Basildon and Thurrock University Hospitals NHS Foundation Trust
Basildon University Hospital

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<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<td>Date of Publication:</td>
<td>February 2012</td>
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<td>Overview of the service:</td>
<td>Basildon Hospital was one of the first 10 NHS Foundation Trusts in the country and is an associate teaching hospital. The trust provides an extensive range of acute medical services at Basildon University Hospital and Orsett Hospital serving a population of 310,000. The Essex Cardiothoracic Centre is based at Basildon University Hospital. The Centre</td>
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<td>provides specialist diagnosis for people with cardiovascular (heart) and respiratory (lung) diseases.</td>
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Our current overall judgement

Basildon University Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Basildon University Hospital had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Overall, people with whom we spoke were satisfied with the care provided across the trust. People, told us that they were well informed regarding their care and treatment. They said they felt involved in the decision making and were made aware of any risks associated with their treatment.

Carers we spoke with were satisfied with the information provided and felt well informed of the care being provided to their relatives. They said that staff were helpful and willing to answer questions. A number of people on the wards we visited told us that there were not always enough staff available to assist them at times.

People said that the staff were knowledgeable, and that they felt safe in their hands. One person told us "I feel safe here. Staff are caring and gentle I have no concerns at all."
What we found about the standards we reviewed and how well Basildon University Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The trust is compliant with this outcome. People who use the service were provided with appropriate information and support in relation to their care and treatment.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The trust is compliant with this outcome. People can be confident that the trust have systems in place to gain and review consent from people who use the services and act on them appropriately.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The trust is compliant with this outcome. There are ongoing improvements in the nursing documentation and risk assessment practices although improvements are needed to ensure that care records are completed consistently. Overall patients were happy with the care, support and treatment received at Basildon Hospital.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The trust is not compliant with this outcome. Although training is provided for staff not all those working with adults were clear about identifying abuse that may occur from a stay in hospital or knew of learning from incidents. Whilst staff caring for children are provided with a greater degree of training than those caring for adults, staff do not always follow correct procedures to ensure children are safeguarded.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The trust is compliant with this outcome. People, where possible, will have information about the medicine being prescribed made available to them, or others acting on their behalf. The security of medicines was satisfactory.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The trust is not compliant with this outcome. There are ongoing significant concerns regarding the prevention and control of legionella at the hospital, despite past action having been taken by the trust to reduce the risk. The trust needs to continue to work with partner agencies to investigate and reduce the risk of re occurrence.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
The trust is not compliant with this outcome. There is a lack of sustainability by the trust of taking appropriate timely steps to ensure that at all times there are sufficient, suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people especially out of hours in the A&E department.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The trust is compliant with this outcome. Staff receive appropriate training, continual professional development, supervision and appraisal.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The trust is compliant with this outcome. The trust has taken steps to strengthen quality monitoring arrangements through observation of clinical practice. There is an increased learning from internal investigations as well as in more broadly across the care sector. More robust arrangements are in place to follow up on issues arising however more could be done to ensure action plans have timescales and all staff are informed of learning from investigations.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People, with whom we spoke, told us that they were well informed regarding their care and treatment. They said they felt involved in the decision making and were made aware of any risks associated with their treatment.

Carers we spoke with were satisfied with information provided and felt well informed of the care being provided to their relatives. They said that staff were helpful and willing to answer questions. Several people told us that they had seen the "get it right" leaflets and bed side guides; although some people in the cardiac unit told us they were not aware of this information.

Other evidence
At previous inspections in December 2010 and July 2011 we had made an improvement action around the availability of written information leaflets and the lack of different formats to help people with a reading difficulty or whose first language was not English.
The trust were able to show us sustained improvements in these areas.

We saw that a Google translator had been included on the trust's website to allow for easier access to information for non-English speakers. This included how to make a
complaint.

There were examples seen in most departments we visited, of information leaflets including bedside guides. These included the options of other formats, such as easy read for people with a learning disability and information on obtaining written information in other languages. The trust's recent Outpatient Survey 2011 highlighted patient information provision was improving and was in line with quality standards set. Additionally the patient advisory liaison service (PALS) regularly audits responses to the "getting it right." leaflets, which incorporates comments, PALS contacts and complaints, which showed people were using the information provided. We could see that PALS signage had been increased across the organisation, including at key access points to further raise awareness of the service for people.

