assessing and monitoring the quality of service provision within the trust. The majority of the visit time was spent observing practice in wards where concerns had been raised, talking to patients and staff in the emergency department, the medical assessment unit, maternity unit and surgical wards.

Key Findings:-

The pattern of care delivery seen in acute medicine on this visit was well within the acceptable pattern of current experience across the country. Compared to the Care Quality Commission investigation visit in May 2009, there were noticeable improvements in departmental leadership and commitment to relevant and appropriate ongoing service development as was evident from the staff and managers spoken to.

The medical workforce plan for Acute Medicine has been developed over the last year with successful recruitment to consultant posts and more consistent support to the service from other physicians. The maternity workforce plan demonstrated an improvement in recruitment numbers and the introduction of additional management roles to improve collaborative working in the unit.

In both strategic and operational terms, there is clear evidence of systematic improvement in the model of care used in the Medical Assessment Unit (MAU). Strategic medical leadership is evidenced by the strong commitment and depth of understanding expressed by the Clinical Director. There are still difficulties around capacity management and the planning of care for patients within the first 48 hours of admission. The biggest frustration identified by clinical staff was the current lack of reliability in the systems to ensure that patients can move on promptly to the most appropriate specialist care wards. Long waits to leave the MAU assessment area were observed during the visit causing delays in placement on specialist elderly care and respiratory wards. Staff commented on the impact these delays have on timely assessment and treatment practices for patients. An improvement action has been made regarding this matter, as a result of the visit.

Patients spoken to were positive about their assessment, care planning and treatment provided by the trust. In-patient assessments and care planning were being carried out. Further developments are required as medical/nursing records seen did not clearly demonstrate either consistent medical and nursing care planning, risk assessments or ongoing evaluation of care practices. An improvement action has been made regarding this.

On the evening visit concerns were raised regarding lone worker practices at night in the Accident and Emergency waiting area. Inspectors were especially concerned about poor observation practices of acutely ill patients when the area is busy, also poor training provision regarding management of work related violence and aggression within the Accident and Emergency Department was highlighted as a concern by staff. Compliance actions have been raised for both these points as improvements must be made to safeguard staff and service users.

Assessment and risk management practices for the care of patients with learning difficulties are being developed with the support of a Senior lead nurse and the proposed introduction of link nurses for people with learning difficulties. Specialist assessments are undertaken and examples of individual care needs being identified and actioned with positive outcomes for people were provided to inspectors. The trust is currently working with the Care Quality Commission on further developments to improve risk management practices and develop the specialised care pathway. It was noted that there is currently no medical lead for people with a learning difficulty.

Staff in the emergency department were not always aware or had access to standard operational policies. It was unclear how staff learn from serious untoward incidents and incident reports. Processes for investigating clinical errors and serious untoward incidents
appeared delayed and they lacked expert and independent investigators. An improvement action has been raised regarding this.

Improvements were noted in appraisal practices with a marked increase in the numbers of staff receiving an appraisal. Clinical staff spoken to, knew their roles, understood where their clinical support was on the ward and knew how to manage the patient care plans and the equipment which they were responsible for operating. Nurse students were clearly able to describe their supervision and training arrangements, expressing confidence in them. Two doctors in training said they had reasonable rotas, good clinical supervision and protected time for training.

Safeguarding practices were noted as satisfactory during the site visit.

During this site visit, it was evidenced that two compliance conditions applied to the trust's registration on the 1st April 2010, around inpatient assessment and care planning practices and action planning to address the recommendations arising out of a Nursing and Midwifery Council report, have now been met.

The inspectors would like to thank the senior management team, front line staff and patients for their help and support during this unannounced site visit.

What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the Guidance about compliance: Essential standards of quality and safety.
Outcome 4: Care and welfare of people who use services

People who use services:
- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

This is because providers who comply with the regulations will:
- Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:
  - assessing the needs of people who use services
  - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
  - taking account of published research and guidance
  - making reasonable adjustments to reflect people's needs, values and diversity
  - having arrangements for dealing with foreseeable emergencies.

