

# East and North Hertfordshire NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.






This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix here: [www.cqc.org.uk/provider/RWH/Reports](http://www.cqc.org.uk/provider/RWH/Reports).

## Ratings

### Overall rating for this trust

Requires improvement 

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

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

# Summary of findings

## Background to the trust

East and North Hertfordshire NHS Trust was established in 2000 and is a large acute trust in Hertfordshire. It provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire. The trust also provides tertiary cancer services for a population of approximately 2,000,000 in Hertfordshire, Bedfordshire, North-West London and parts of the Thames Valley. It is not a foundation trust.

The trust has four main locations; Lister Hospital, Queen Elizabeth II Hospital (QEII), Hertford County Hospital and Mount Vernon Cancer Centre, as well as community children's and young people's service and two renal units based in Bedford and Harlow.

The trust concluded its "Our Changing Hospital" programme in 2015, having invested £150 million to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Mount Vernon Cancer Centre operates out of facilities leased from a different NHS foundation trust.

### Facts and data about the trust

There are approximately 647 general and acute beds, 48 maternity beds and 30 critical care beds across the trust.

The trust is structured under five clinical divisions:

- Women's and children's
- Medical
- Surgical
- Cancer
- Clinical support services.

A triumvirate, comprised of a divisional director, a divisional chair and a head of nursing, led each clinical division. Therapy services and outpatient pharmacy services were provided by different organisations.

As of August 2017, the trust employed 4,922 staff, including 695 doctors, 1,339 nursing staff and 2,888 other staff. As of October 2017, all staff turnover was 12.7%, against a trust target of 10%.

The health of people in Hertfordshire is generally better when compared to the England average. Hertfordshire is one of the 20% least deprived counties in England. However, about 13% (29,300) of children live in low-income families. Life expectancy for both men and women is similar to the England average.

Information from the last Census in 2011 found that ethnic minorities living in Hertfordshire was about the same as the England average; with just over 80% of people living in the county classed as white British compared to almost 80% in the whole of England. However, statistics show that Black and Minority Ethnic groups in Hertfordshire have risen from 11.2% in 2001 to around to 19.2% in 2011.

### Patient numbers

Trust activity for September 2016 to August 2017:

- 149,932 A&E attendances (+2% change compared to the same time 2015/16)
- 89,175 inpatient admissions (+6% compared to the same time 2015/16)
- 862,487 outpatient appointments (+1% compared to the same time 2015/16)

# Summary of findings

- 1,658 deaths (+2% compared to the same time 2015/16)
- 5,332 births (-3% compared to the same time 2015/16)
- 260,634 bed days (0% compared to the same time 2015/16)
- 1,279 critical care discharges (+2% compared to the same time 2015/16)

What people who use the trust's services say

In the CQC Inpatient Survey 2016 (published May 2017), the trust generally performed about the same as other trusts for most of the questions. Responses were received from 459 patients at East and North Hertfordshire NHS Trust. The trust scored worse than other trusts in the following:

- Whether patients knew which nurse was in charge of their care.
- Whether patients received enough emotional support from hospital staff.
- Whether discharge from hospital was delayed.
- Whether patients were told about medication side effects.
- Whether hospital staff considered their family and home situation when planning their discharge.

We inspected some core services at Lister Hospital, QEII Hospital and Mount Vernon Cancer Centre as part of this inspection. We did not inspect Hertford County Hospital.

In the lead up to and during the inspection period, we attended various meetings, which included a board meeting, quality meeting, patient group meeting and various directorate meetings. In addition, we attended some staff training.

## Overall summary

**Our rating of this trust stayed the same . We rated it as Requires improvement** ● → ←

## What this trust does

East and North Hertfordshire NHS Trust provides acute healthcare services to a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire. The trust also provides tertiary cancer services for a population of approximately 2,000,000 in Hertfordshire, Bedfordshire, North-West London and parts of the Thames Valley. There are approximately 647 general and acute beds, 48 maternity beds and 30 critical care beds across the trust.

The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services and rehabilitation services, including stroke services and cardiac stenting.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected nine of the core services provided by East and North Hertfordshire NHS trust across Lister Hospital, the Queen Elizabeth II (QEII) Hospital and Mount Vernon Cancer Centre, between 20 and 22 March 2018. We returned on 2 April 2018 for an unannounced, follow-up inspection of the surgery core service at Lister Hospital.