In August 2011 a patient information group was set up to review and improve the quality of information in the hospital. We saw minutes of meetings showing actions being taken where non compliance was observed. A night visit was carried out by senior clinical staff in October 2011. Every inpatient ward was visited, including maternity, paediatrics, intensive care unit (ITU) and high dependency unit (HDU). Part of the visit was to review the availability of information and where lacking we saw actions being taken to address it.

We also saw that triage times and waiting times were displayed in the temporary emergency department. These had not been in place before. It was reported that there will be electronic information provision for people when the new emergency department is completed in the spring of 2012.

Our judgement
The trust is compliant with this outcome. People who use the service were provided with appropriate information and support in relation to their care and treatment.
Outcome 02: Consent to care and treatment

What the outcome says
This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement
The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People with whom we spoke, said that both medical and nursing staff had sought their consent before carrying out any procedures. They said that they felt well informed about the procedures and that the doctors they spoke with had taken their time in explaining the procedure. They said that they had also been given a copy of their consent form.

Other evidence
We looked at the records regarding consent to having a surgical procedure. We found that the documentation was completed fully and that any risks in relation to the procedure, or not having the procedure, had been discussed with the patient.

Since our last visit to the trust in May 2011 a training programme has been put in place for both medical and nursing staff. This was to increase the awareness of and procedures for the completion of resuscitation orders and the assessment of mental capacity. New policies and procedures have also been discussed at these training sessions along with the results of audits.

Records show that key medical and nursing staff have attended training sessions on these subjects and over fifty percent of other staff, 374 in total, including junior doctors, have undertaken an e learning package. When we spoke with nursing staff on the wards
we visited there was a good awareness of the procedures and what records should be in place.

The clinical effectiveness team have undertaken audits to check the levels of staff compliance with the trust's resuscitation policy. The most recent results from October 2011 concur with our findings that overall compliance levels are high but as shown in the results from the September audit, there can be some slippage which is unacceptable and this may need regular monitoring to maintain the current standard.

We looked at the records for nine resuscitation orders on three wards. These had improved significantly since our last visit and new forms were being used. The forms were, overall, competed correctly and countersigned within the agreed times and the evidence to back up the decision was clear. This included the consultation undertaken with patients, their families or representatives and in some cases other healthcare professionals. Some non-conformities were noted and these related to the form not clearly being in the front of the file, consultant doctors not countersigning within 24 hours of the order being put in place and in one case, discussion with relatives five days after the order had not been completed.

Records showed that medical staff were taking more account of the mental capacity of patients, when considering resuscitation orders. Records relating to this were clear and mental capacity assessments were seen in people's medical notes. When speaking with staff they knew where to access assessment forms and advice on this subject.

Patient information leaflets regarding resuscitation were available on some wards we visited but not on all.

**Our judgement**
The trust is compliant with this outcome. People can be confident that the trust have systems in place to gain and review consent from people who use the services and act on them appropriately.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

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

What we found

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| People with whom we spoke, told us that they were very satisfied with the care and treatment they received as patients of Basildon Hospital. One person on the orthopaedic ward told us "I am very grateful for all that staff have done for me. I cannot fault them. They have all been very kind and I genuinely mean that."

Another person said "The nurses and doctors here are very good and they all know what they are doing."

One person on the stoke unit commented "The care here is fabulous, first class, you could not ask for better treatment."

One person on the paediatric ward told us "Staff always take on board what I say and we have a good relationship."

We spoke with the relative of one patient who had complex communication needs. They told us that the learning disability nurse advisor had been an 'invaluable' support during hospital stays.

**Other evidence**
We carried out this compliance visit to test sustainability with the improvements needed that we identified at previous inspections at Basildon Hospital since registration in April 2010. |
We looked in detail at the emergency care pathway for the sick children, following an incident in January 2011 which resulted in a delay in treatment. We could see numerous practice changes through the lessons learnt following this incident. These changes included increased training around early warning signs, flash cards for staff providing triggers to recognise when a child is deteriorating, computer software and improved communication systems to ensure that a child was not transferred elsewhere until stable. Staff with whom we spoke were clear about these practice changes, although they told us there were still delays in transfer at times due to a lack of paediatric support and leadership in the emergency department.