What we found for Outcome 4

Our judgement

There are moderate concerns with Outcome 4: Care and welfare of people who use services

Our findings

Evidence was provided to demonstrate that in-patients have an assessment made of their individual needs and that a care plan and a risk assessment are prepared in order to meet those needs to ensure their welfare and safety, although it was noted that when there is a variance in the risk assessment this was not always followed up with a plan of care that was evaluated.
Six patients were interviewed and their medical records were reviewed during the site visit. All patients were positive regarding their assessment, care and treatment provision whilst in Basildon Hospital. An inpatient assessment had been carried out for each patient including a specific care pathway and there were daily notes made by the multi disciplinary team (MDT) regarding care provided and ongoing treatments required. However, the medical/nursing records did not clearly demonstrate either consistent medical and nursing care planning, nor always evidence of consultant “sign off” of assessments. Risk assessments were not always completed, evaluation practices were basic and lacked detail of outcome planning to fully evidence that they meet people's individual needs at all times. (Improvement action)
Several staff were interviewed and were aware of the admission assessment procedure and methodology. The clinical records show a high degree of duplication in the medical assessment between the Emergency Department (ED) and Medical Assessment Unit (MAU) with no evidence of integrated medical records for patients admitted from the ED. Three ward staff interviewed noted that the medical and surgical assessment units did not always fully assess the patients prior to transfer to the main wards which could delay treatment at times and was not picked up as a concern in the trusts principles in care audit results. This was also observed in the medical assessment unit by inspectors. Documented risk assessments including manual handling, nutrition, tissue viability and bed rail assessments are in place and were completed in the records seen although review practices were not always clear, detailed or robust. Two of the patients interviewed were assessed as requiring pressure relieving care and confirmed they were receiving it, their nursing record also made reference to pressure relieving aids and care.

Each patient has a scoring system on the observation chart with triggers to initiate action if there are concerns about a patient. These 'PAR' scores had been completed for the four patients observed. The Trusts Performance Management report May 2010 which measures key performance indicators acknowledged that performance is improving across all measures: 90% of patients having a care plan or care pathway documented, compared to 60% in September 2009, 98% of patients had a PARS/CEWT/MEWS score accurately calculated and documented and 90% appropriately escalated. Awareness of clinical risk was high and clinical risk scoring using ‘PARS’ is being recorded with consistency and with good links to the “PARS Team” of high dependency nurses.

The pattern of care delivery seen in acute medicine on this visit is well within the acceptable pattern of current experience across the country. With improvements noted in departmental leadership and commitment to relevant and appropriate ongoing service developments.

The principles in care monthly audit results from January 2010 to April 2010 demonstrated improving monthly trends with the majority of the 28 standards assessed. Six standards have been identified as being essential to meet the needs of all patients and retain a target level of 90%. The average compliance percentage for the 6 essential standards for April 2010 was 90%. One non essential standard scored 56 % for observation documentation. The trust submitted evidence of action plans for standards below trajectory in place for medical departments and improvement reviews being actioned at matron’s forums and heads of nursing groups.

Concerns were raised in association with the health and safety executive inspector who accompanied us about observational practices within the A&E waiting area. It was noted that there is only one receptionist on duty from 11pm until 7am at the desk with at times no other staff member in the waiting area. This raises concerns regarding recognising and assessing the deteriorating patient. It was reported that some times it can be “standing room only” in the waiting area therefore the receptionists view of the area is restricted and they may not always observe a patient who is in distress. This concern was raised by the Care Quality Commission following our visit in May 2009. It was not clear what risk management practices are in place as the CCTV is not monitored at all times and it was noted that the clinical staff are not always available to react quickly if the receptionist has concerns. (Compliance action in respect of this is required by the trust)

The trust is in the process of changing signage in the hospital to ensure it is more accessible to patients with a learning disability. Fifty six people in the trust have had training in working with people with a learning disability. It was reported that two day makaton training is planned for July 2010. The lead nurse noted that the plan is for there to
be a link person for people with a learning disability on each ward. They will then be trained and will be responsible for cascading this training. The link person will then have a one day training session every 3 months. The trust is working with South Essex Partnership Trust (SEPT) regarding the induction. It was noted that there is currently no medical lead for people with a learning disability.