At Lister Hospital we inspected:

- Urgent and emergency care
- Surgery
- Medicine
- Maternity
- Services for children and young people at Lister Hospital.

At the QEII Hospital we inspected:

- Urgent Care Centre

At the Mount Vernon Cancer Centre we inspected:

- Medicine
- Chemotherapy
- End of Life Care

At our October 2015 inspection, these core services were rated either as inadequate or requires improvement, apart from surgery, which was rated as good overall.

Our comprehensive inspections of National Health Service trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at trust level. Our findings from this are recorded in the section, headed 'Is this organisation well-led?' We inspected the well-led key question from 23 to 25 April 2018.

## What we found

### Overall trust

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

We rated safe, effective, responsive and well led as requires improvement and caring as good. We rated caring as good.

We rated two of the trust's nine services we inspected as inadequate, five as requires improvement, and two as good. In rating the trust, we took into account the current ratings of the core services not inspected this time.

We rated well-led for the trust overall as requires improvement.

### Are services safe?

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

# Summary of findings

- The trust did not ensure everyone completed mandatory training. Theatre staff had also not received training in advanced life support.
- Not all staff, who were caring for young people under the age of 18 years, had the correct level of safeguarding training.
- Not all services complied with infection prevention and control guidance. Staff did not always keep themselves and equipment clean. We also identified a number of concerns relating to the environment at Mount Vernon Cancer Centre, which increased the risk of infection.
- The trust did not always provide suitable premises and equipment and look after them well. For example, the procedure room based on 11B did not have any emergency equipment and we identified concerns with the current security arrangements for children on Bluebell ward.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure, sepsis training and the use of early warning scores in the children's assessment unit at Lister Hospital and the Urgent Care Centre at the QEII Hospital.
- Staff did not always recognise and report incidents in a timely manner. There were also inconsistency with staffs' understanding of their responsibility with regards to the duty of candour requirement.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not effective governance arrangements in place to ensure controlled medicines and storage temperatures were checked daily, and that out-of-range temperatures were acted upon, when indicated.

However:

- Most of the services within the trust prescribed, gave and recorded medicines in line with best practice. Patients generally received the right medication of the right dose at the right time. There were systems and process in place to provide Systemic Anti-Cancer Therapy (SACT) safely.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Midwifery staff exceeded the trust's completion targets for all safeguarding training.
- Staffing levels were regularly reviewed and staff were redeployed within the clinical areas, when needed.
- The trust almost always had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment most of the time.
- Generally, staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. However, there was limited evidence of actions taken following nursing assessments on the medical ward at Mount Vernon Cancer Centre.
- Services generally used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors, and used the information to improve the service.

## Are services effective?

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

- The trust did not always provide care and treatment based on national guidance and evidence of its effectiveness.
- Managers did not always check to make sure staff followed guidance. For example, staff in the Urgent Care Centre at the QEII hospital did not follow the clinical pathways for potentially serious conditions, such as chest pain and head injuries.

# Summary of findings

- Outcomes for patients were variable, with the trust performing better than the national average for some indicators but worse for others. The risk of readmission following elective surgery was worse than the national average, and the risk of readmission following unplanned plastic surgery was much worse than the national average.
- The trust did not always ensure staff were competent for their roles. For example, there was a lack of training in the assessment and resuscitation of children and the recognition of sepsis in the Urgent Care Centre at the QEII Hospital.
- Not all staff had received an appraisal.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Local and national audits were completed and action was generally taken to improve care and treatment provision, when indicated.
- The trust generally managed patients' pain effectively and provided or offered pain relief regularly. The maternity service met all national standards for obstetric anaesthesia.
- Staff gave patients enough food and drink to meet their needs and improve their health. Services made adjustments for patients' religious, cultural and other preferences and age appropriate nutrition was provided.
- Multidisciplinary staff worked together as a team to benefit patients.
- The services were working towards providing seven day services, and they were supported by easily available imaging and pharmacy services.

## Are services caring?

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

- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients and parents to minimise their distress. A range of emotional support was available to patients and their families.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were aware of the plans for their care and were involved in decision making at every step.