The heightened training around child early warning systems (CEWT) commenced in June 2011 and all relevant staff are expected to have completed this by January 2012. Nurses and health assistants with whom we spoke demonstrated that they understood how to use the CEWT and knew the procedure and importance for escalating concerns about the deterioration of a sick child immediately. We looked at the care records for four children. Staff on the paediatric wards completed CEWT scores for each child at the point of observing their vital signs. However, in the notes for two children who had been admitted to the ward through A&E, shortly before our visit, there were no recorded CEWT scores for one child. Additionally there was no record of observations of vital signs during the time that the children spent in A&E. We discussed this with senior managers in the trust who told us that all scores would be recorded on the computer system. However they confirmed that print outs from the system did not always include these scores.

We saw that improvement had been made in adult patients care records. We paid particular attention to how staff recognised and managed any deterioration in a patient’s condition. We saw that staff completed patient at risk scores (PARS) for every patient at the time when observations of vital signs were carried out. These scores are used to identify deterioration in a patient’s condition. We saw that staff alerted the response team promptly when a patient’s condition deteriorated and that swift action was taken to ensure that each patient received the medical attention and interventions needed.

We saw that specific medical and care needs of each patient had been clearly recorded and that there was coordinated work between medical, nursing and other allied health care professionals such as dieticians, physiotherapists, speech and language therapists and occupational therapists. The referrals were made promptly for speech and language therapists to assess patients swallowing capabilities so as to minimise risks of choking and aspiration. Some areas of care plans and risk assessment documents were not completed consistently in the records we looked at. We spoke with the head of nursing services. They told us that the new care planning system, which was implemented early in 2011 had little input from nursing staff and was 'rolled out very quickly'. They said that an internal staff survey about care planning was due to be carried out to help identify ways in which care planning could be improved.

When we last visited the trust ‘comfort rounds’ had been introduced as a means of carrying out regular basic care checks on patients. Staff carried out visual checks on patients including monitoring skin integrity and observing for signs of deterioration, assessing patients’ pain levels and offering drinks or toilet facilities. Staff confirmed that these checks were still being carried out and that they felt these were improving the care provided to patients. Records for comfort rounds were generally well completed in the care records we looked at however some were not completed consistently.
Feedback from people about care provision was positive.

A dementia strategy had been developed by the trust and significant training has been undertaken. This is ongoing and aims to heighten staff awareness of people's needs regarding dementia. We saw a dementia care pathway which supports staff in accessing the right help, and considers mental capacity and deprivation of liberty assessments as part of the risk management practices. Staff told us that there was support and advice available from the dementia nurse specialist who always came to see new patients. We saw in the notes for one patient that the dementia specialist had visited and reviewed the patient. However there was no information in this patient's nursing care plan about how staff were to support them for their needs in relation to dementia. We saw that the patient had been prescribed an antipsychotic medication. There were no records about the reason for this decision or that the dementia care specialist had been involved in the decision making process.

We spoke with the learning disability nurse advisor. They told us that they have been working with local G.Ps so that when a patient who has a learning disability is referred to hospital that they inform hospital staff. This will help staff plan the admission accordingly. They told us that some of the ways the person's experience may be improved upon are a faster triage assessment in A&E, use of a quiet room or one-to-one staff support. They told us that consideration was being given to ways in which patients could be admitted to the wards, bypassing A&E to avoid undue stress and anxiety.

On the wards visited we saw that discharge planning was started within days of a patient's admission to the ward. We saw that an assessment of needs following discharge was carried out with input from appropriate professionals such as physiotherapists and occupational therapists as well as the patient and or their families. Estimated discharge dates were set and recorded, and two patients with whom we spoke confirmed that these dates had been discussed with them.

We spoke with staff in the discharge lounge. They told us that they received a list of patients who were due to be discharged each day. They told us that there was regular communication with staff on wards with updates about cancelled or new discharges. Staff told us that patients could spend between ten minutes to four hours waiting in the discharge lounge. They told us that the main issue was waiting for patients' medicines and they felt that arranging medicines for patients to take home should be given priority to those patients in discharge lounge to minimise stress and anxiety.