There is a significant improvement on the environment of the Emergency Department. An open space that previously housed a number of patients has now been replaced with 5 cubicles that significantly improve the dignity and privacy of patients. However, in those cubicles that are segregated by curtains, the issue of privacy remains. The inspectors observed a patient being examined by a doctor through open curtains. Also the CCTV was wrongly positioned over the cubicles which had implications for patient dignity; the senior management team agreed this would be reviewed.

There is now a dedicated paediatric area with dedicated nursing and medical resource. Further recruitment continues to address the national requirements of providing paediatric trained nurses and medical staff. The paediatric department remains open till 10pm. It was reported that the feedback from service user’s surveys regarding this area has been positive.

### Outcome 7: Safeguarding people who use services from abuse

#### People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

#### This is because providers who comply with the regulations will:
- Take action to identify and prevent abuse from happening in a service.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Protect others from the negative effect of any behaviour by people who use services.
- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.
What we found for Outcome 7

Our judgement

The provider is compliant with Outcome 7: Safeguarding people who use services from abuse

Our findings

The Safeguarding Adults lead noted that the trust safeguarding policy was being reviewed in line with the updated Southend, Essex and Thurrock guidelines. There is a safeguarding team in the trust comprising of three social workers and two nurses who share a bleep. This operates as a virtual team. (Information about this team was clearly displayed at the entrance to MAU.) It was reported that if a safeguarding concern is raised they complete the form and pass this to social care. A lead person to deal with the case is then identified within four hours which is in line with Thurrock council criteria. The safeguarding adults lead manages a team of 7 nurses who support complex case management (patients who are identified as having complex needs). Mental Capacity Act training has just become mandatory at the trust. There have been no deprivations of liberty referrals to date, but the senior management team are aware of the process to be taken if necessary.

Safeguarding training is not mandatory and of 4500 staff in the trust 73 were trained last year. In April/May 2010 56 staff have been trained. Staff can access Essex and Thurrock councils safeguarding training. Child protection training is mandatory across the trust. There are currently three levels of safeguarding training available; these are for induction, for specific staff and for staff with a safeguarding lead.

If there is a need for an Independent Mental Capacity Advocate (IMCA) then a referral is made to the council safeguarding unit who then contact the IMCA service. There is representation of the trust on the Essex and Thurrock safeguarding boards; both for adults and children. The trust also has a safeguarding group for staff.

Multi agency working with partner agencies takes place to safeguard people. There have been no serious case reviews involving the trust to date. Four staff including an agency member of staff spoken to were aware of the safeguarding referral process and two gave examples of recent referrals. There is a lead protection of vulnerable adults (POVA) nurse in A&E.

Outcome 10:
Safety and suitability of premises

People who use services:

- Are in safe, accessible surroundings that promote their wellbeing.

This is because providers who comply with the regulations will:
• Make sure that people who use services, staff and others know they are protected against the risks of unsafe or unsuitable premises by:
  o the design and layout of the premises being suitable for carrying out the regulated activity
  o appropriate measures being in place to ensure the security of the premises
  o the premises and any grounds being adequately maintained
  o compliance with any legal requirements relating to the premises
• Take account of any relevant design, technical and operational standards and manage all risks in relation to the premises.

What we found for Outcome 10

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

This outcome was assessed by the Health and Safety Executive in relation to security and lone worker practices a separate report will be produced by the HSE and can be accessed from their web site.

Observation: The Accident and Emergency Department (A&E) is currently being refurbished and expanded over the next two years. The current waiting area in A&E did not have suitable screens for confidentiality purposes and the seating area is reduced so crowding at times may be a concern. The overhead electronic display equipment is not working so patients cannot be advised of the current waiting times without going and asking at reception. Patients were observed asking receptionists how long they would have to wait. It was reported that the refurbishment and new build will eradicate these issues for staff and patients in the future. It was not clear what contingency plans the trust have in place for the interim.

Outcome 13: Staffing

People who use services:
• Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

This is because providers who comply with the regulations will:
• Make sure that there are sufficient staff with the right knowledge, experience,
qualifications and skills to support people.

What we found for Outcome 13

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

The trust submitted an action plan resulting from the recommendations made in the Nursing and Midwifery Council (NMC) report on the extraordinary review of pre-registration nursing (adult) education and the maternity services at Basildon and Thurrock NHS University Hospitals Foundation Trust published February 2010 as evidence regarding compliance with the condition of registration. The time frames for completion are prior to December 2010 which is within the acceptable limits set out by the Care Quality Commission.