## Are services responsive?

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

- Patients could not always access services when they needed them. Waiting times for treatment were not in line with good practice across the trust. The end of life care service at Mount Vernon Cancer Centre was not always able to respond when people require urgent admission and some children were waiting longer than 52 weeks for appointments.
- Patients, waiting for elective surgery, had their operations cancelled due to the lack of surgical beds as medical outliers were on surgical wards.
- Patients experienced delays when attending the chemotherapy suite at Mount Vernon Cancer Centre.
- Not all complaints were investigated in a timely manner in all services.
- We were not assured that patients were always provided with translation services when they were required.

# Summary of findings

However:

- Generally, the trust planned and provided services in a way that met the needs of local people. For example, the frailty intervention team worked closely with the emergency department team at Lister hospital, and the trust worked with the local NHS partnership trust to ensure the needs of patients with mental health concerns were met.
- Services generally considered patients' individual needs. For example, patients with complex needs, such as learning disabilities, would be cared for in a cubicle or seated area in the emergency department that was visible to the nursing staff. However, the medical ward at Mount Vernon Cancer Centre was not set out in a dementia-friendly way.
- Overall times from referral to first treatment for patients with cancer were in line with the England average.

## Are services well-led?

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

- Although there had been some improvements since our last inspection in October 2015, many of them were dependent on recommendations from external agencies rather than internal improvement programmes.
- There had been little progress since our inspection in October 2015 for the end of life care service at Mount Vernon Cancer centre.
- The services did not always have managers at all levels with the right skills and abilities to run a service providing sustainable care. There was confusion about who was responsible for the Urgent care Centre (UCC) at the QEII Hospital and managers were not involved in its operational management.
- Not all services engaged well with staff. Managers spent very little time at the UCC at the QEII Hospital, and not all wards held team meetings where complaints, incidents and the learning from these could be discussed
- Not all the services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during our core service inspections were documented on the divisional risk registers.
- There was not a fully embedded and systematic approach to continually monitor the quality of services and learn from when things went wrong. There were unacceptable levels of serious incidents and never events in the surgical division.
- Some of the issues we raised during our inspection in October 2015 had not been improved. For example, cancelled operations, learning from serious incidents and staffing levels in the surgical division.
- Some information the trust collected was not accurate or reliable. Different information management systems were used across the trust, which were not compatible with each other.
- Not all staff were clear about the vision and strategy for their services.

However:

- There had been some positive changes within the board and although some had not been in post for very long, improvements were evident.
- Local managers across the trust generally promoted a positive culture that supported and valued staff, creating a sense of common purpose, based on shared values.
- Staff spoke positively about their senior management teams. They told us they were visible and they felt well supported by managers. Most staff felt confident to raise any concerns they had.

# Summary of findings

- Most services engaged well with patients, the public and local organisations to plan and management appropriate services, and collaborated with partner organisations effectively.
- Governance processes across the services were generally well established. There was engagement and involvement of staff at an operational level.
- The trust promoted training, research and innovation. For example, a nursery nurse had developed a daily observation and feeding prompt chart to ensure babies, who needed observations and/or feeding support, were reviewed as needed.

## Lister Hospital

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

- Services did not ensure everyone completed mandatory training. Theatre staff had not received training in advanced life support.
- Not all services complied with infection prevention and control guidance. Staff did not always keep themselves and equipment clean.
- The trust did not always provide suitable premises and equipment and look after them well. For example, the procedure room based on 11B did not have any emergency equipment and we identified concerns with the security arrangements for children on Bluebell ward.
- Staff did not always recognise and report incidents in a timely manner.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not effective governance arrangements in place to ensure controlled medicines and storage temperatures were checked daily, and that out-of-range temperatures were acted upon, when indicated.
- Services did not always provide care and treatment based on national guidance and measure evidence of its effectiveness.
- Not all staff had received an appraisal.
- Patients could not always access services when they needed them. Waiting times for treatment were not in line with good practice across the trust and some were waiting longer than 52 weeks for appointments.
- Patients, waiting for elective surgery, had their operations cancelled due to the lack of surgical beds as medical patients were outlying on surgical wards.
- Not all complaints were investigated in a timely manner in all services.
- Not all the services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during our core service inspections were documented on the divisional risk registers.
- There was not a fully embedded and systematic approach to continually monitor the quality of services and learn from when things went wrong. There were unacceptable levels of serious incidents and never events in the surgical division.
- Some information the trust collected was not accurate or reliable. Different information management systems were used across the trust, which were not compatible with each other.
- Not all staff were clear about the vision and strategy for their services.