Our judgement
The trust is compliant with this outcome. There are ongoing improvements in the nursing documentation and risk assessment practices although improvements are needed to ensure that care records are completed consistently. Overall patients were happy with the care, support and treatment received at Basildon Hospital.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

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

What we found

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<td>People with whom we spoke told us that they felt safe in the care of staff. One person told us &quot;I feel safe here. Staff are caring and gentle I have no concerns at all.&quot;</td>
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**Other evidence**
The director of nursing is the executive lead in the trust for safeguarding and has reported to the clinical governance committee on the actions that need to be taken to improve safeguarding arrangements. This included recruitment to a safeguarding lead working at a strategic level, the development of a strategy and actions needed to ensure staff are suitably trained.

The trust was not aware of the Ofsted reports which included arrangements for safeguarding children in Essex. It is important that the trust is aware of these reports to ensure any areas for improvement identified in safeguarding children in hospitals are addressed.

The trust currently has a lead nurse for safeguarding adults however this post was not at a strategic level. A named nurse for safeguarding children was also in post.

At the time of our inspection a draft safeguarding strategy dated October 2011 had been developed. This, however, required further development. The trust's aim was to have an integrated safeguarding model that incorporates areas such as domestic violence, people with learning disabilities and people with dementia care needs.
The trust did have safeguarding policies and procedures; however, at the time of our inspection these were subject to review.

The trust did not have a training strategy to address training needs in relation to safeguarding. There was a commitment in the trust to provide the training that was required by staff. No training needs analysis had been undertaken for adult safeguarding, and a training needs analysis was in the process of being undertaken for children's safeguarding.

Staff with whom we spoke confirmed that the trust provides training in safeguarding to all staff as part of their induction programme. This hour long training encompasses safeguarding adults, children and people with a learning disability. All staff also attend a half hour level 1 safeguarding children training. Staff having contact or working with children are provided with an additional training of level 2 and level 3 in safeguarding children. Once every two years staff are provided with an hour's training in safeguarding adults which includes the mental capacity act and vulnerable groups. The trust has a target of ensuring 80% of staff attend safeguarding as part of their induction training. As of October 2011 the trust had exceeded this target with 89% trained. The trust has a target of training 80% of staff who require it to level 3 in safeguarding children. As at September 2011 the trust was short of where it needed to be to achieve this end of year target but confident it would achieve 80% by the end of March 2012.

The trust's own policy on training in children's safeguarding did not reflect the training levels recommended in national guidance (Working Together). For the period April 2010 to March 2011 less than 20% of staff were trained to level 2 in children's safeguarding. For the same period 40% of paediatric outpatient staff in out patients and 33% of clinical staff in A&E were trained to level 3.

A medical trainee training pack in the safeguarding of children had been developed in September 2011. The Deanery performance and quality review of July 2011 stated that children's safeguarding was of a high standard

Staff with whom we spoke on the paediatric ward told us that they would report any poor practice they observed or any concerns they had about a child to the safeguarding team. It was however evident from one incident we reviewed that child protection procedures had not been followed. A recommendation arising out of a review of this incident recommended that no child is discharged home without notification to the safeguarding team.

The head of nursing services told us that the safeguarding team worked well. They said "There is a programme of training for staff including refresher training." However a number of staff with whom we spoke told us that they had not undertaken safeguarding training. Two members of staff told us that they had not undertaken safeguarding training. One person told us "There is training available for staff but I have not completed this due to lack of time."

Staff with whom we spoke on all wards told us that they felt confident in reporting any concerns about the care or welfare of patients and were aware of the trust's safeguarding policy. Some staff showed us that they had access to information and templates for reporting safeguarding incidents, on the trust's computer hub.
Through discussions with staff about safeguarding people who may be vulnerable, we found that staff's understanding of safeguarding seemed to focus on risks to people in their home environment rather than risks during their hospital stay. Staff told us that when patients are admitted to the hospital that assessments carried out cover identifying signs of abuse such as checking for bruising and observing the patients overall condition and behaviour. Two members of staff with whom we spoke told us about their responsibilities to protect people from abuse while they were in hospital.

During further discussion with staff about protecting people from abuse while they were patients in the hospital most staff spoke about managing risks to health and safety such as risk of falls. Staff did not appear to have an awareness of safeguarding people from possible neglect, physical or financial abuse while they were patients in hospital.

Throughout the wards we visited and in the entrance and corridors we saw posters and 'Ask Sal' leaflets with information for people about who to speak to if they were vulnerable, at risk or being abused. These leaflets were also available in information packs at patients' bedsides, where these packs were available.