The Head of Midwifery was interviewed and demonstrated that they have a maternity workforce plan in place with continual regular monitoring of key performance indicators including 1-1 care in established labour which currently stands at 98% compliance. This was a key concern raised by the NMC as they reported it at 50% in 2009. There are weekly reviews of agency usage and an agreement with the agencies regarding continuity of care by using regular agency nurses where possible. There is also an induction competency proforma for agency midwives to complete which includes the date they attended their last updates and highlights training needs prior to working on the units.

International recruitment drives both in India and Ireland are ongoing. The unit is funded for 140 whole time equivalents (WTE) and currently has 124 permanent contracted staff. The Strategic Health Authority continues to monitor capacity and environment within the midwifery unit through the maternity unit dashboard-clinical performance and governance score card. The current establishment has increased since the NMC report was published and additional roles including a new matron, a clinical sub director for obstetrics and a new consultant for the midwifery led unit have been actioned recently to improve collaborative working in the unit.

The medical workforce plan for Acute Medicine has developed over the last year with successful recruitment to consultant posts and more consistent support to the service from other physicians. Dedicated consultant cover is available for assessment and short stay from acute physicians 0900-1700 each weekday and a ward round is programmed by them for short stay each weekend day. This is supported by a rota of other physicians who work in MAU from approximately 1700 – 2000hrs each weekday and provide at least four hours on site cover of assessment each weekend day. These arrangements provide consultant cover consistent with guidance from the Royal College of Physicians. Junior doctor rotas were not examined during the visit but individuals expressed satisfaction with their job. At night the hospital is covered by a medical registrar supported by a middle grade staff doctor as well as more junior trainees.
Nursing rotas on the 24-bed assessment ward are compliant with the Society for Acute Medicine recommendation of at least one registered nurse for every six beds plus a supervising senior nurse twenty four hours a day seven days a week. There was a large cohort of adaptation students. Other organisations have not integrated these nurses into the main areas of the trust. However, their presence in the Emergency Department has been seen as a positive step for the staff.

Although the visit provides limited evidence as to the effectiveness of clinical leadership, training, appraisal and support, there is a sense of commitment to making the systems in place effective, supported by a second new post at associate medical director level. Staffing levels in acute medicine are within the generality of normal hospital service development at this time.

Outcome 14:
Supporting workers

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

This is because providers who comply with the regulations will:
- Ensure that staff are properly supported to provide care and treatment to people who use services.
- Ensure that staff are properly trained, supervised and appraised.
- Enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

What we found for Outcome 14

Our judgement

There are moderate concerns with Outcome 14: Supporting workers

Our findings

Upon close inspection of staff development records there appeared to be accurate and up to date records of staff appraisals and development plans. Numerous staff from different disciplines were interviewed during the site visit. The vast majority of staff spoken to were aware of the appraisal process and had either had an appraisal or were booked to have one in the near future. They confirmed that continual professional development and training needs are discussed during the appraisal. The workforce governance sub group
reported in May 2010 that the trust achieved its target of 75% for completed appraisals (the trust state that this is equivalent to 100% when incorporating starters and leavers). The performance appraisal and development review policy was signed off by staff side representatives on the 4th May 2010.

Examples were given by staff of diploma and degree course support from the trust although some staff felt more support for developing specialist skills should be in place. There are trained mentors in the clinical areas to support students and new staff. The trust have written processes in place for mentoring and preceptor practices and a mentor database although how effective the system is was not apparent as the majority of staff had no sign off from mentors recorded. Staff gave examples of receiving support such as counselling following traumatic experiences and support being provided when asked for. The ward sister stated that clinical supervision can be provided through group sessions or individual sessions. A policy on clinical supervision was requested but not submitted.