# Summary of findings

However:

- The services prescribed, gave and recorded medicines in accordance with best practice. Patients generally received the right medication of the right dose at the right time
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Midwifery staff exceeded the trust's completion targets for all safeguarding training.
- Local and national audits were completed and action was generally taken to improve care and treatment provision, when indicated.
- The services generally managed patients' pain effectively and provided or offered pain relief regularly. The maternity service met all national standards for obstetric anaesthesia.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were aware of the plans for their care and were involved in decision making at every step.
- Generally, the trust planned and provided services in a way that met the needs of local people. For example, the frailty intervention team worked closely with the emergency department team at Lister hospital, and the trust worked with the local NHS partnership trust to ensure the needs of patients with mental health concerns were met.
- Services generally considered patients' individual needs. For example, patients with complex needs, such as learning disabilities, would be cared for in a cubicle or seated in an area in the emergency department that was visible to the nursing staff.
- Most services engaged well with patients, the public and local organisations to plan and management appropriate services, and collaborated with partner organisations effectively.
- Governance processes across the services were generally well established. There was engagement and involvement of staff at an operational level.
- The trust promoted training, research and innovation. For example, a nursery nurse had developed a daily observation and feeding prompt chart to ensure babies, who needed observations and/or feeding support, were reviewed as needed.

## **Mount Vernon Cancer Care Centre**

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

- The service provided mandatory training in key skills to all staff however; some staff had not completed it. Not all staff had attended safeguarding training. Training in end of life care was not mandatory in the trust and levels of completion of training in end of life care were low.
- Risks to people who used services were assessed, and their safety was monitored and maintained. However, we could not always find evidence in patients' records of action taken as a result of nutrition and falls, risk assessments.
- The environment within the inpatient unit was not well adapted to the needs of people using it. Although some improvements to the environment in Michael Sobell House had happened since the inspection in 2015, we found significant concerns remained.

# Summary of findings

- The arrangements for clinical governance did not always operate effectively. The service had systems for identifying risks, although this did not appear to be effective or reviewed fully during meetings. There was a lack of robust challenge of performance issues.
- We were not assured all staff understood their responsibilities in regards to duty of candour.
- We were not assured that patients were always provided with translation services when they were required.
- Staff did not always feel actively engaged or empowered and staff were not all clear about the vision and strategy for the service, which was new.

However:

- The service provided care and treatment that was planned and delivered in line with evidence-based guidance such as from the National Institute for Health and Care Excellence (NICE). Staff across different disciplines worked well together to deliver effective care and treatment.
- The trust performed in line with the England average for operational cancer waiting times.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment. There were low numbers of complaints about the service.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff took steps to safeguard vulnerable adults and responded appropriately to signs of abuse. They engaged appropriately in local safeguarding procedures.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service

See separate sections below for more information about services at these hospitals.

## **Queen Elizabeth II Hospital**

Our rating of services went down. We rated them as inadequate because:

- Risk assessments (triage) were inconsistent and were sometimes delayed. Early warning scores were not used to identify patients whose condition was at risk of deteriorating. Staff had not been trained to recognise sepsis in children. There was no clinical guidance for staff to follow if a child collapsed.
- Not enough staff had been trained in immediate life support for adults or children.
- The service did not always provide care and treatment based on national guidance. Managers did not check to make sure treatment was effective. Staff did not assess or monitor patients regularly to see if they were in pain.
- There was confusion about who was responsible for the service and managers were not involved in its operational management.
- The leadership team did not appear to promote a positive culture that supported and valued staff or create a sense of common purpose based on shared values.
- There was no systematic approach to continually improve the quality of services or safeguarding high standards of care. Staff did not always have the right skills or knowledge to provide high standards of care.
- The service did not engage well with staff. Managers spent very little time at the UCC and there were no staff meetings regarding the service. Staff felt that their work at the UCC was ignored by managers.

# Summary of findings

However:

- Staff between departments worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients could access the service when they needed it.

## Ratings tables

The ratings tables show the ratings overall for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in this trust. See the Outstanding practice section below for details.

## Areas for improvement

We found areas for improvement in this trust. See the Areas for improvement section below for details.

## Action we have taken

We issued a warning notice to the trust as significant improvements in the quality of healthcare provided in surgical services at Lister Hospital and the Urgent Care Centre at QE11 hospital were required.