As the executive lead for safeguarding the director of nursing told us that she seeks assurance of people’s understanding of their responsibilities in relation to safeguarding in a range of ways. This included case reviews, feedback from external agencies, and working with staff on clinical shifts.

The trust has set up a vulnerable persons group to provide a forum for lead staff in safeguarding to learn from incidents and from each other. When we spoke with paediatric staff they were aware of learning arising out of safeguarding incidents involving children. Staff in other departments were not however aware of learning arising out of incidents involving safeguarding vulnerable adults.

**Our judgement**

The trust is not compliant with this outcome. Although training is provided for staff not all those working with adults were clear about identifying abuse that may occur from a stay in hospital or knew of learning from incidents. Whilst staff caring for children are provided with a greater degree of training than those caring for adults, staff do not always follow correct procedures to ensure children are safeguarded.
Outcome 09:
Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
People and carer's with whom we spoke, were clear about their medication and had been provided with written information on discharge or in the pharmacy waiting area.

Other evidence
At our previous visit in May 2011, we saw that whilst the trust had provided lockable facilities for medications, staff were not always ensuring that the arrangements for the safe storage and security of medication in some clinical areas were followed appropriately. The trust reported on this visit that corrective action to door closing mechanisms had been taken following a discussion at a trust's board meeting. We looked at regular observational audits undertaken by senior staff. These demonstrated much better compliance with medicine security practices.

On touring the hospital we did not see any doors allowing access to medication cupboards or drug trolleys left open.

Patient surveys in 2010 showed that Information provision regarding medication had been an issue for some people. A recent outpatient survey in October 2011 showed a marked improvement in information provided and explanations given regarding specific medications. Staff and people we spoke with were clear about medication requirements.

Our judgement
The trust is compliant with this outcome. People, where possible, will have information about the medicine being prescribed made available to them, or others acting on their behalf. The security of medicines was satisfactory.
Outcome 10:
Safety and suitability of premises

What the outcome says
This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement
There are major concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
We did not speak with people regarding this outcome.

Other evidence
There are ongoing concerns about the safety and suitability of the premises at Basildon Hospital regarding the prevention and control of legionella.

It was noted that three people had been diagnosed, in 2011, as having the Legionnaires' Disease; one in August, one in September and one in November. The November case had been declared as a serious incident (SI) and reported to the trust's Board as had the two earlier cases.

There has been a history of Legionella in Basildon Hospital over many years with previous hospital acquired cases in 2002 (one person), 2004 (one person), 2006 (one person), 2007 (three people), 2009 (two people), 2010 (two people) and 2011 (three people). All incidents have been subject to referral by the trust to the Health and Safety Executive (HSE), Care Quality Commission (CQC), Monitor and to the Police where a death has occurred, with inquests being held where necessary.

Over a number of years, the trust has commissioned reviews by external experts to minimise the risk of future outbreaks. The trust has made investment in measures to control Legionella including the recent introduction of a silver and copper ionisation system to replace the previous chlorine dioxide (ClO2) disinfection system. It is disappointing to find that they have continued to have hospital acquired cases.
Estates carry out an ongoing programme of control tests. The tests are reported to both the health and safety, and infection control committees. There is a legionella management group that meets once a month. This has a membership drawn from all the relevant committees.

Multi-agency meetings have been held by the trust and have included representatives of the Health Protection Agency (HPA), HSE, CQC, the Primary care trust (PCT) which commissions services at the trust, the Strategic Health Authority (SHA), Police and the trust. These meetings have allowed all agencies to discuss the outbreaks and to consider testing arrangements, clinical risk factors and the adequacy of the response to ensure the safety of patients, staff and the public. There are ongoing recommendations and further actions were being implemented in order to attempt to reduce the risk of further hospital acquired cases.

The latest multi-agency meeting of December 2011 highlighted a number of further actions which were to be taken forward by the trust, PCT and Strategic Health Authority. The Care Quality Commission along with the other agencies will continue to monitor the progress made and hold the trust to account if they are found to be not managing the risks of controlling legionella in the hospital areas in the future.