The staff spoken to in the A&E department commented that staff are not fully trained to recognise mental health patient’s needs and protect their rights. It was reported that training is being reviewed to address this. The security staff are responsible for dealing with restraint issues in the A&E department, but are not based in the department. Reception staff are at times lone workers from 11pm until 7am in the waiting area which raises safety concerns both for the staff member and service users. Staff spoken to commented that verbal abuse to staff by patients was a regular occurrence in the unit and that staff had either not had training in violence and aggression recently or felt the training was inadequate as it did not address the real issues in A&E. The Health & Safety Executive (HSE) raised this as a concern with the senior management team during the inspection and an improvement notice has been served by HSE around the need for suitable and sufficient assessments of the risks to employees and others from violence and aggression in the A&E department. (Compliance action in this respect is required by the trust.)

The Head of Midwifery noted that agency usage is reviewed weekly. Induction packs are in place for agency staff to log competencies and any training needs. Where possible the same agency staff are used for continuity with temporary contracts being considered currently. It was reported that regular agency staff attend the trusts full induction and can attend mandatory training.

The local supervising authority do an annual audit of supervision and appraisal in midwifery services 2009 and the trust scored 98% compliance a further review is now due again.

Ward staff were aware of the PARS scoring system to assess acutely ill patients. It was reported that clinical staff are being identified as needing training in accordance with NICE guidance - Acutely ill patients in hospital July 2007. There is a training strategy for training in caring for the acutely ill patient. There are 9 alert trainers running cohorts every month and this has been in place since last summer. Since the ALERT Course was introduced to the trust in April 2009 172 staff have attended the course; of these 124 were nurses and 47 were doctors. It was reported that lectures on recognising the sick patient, circulatory failure, oxygen therapy and blood gases are also given by the nurse consultant for critical care. Other relevant training is delivered by medical staff on their protected time Monday training sessions. Evidence of full compliance is required by 31st July 2010. Four patient records observed demonstrated completed PARS scoring with trigger actions where needed. There was little evidence of staff using the PARS score in the emergency department until the patient was ready to leave the department. Evidence of full compliance is required by 31st July 2010.

The trust are currently reviewing the induction training to assess what should be mandatory for example safeguarding and working with people with a learning disability. The current
induction programme, over 2 days, includes manual handling, tissue viability, safeguarding, and basic life support. Staff spoken to confirmed attendance at both induction courses and ongoing mandatory training. On inspection of staff training records there appeared to be up to date examples of mandatory training and annual training.

In the Medical Admissions Unit and the ward areas visited the clinical environment was calm and well organised despite being busy. All the nurses spoken to, knew their roles, understood where their clinical support was on the ward floor and knew how to manage the patient care plans and the equipment which they were supervising. Nurse students were clearly able to describe their supervision and training arrangements, expressing confidence in them and the Registered Nurses in the Emergency Department described that the supervision of students was of a satisfactory nature. Two doctors in training in MAU said they had reasonable rotas, good clinical supervision and protected time for training.

Outcome 16:
Assessing and monitoring the quality of service provision

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

This is because providers who comply with the regulations will:
- Monitor the quality of service that people receive.
- Identify, monitor and manage risks to people who use, work in or visit the service.
- Get professional advice about how to run the service safely, where they do not have the knowledge themselves.
- Take account of:
  - comments and complaints
  - investigations into poor practice
  - records held by the service
  - advice from and reports by the Care Quality Commission.
- Improve the service by learning from adverse events, incidents, errors and near misses that happen, the outcome from comments and complaints, and the advice of other expert bodies where this information shows the service is not fully compliant.
- Have arrangements that say who can make decisions that affect the health, welfare and safety of people who use the service.

What we found for Outcome 16

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision
Our findings

The pattern of care delivery seen in acute medicine on this visit is well within the acceptable pattern of current experience across the country. There are improvements in departmental leadership and commitment to relevant and appropriate ongoing service development. In both strategic and operational terms, there is clear evidence of systematic improvement in the Medical Admissions Unit (MAU) model of care which defines the experience of emergency medical patients and the use of clinical resources in their care since the last visit by the commission a year ago. Strategic medical leadership is evidenced by the strong commitment and depth of understanding expressed by the Divisional Medical Director. He is now backed by a well regarded service manager who has clearly driven some of the changes. In MAU itself, whilst the medical leadership is in a state of flux, the matron appointed a year ago has proved to be a very able clinical leader firmly committed to a patient focussed set of quality and outcome standards. A specific example was discussed in detail, describing how a series of changes had been made to find a locally optimal way for referring GPs to talk to the admitting team. They now speak to a senior nurse on the MAU and this arrangement, although early days, appears to have a positive impact.