In addition, we issued four requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet those requirements. Our action related to breaches of legal requirements in urgent and emergency services, medical care, surgery, maternity, services for children and young people, chemotherapy and end of life care.

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

## What happens next

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

## Outstanding practice

We found examples of outstanding practice in this trust.

- The emergency department at Lister Hospital had introduced an electronic record system that identified children on the child protection register, notified staff of learning disability needs, highlighted patients at risk of sepsis, scored high on the national early warning score and notified the department's leads and alerted nurses to repeat observations in a timely fashion. The nurses inputted patient information and vital signs into individual handheld devices. These communicated with the department's information technology system, allowing continuous and visible monitoring of patients.

# Summary of findings

- The emergency department at Lister Hospital used a validated, standard streaming process to identify high-risk patients and distinguish between those that should be in the minor injuries/urgent care unit, sub-wait area of majors and to the ambulatory emergency care unit. This process was set to be further established, once the new streaming area had been refurbished. Implementing a senior ED clinician in this area, to eliminate patient risk and to identify the deteriorating patient early.
- Band 6 nurses could prescribe and administer early sepsis treatment early, as part of a patient group direction in the emergency department at Lister Hospital.
- The responsiveness of the frailty and mental health teams had improved the flow within the emergency department at Lister Hospital since our last inspection in October 2015. The mental health team, known as RAID (rapid assessment, intervention and discharge team) were now available 24 hours a day, seven days a week and responded to referrals within an hour. They also implemented training within the department.
- The twins and multiple births association had rated the multiple pregnancy service as outstanding. A dedicated team of fetal medicine specialist obstetricians and a multiple pregnancy specialist midwife ran it. This meant they could provide continuity of care and carer.
- Mount Vernon Cancer Centre (MVCC) had a research and clinical trials department. Nationally, MVCC was in the top 100 trusts for research. Patients attending MVCC had access to clinical trials and were able to participate in research.
- The pharmacists from the chemotherapy service attended patient's clinic appointments with medical staff. They described this as having a positive effect on team working and patient care. This was because they could advise and deal with some issues at an earlier point in the pathway.

## Areas for improvement

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

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

We told the trust that it must take action to bring services in line with legal requirements.

#### Trust wide

- All executive employment files must be complete in order to comply with the Fit and Proper Persons regulation.
- There must be an effective oversight of incidents so that they are reported, assessed, investigated and categorised correctly in a timely manner, so that any learning can be implemented swiftly to prevent reoccurrences.

#### In urgent and emergency services:

- The service must ensure that all nursing staff are familiar with the computerised triage system and can use it appropriately in the Urgent Care Centre at the QEII Hospital.
- The service must ensure that nursing staff are trained in assessing sick children and assessing all patients for the risk of sepsis and acute mental health problems in the Urgent Care Centre at the QEII Hospital
- The service must ensure that staff in the Urgent Care Centre at the QEII Hospital monitor waiting times for triage and have line of sight of patients in the waiting area.

# Summary of findings

- The service must ensure that nursing staff assess, record and monitor patients' pain levels in the Urgent Care Centre at the QEII Hospital.
- The service must ensure comprehensive and up-to-date patient group directives are available for nurses when administering medicines.
- The service must ensure that a current version of the child protection register is available for staff to consult in the Urgent Care Centre at the QEII Hospital.
- The service must ensure there are clear lines of management responsibility and all staff are aware of them in the Urgent Care Centre at the QEII Hospital.
- The service must ensure there is a systematic approach to clinical governance and to continually improving the quality of the services is implemented in the Urgent Care Centre at the QEII Hospital.

## **In medical care:**

- The service must ensure that staff are fully compliant with all mandatory training.
- The service must ensure that staff are fully compliant with safeguarding training.
- The service must ensure that medicines are always stored securely.

## **In surgery:**

- The service must ensure there are always adequate numbers of staff on duty to safely care for patients.
- The service must ensure processes for administering, checking and recording the safe storage and administration of medicines are followed across all wards. The medicines management and administration policy must be adhered to.
- The service must ensure all emergency equipment is checked as per trust policy to ensure it is safe for use.
- The service must ensure all patients are reassessed 24 hours after admission for venous thromboembolism.
- The service must reduce the number of never events occurring.
- The service must ensure all staff comply with the trust's infection prevention and control policy, particularly regarding hand hygiene.
- The service must ensure all staff complete mandatory training.
- The trust must ensure all staff receive an annual appraisal.
- The trust must ensure patients are being cared for in areas with appropriate facilities, adequate equipment and competent staff to meet patients' needs.
- The trust must ensure all staff have received training, and feel confident, in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

## **In maternity:**

- The service must ensure staff have completed the appropriate level of safeguarding adults and children training.
- The service must ensure swab and needle counts, and carbon monoxide readings are completed in line with trust and national guidance.