**Our judgement**

The trust is not compliant with this outcome. There are ongoing significant concerns regarding the prevention and control of legionella at the hospital, despite past action having been taken by the trust to reduce the risk. The trust needs to continue to work with partner agencies to investigate and reduce the risk of reoccurrence.
Outcome 13:
Staffing

What the outcome says
This is what people who use services should expect.

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

What we found

Our judgement
There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
A number of people on the wards we visited told us that there were not always enough staff available to assist them at times.

One person told us "staff are great, it's a shame there are not enough of them and they have to work incredibly hard all the time without a break so it seems."

Some patients told us that staff were at times 'very rushed' and that they often had to wait for staff to assist them. One person told us "I sometimes have to wait ten or fifteen minutes after I use the call alarm, but staff get to me eventually."

Other evidence
We had concerns raised during this visit regarding the sustainability of adequate consultant and middle grade doctor cover over the twenty four hour period, both in the main and paediatric emergency department, to provide leadership for staff and supervision support for junior doctors. Similar concerns had originally been raised by us in July 2009 following an investigation into higher death rates at Basildon hospital. An action plan was provided at that time to review and strengthen the medical leadership, improve care to paediatrics and provide greater consultant presence in the department through the recruitment of additional consultants, including one with paediatric experience.

At our visit in November 2011, clinical staff we spoke with in the A&E department, highlighted similar concerns regarding the lack of supervision for junior doctors and also
a lack of consultant cover and paediatric leadership. Staff told us that the number of paediatric trained nurses was not sufficient to provide adequate cover especially out of hours.

Information obtained during this visit regarding activity levels at Basildon Hospital A&E unit, showed an increase in attendance patterns over the last four years, with a correlating increase in the dependency of patients presenting with complex levels of critical illness. The A&E department was meeting most of the defined targets, however, the performance indicator demonstrating the average time from arrival to formation of a treatment plan (target 60 minutes) was estimated at 80 minutes. Comparisons with current staffing levels in A&E across the Foundation Trust Network in 2010, showed that the trust’s department had significantly less consultant medical A&E staff in post as opposed to other trusts of a similar size and population.

The forecast for 2011 for Basildon Hospital was for 90,000 attendances at A&E in a year, which is higher than similar sized trusts in Essex. We looked at a serious incident in the paediatric emergency department, which occurred in January 2011, of delayed treatment for a sick child. The report noted that at the time there was only one junior doctor and one junior paediatric nurse in the department. It also highlights a lack of nurses and clinicians in the paediatric A&E with acute paediatric experience as a causative factor. There was at that time no specialist paediatric expertise amongst the existing consultants, which was also highlighted in July 2009 as a concern.

We interviewed the medical director who told us that admission rates for children had been going up and he was concerned about the challenges of recruiting to the consultant post within A&E with a paediatric interest. The medical director provided a recent business case proposal which showed the emergency department currently had 4.8 full time consultants. The proposal is for two additional consultants to bring the number to 6.8 consultants, including one with paediatric experience. The trust also proposes four more middle grade doctor positions, an additional 4.59 emergency nurse practitioners and six more paediatric nurses. The rationale in the business case for additional consultants acknowledges that because the number of A&E consultant staff is less than comparative organisations this is reflected in their ability to provide senior supervision. The case also states that middle grade doctor numbers are lower than comparative organisations and this has forced an over reliance on locum staff and that it was evident that the current role is onerous and has had a detrimental effect on recruitment.

Basildon Hospital also had a Deanery performance and quality review in July 2011. Whilst the report acknowledges some commendable practices in the emergency department it also added a condition which states "the levels of non registrar middle grade support for doctors in training in the emergency department continue to cause concern, particularly for the foundation trainees, the trust is required to thoroughly investigate the reported concerns within the emergency department and develop an action plan."

As a result of the serious concerns highlighted above, we met with senior staff at the trust and with some senior staff from the A&E department on 22 November 2011 and full assurances were given by them that the additional posts outlined in the business case would receive board approval on 27 November 2011. This has since been confirmed by the trust. We saw the adverts and job specifications setting out the
additional support for all staff grades including increased supervision, leadership and support for the paediatric emergency department. The trust was confident that the remuneration packages being offered would ensure recruitment is successful into the above posts.

We also saw correspondence from the Deanery who had approved the action plan resulting from the concerns raised around supervision practices. The Deanery stated they were reassured that the junior doctors were not left unsupervised in the A&E at any time.