Although the qualitative model of medical assessment and short stay has developed well, it is not as widely understood by clinical staff as would be optimal and it is not yet backed by a strong quantitative model which would predict the assessment workload and short stay bed requirement. The biggest frustration identified by all senior clinical staff was the current lack of reliability in the systems to ensure that patients can move on promptly to the most appropriate specialist care wards. Long waits to leave the MAU assessment area were evident during the visit and ascribed to delay in placement on specialist elderly care and respiratory wards as well as delay arising through lack of side-rooms to meet infection control requirements. These delays combined to reduce the effective assessment capacity by about 20% during the visit. The inspector has drawn attention to recent IMAS ECIST advice about patient flow management and capacity planning methodology to be found at http://www.imas.nhs.uk. The Divisional team expressed awareness of these issues and discussed how they are planning for a reconfiguration of beds which would address the difficulties. Two ward staff interviewed noted that the patient emergency pathway is not always smooth. The assessment units sometimes push patients through to the wards without a full admission assessment or PARS scores being completed. ( Improvement action )

The Divisional team also recognise the need for clear contemporaneous operational policies for these clinical areas which are well understood by staff – which is an area for development.

Staff, outpatient and inpatient survey results were submitted and action plans with time frames in some instances were observed. Comparative analysis is being actioned to monitor where performance is improving and where further actions are required. However, some of the action plans were limited, and require more detail to demonstrate full assessment of the quality of services and the impact of practice changes to patients and staff.

Staff in the emergency department were not fully aware of clear contemporaneous operational policies to support day to day practices. It was unclear how staff learn from Serious Untoward Incidence and Incident reports. Processes for investigating clinical and serious incidents appeared delayed and they lacked expert and independent investigators.
The inspectors looked at one incident still being investigated 10 months later which demonstrated poor escalation and decision making by junior doctors. (Improvement action)

**Improvement actions**

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic or screening procedures</td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Termination of pregnancies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why we have concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The medical/nursing records did not clearly demonstrate consistent, timely medical and nursing care planning, nor always evidence of consultant “sign off” of assessments. Evaluation practices were basic and lacked detail of outcome planning to fully evidence that the trust meets service users individual needs at all times.</td>
<td></td>
<td>The planning and delivery of care and where appropriate treatment is documented in such a way as to evidence that the trust meets the individual needs of people who use services and that the care is effective, safe, appropriate and protects their rights.</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td></td>
<td></td>
</tr>
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<tr>
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<td></td>
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<tr>
<td>There are still difficulties around capacity management and the planning of care for patients within the first 48hrs of admission.</td>
<td></td>
<td>Systems should be reviewed to ensure that patient’s benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.</td>
</tr>
<tr>
<td>Treatment of disease, disorder or</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Why we have concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The outcome for people that should be achieved</td>
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</tr>
</tbody>
</table>
It was unclear how staff learn from Serious Untoward Incidents and Incident reports. Processes for investigating clinical and serious incidents appeared delayed and they lacked expert and independent investigators.

The trust must identify, monitor and manage risks to people who use, work in or visit the service to improve the service by learning from adverse events, incidents, errors and near misses that happen and to ensure that staff understands any protective measures implemented following health surveillance measures.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

**Compliance actions**

The table below shows the essential standards of quality and safety that are not being met. Action must be taken to achieve compliance.

<table>
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<tr>
<td>Surgical procedures</td>
<td>How the regulation is not being met</td>
<td>The outcome for people that should be achieved</td>
</tr>
<tr>
<td>Diagnostic or screening procedures</td>
<td>There are concerns regarding the potential risk to service users individual needs, safety and welfare in the waiting room in A&amp;E when there is only one non clinical member of staff in the area and observation of patients is restricted.</td>
<td>Service users must be assessed and monitored safely at all times in the A&amp;E waiting area to ensure their individual needs are met.</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td></td>
<td></td>
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<td>Termination of pregnancies</td>
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</tr>
</tbody>
</table>
The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.