## **In services for children and young people:**

- The service must ensure there is a systematic and effective approach to identify and manage risk.

# Summary of findings

- The service must ensure all staff comply with the trust's infection prevention and control policy, particularly regarding hand hygiene.
- The service must ensure that oxygen is correctly prescribed for patients on their medication charts.
- The service must ensure that medications are correctly prescribed and dispensed.
- The service must ensure there are sufficient staff trained in newborn life support.
- The service must ensure the security on Bluebell ward and Bramble ward, including access to the sluice and equipment room, is effective with appropriate locks and high-door handles.

## **In chemotherapy:**

- The service must ensure staff adhere to the infection and prevention policy, including hand hygiene.
- The service must ensure learning from incidents, complaints and concerns are shared with staff.
- The service must ensure formal training is provided to staff regarding early recognition and treatment of sepsis.

## **In end of life care:**

- The service must improve the effectiveness of their clinical governance processes.
- The service must improve the environment of care particularly for inpatients at the end of their life.

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

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

## **Trust wide**

- The trust should consider rolling out better financial management skills training opportunities for non-financial Board members and senior staff to further enhance their awareness and skill set in relation to financial matters.
- New executive should undergo a structured induction.

## **In urgent and emergency services:**

- The service should ensure that medical staff's mandatory training complies with the trust target.
- The service should be recruiting further medical consultant cover in line with national guidance.
- The service should continue to measure clinical outcomes with the Royal College of Emergency Medicine clinical audits and improve standards to be in line with the England average.

## **In medical care:**

- The service should ensure that all staff receive an annual appraisal to help identify learning and development opportunities.
- The service should improve the consistency of completion of patient risk assessments and improve the quality of action plans in response to identified risk.
- The service should ensure improvements to staff nursing levels are made so that actual staffing levels meet planned staffing levels.

# Summary of findings

- The service should review any outstanding maintenance issues and ensure they are addressed promptly on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all equipment has electrical testing labels attached to show when they have been tested and are safe to use on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure patient records contain any action taken as a result of nutrition and fall risk assessments on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all aspects of the nursing assessments are completed, including emotional, spiritual wellbeing and anxieties on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all lockable doors, for example where patient records are stored, are always locked on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all staff are aware of their responsibilities in regard to duty of candour on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all ward meetings are minuted to ensure team members who are not present, have access to the information discussed on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure all staff understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure patients' privacy and dignity is always respected on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure arrangements are in place for people who need translation services for booked appointments on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure non-emergency patients do not wait for long periods of time to see a consultant to discuss outcomes of investigations and plans for treatment on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure the new cancer strategy is embedded on the medical ward at Mount Vernon Cancer Centre.
- The service should ensure the ward management team are sighted on all the risks on the ward on the medical ward at Mount Vernon Cancer Centre.

## **In surgery:**

- The service should reduce the number of patients whose operation was cancelled and not treated within 28 days.
- The service should develop a method of reviewing all incidents in a timely manner and ensure feedback is always provided to staff.
- The service should improve the admitted referral to treatment time.
- The service should review the processes for assessing and recording staff competencies, including the use of medical devices.
- The service should ensure complaints are handled in line with trust guidance.
- The service should complete action plans for all audits to ensure there is a cycle of continuous improvement.
- The service should ensure confidential patient records are not accessible to unauthorised personnel at any time.
- The service should improve the Friends and Family Test response rates.