However, the concerns outlined above, some of which dated back to 2009, including a serious incident regarding child patient safety in January 2011, concerns regarding supervision by the Deanery in July 2011 and staff raising similar concerns in November 2011, demonstrates a lack of sustainability by the provider of taking appropriate timely steps to ensure that at all times there are sufficient, suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of service users, especially out of hours in the A&E department.

Whilst the trust, at the time of our visit, were putting plans in place to attempt to address the current delay in formation of a treatment plan, lack of consultant leadership, lack of supervision for junior doctors and no specialist paediatric expertise amongst the existing consultants in the emergency department, these issues had been brought to the attention of the trust previously through investigation reports, serious incidences and the Deanery review, but it was apparent during our visit in November 2011 that they had failed to take the necessary steps to fully address these concerns.

**Our judgement**
The trust is not compliant with this outcome. There is a lack of sustainability by the trust of taking appropriate timely steps to ensure that at all times there are sufficient, suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people especially out of hours in the A&E department.
Outcome 14: Supporting staff

What the outcome says
This is what people who use services should expect.

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

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People, with whom we spoke, told us that the staff were knowledgeable, and that they felt safe in their hands.

Other evidence
On previous visits we had raised issues around appraisal practice’s and staff training in recognising the deteriorating patient and managing violence and aggression in the A&E department.

The trust achieved its highest level of appraisal performance in 2010/11 with 90% of staff having completed an annual appraisal. Taking into account, annual turnover, maternity and career break leave together with long term sickness absence, the target in 2011/12 was to achieve a target of 90%. The board performance report of October 2011 showed that the appraisal position in September rose to 86%. Performance was being reviewed fortnightly at the Operational Management Group and divisions were working to achieve the target by the end of October 2011.

Recognising the deteriorating patient training had been provided to a significant number of staff alongside other training in this area. Staff with whom we spoke, told us that the children’s early warning system training (CEWT) was now incorporated in the intermediate life support training for all relevant staff. They told us they had attended training and were confident regarding recognising the acute deteriorating patient including children. The training figures demonstrated that the trust had achieved its performance measures originally set in 2009 to a comprehensive level and had revised its measures to monitor the competence of the wider clinical workforce in 2010, and
were on track to achieve above the required performance for 2011/12.

We looked at an update on compliance with training activity in A&E on managing violence and aggression. This is monitored through the health and safety management group which reports to the board's health and safety committee. In addition to the training provided the physical environment had been modified to support staff as part of the A&E redevelopment.

We noted that 82% of doctors had attended conflict resolution training and that 92% of nurses and 100% reception staff had attended violence and aggression training. The majority of staff spoken with throughout our visit were positive regarding the mandatory and continual professional development practices within the trust. Supervision from the educational practitioners was also seen as supportive.

We spoke with five members of staff of different grades and they confirmed that there were training and development opportunities available to them to ensure that they had the skills and knowledge to deliver safe and effective care. Some staff told us that while training opportunities were available it was not always possible to access these due to work demands and staff shortages.

Nursing staff we spoke with were positive about the level of clinical supervision available and gave examples of access to training and working with other healthcare professionals, such as physiotherapists. Ward managers with whom we spoke said that the feedback from students working on the wards had been positive and that mentor systems were in place. They said that they had been working on ensuring that personal development plans had been completed and that they had completed them apart from staff on maternity leave.

Our judgement
The trust is compliant with this outcome. Staff receive appropriate training, continual professional development, supervision and appraisal.
Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

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.

What we found

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<td>As part of its quality monitoring programme, the trust had established a programme of unannounced visits to clinical areas of the hospital, by members of the board: both executive and non executive board members. These visits have primarily been undertaken at night and findings/issues were reported back to the clinical governance committee as a standing agenda item.</td>
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During our inspection we reviewed six sets of minutes of the clinical governance committee. These confirmed that the executive team's unannounced visits had been discussed as well as feedback from any clinical shift the director of nursing was involved in, serious incidents, key performance indicators, quality reports, annual reports, national patient safety alerts as well as compliance with the Essential Standards of quality and safety. Where there were concerns about specific areas of care the trust has incorporated these in to the key performance indicator framework, for example pressure ulcers and falls. There was a clear action log as a result of the clinical governance committee meetings, with any actions followed up at the next meeting. There is an expectation that any lessons learnt, for example following a serious incident, are cascaded to staff across the trust by those attending the committee. Reviews of initiatives for example the comfort rounds (for patients) have taken place. The findings showed that documentation did not reflect patient's perception and as a result clear actions to follow up on this have been identified.
The trust has established, in October 2011, a Daily Assurance Diary (DAD). This included a list of checks, for example who is responsible for what, providing an assurance and management tool. The trust planned to carry out an evaluation of the tool once it had become more established.

There was evidence that the trust has followed up on national reviews to ensure best practice for example learning from the dignity and nutrition inspections we carried out nationally. The trust has introduced a ‘Pride time’ to better support people at meal times. Since its implementation the trust has seen an improvement in the outcomes of its audit of nutrition.

The trust was establishing a stronger performance management culture and it was evident that where there were concerns about staff performance action has been taken. The director of nursing has a blog where she has set out clear expectations of the performance of nursing staff. At the time of our inspection the trust was in the process of restructuring all directorates with a move to divisions. The aim is for each division to have a head of nursing who is responsible for governance, and a lead nurse who would have responsibility for operational management. The lead nurse would report to the head of nursing on professional and clinical matters and to the service unit manager on operational matters.

The trust had received information on the national standardised hospital mortality indicator (SHMI) shortly before our visit. There were plans to train staff in the use of the database used for the SHMI. The trust had also taken steps to investigate the findings of the indicator, for example by contacting other trusts. There was ongoing monitoring of mortality rates with clinical consultants taking responsibility for their different care pathways and reporting through performance reports.

The trust had a procedure, dated April 2011, for the management of serious incidents. This included a definition of a serious incident, and a flow chart for sharing the learning, through for example the clinical governance committee. Although there was no specific reference to sharing learning with staff in the trust, members of the clinical governance committee were expected to ensure learning was cascaded to staff. The trust maintains a log of serious incidents with data broken down to directorate level. There was some evidence that not all staff were aware of learning from investigations; specifically safeguarding (see outcome 7).

We reviewed the investigation and action plans arising from four serious incidents. These showed that the incidents had been investigated with recommendations and action plans arising. In one incident involving the handling of confidential personal information the learning was cascaded to staff through ‘The Brief’ which is a document for use at staff team meetings. It was evident that where needed practice had changed or improvements taken place to minimise the risk of future incidents.

The trust has an action plan for improving services to people with a learning disability. There were no timescales for completing actions or measures to ensure changes had been implemented. A report, dated September 2011, on progress against the action plan had not been discussed with the learning disability partnership board or commissioners at the time of our visit.

The trust produced a complaints, litigation, investigation and performance (CLIP) report
which is presented to each division quarterly. This report considers trends in data and each division is asked to report on learning and changes as a result.

A patient panel forum has been established at the trust and it was evident from our review of the minutes and forthcoming agenda that this meeting is used to follow up on action plans in place at the hospital. We were told by a patient panel representative that the trust actively seeks feedback from patients and panel members. We were also told that panel members have been involved in a tasting session for the recently introduced steam cuisine meals, as well as developing patient information leaflets, comment cards and signage. Panel members have undertaken visits to A&E and visits to other areas/departments are planned. The visits to A&E considered aspects such as health and safety, signage, information available and cleanliness. We were informed by the trust that actions arising out of these visits had been completed.

Our judgement
The trust is compliant with this outcome. The trust has taken steps to strengthen quality monitoring arrangements through observation of clinical practice. There is an increased learning from internal investigations as well as in more broadly across the care sector. More robust arrangements are in place to follow up on issues arising however more could be done to ensure action plans have timescales and all staff are informed of learning from investigations.
## 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.

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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 provider’s report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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.

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<td>The trust is not compliant with this outcome. There is a lack of sustainability by the trust of taking appropriate timely steps to ensure that at all times there are sufficient, suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people especially out of hours in the A&amp;E department.</td>
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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 14 days of the date that the final review of compliance report is sent to them.

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.
What is a 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 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, called *Guidance about compliance: Essential standards of quality and safety*.

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

When making our judgements about whether services are meeting essential standards, we 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 or 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 action**: These are actions we take using the criminal and/or civil procedures in the Health and 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.
## Information for the reader

<table>
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<tr>
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<th>Review of compliance report</th>
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<tbody>
<tr>
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