# Summary of findings

- The service should review governance processes.
- The service should review cultural issues impacting on cross-ward working.
- The service should produce a formal strategy for the surgical service which clearly outlines the future plans and vision for the service.
- The service should always treat patients with privacy and dignity. Areas where patients are admitted for minor surgical interventions must be appropriate and allow private information to be discussed without the conversation being overheard

## **In maternity:**

- The service should ensure there are sufficient numbers of suitably qualified, skilled and experienced staff to meet patients' health and welfare needs.
- The service should ensure staff have completed mandatory and maternity specific training.
- The service should ensure cardiotocography traces are peer reviewed in line with trust policies and national guidance.
- The service should ensure staff have completed cardiotocography assessments in line with national recommendations.
- The service should ensure that daily checks of controlled medicines and medicine storage temperatures are completed in line with trust requirements and that there is a system in place for ensuring daily checks are completed.
- The service should ensure sharps containers have temporary closures in place, to prevent accidental spillage and minimise the risk of needle-stick injuries.
- The service should ensure all complaints are dealt with in a timely manner, as per trust guidance.
- The service should ensure that perinatal mortality and morbidity meetings are minuted and lessons learned are recorded.
- The service should ensure handheld pregnancy records contain a complete set of antenatal screening results, as per national guidance.

## **In services for children and young people:**

- The service should ensure waiting times in the paediatric assessment unit are monitored to ensure patients are assessed and reviewed in a timely manner.
- The service should produce a formal strategy, which clearly outlines the future plans and vision for the service.
- The service should consider ways of improving the environment for children in the operating and recovery areas of the trust.
- The service should review the number and location of the hand sanitising dispensers on the neonatal unit.

## **In chemotherapy:**

- The service should ensure that equipment is maintained appropriately at all times.
- The service should ensure that patients are provided with translation services, when required.
- The service should ensure governance arrangements for the service are clear.



# Summary of findings

- The service should ensure patient's delays when attending the service, are monitored and action is taken to improve this.
- The service should ensure that all staff receive an annual appraisal of their development needs.

## In end of life care:

- The service should review nurse staffing levels and skill mix on the inpatients ward at Michael Sobell House, particularly at night.
- The service should review training in end of life care, and ensure staff complete appropriate training.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led as requires improvement because:

- The trust's short term vision was to implement actions to improve safety across the trust. This included full implementation of the new electronic patient record computer system. Work was in progress to develop a long term vision and strategy. Due to the early development of the strategies and lack of staff consultation, staff were unable to explain how their role would contribute to achieving the strategies.
- Although there were structures, processes and systems of accountability to support the delivery of the strategy and sustainable services these were not fully effective. Governance processes were not consistently operating effectively. Divisions were inconsistent in their governance processes, whilst the trust had taken steps to standardise these divisional processes, it was too early to assess the effectiveness of the changes at this inspection.
- Although the trust had systems for identifying risk and planning to eliminate or reduce them and coping with both the expected and unexpected, these systems were not always effective. For example, there was a lack of effective systems to recognise, assess and respond quickly to deteriorating patients, infection prevention and control measures were not adhered to and some equipment and environments were not appropriate to care for patients safely.
- Data the trust provided to us prior to the inspection, showed poor compliance with safeguarding training, and this was confirmed during our inspection. The safeguarding leads were aware of non-compliance with the safeguarding training targets. However we were not assured there were robust plans in place to improve this.
- There was not a clear, formal induction programme for all trust board members.
- Not all the employment files of the board members were compliant with the fit and proper person regulation.
- Leaders across the trust were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, there were mixed views from staff on how they felt supported respected and valued.
- We were not assured the trust has a systematic approach to measure the effectiveness of its speaking up policies, procedures and culture, Staff were not aware of the role of the freedom to speak guardian.

# Summary of findings

- Although the trust collected, analysed, managed and used information to support its activities, it had significant issues with data quality. The introduction of a new electronic patient record system had been problematic. To address this, the trust has developed a stabilisation plan to mitigate risks and appointed a stabilisation director, to coordinate activity surrounding it.
- Whilst the trust had a number of mechanisms for engaging with staff not all ward managers held regular team meetings with all their nursing team. This meant there were limited opportunities for staff engagement and to share and embed learning.
- Although the trust engaged with patients, relatives and the public to plan and manage appropriate services at the Lister hospital, we were not assured that the same level of engagement occurred at the other sites.
- The trust had systems and processes in place for improving the quality of care; however this had not developed into a continuous improvement programme. Learning from incidents, including serious incidents and never events, was not embedded or robustly followed up to ensure they did not happen again.
- The trust did not always act in accordance with the Data Protection Act when dealing with complaints not ensuring the complainant had a legal right to seek confidential information.

However:

- The stability of the senior leadership team had significantly improved with only one interim executive post at the time of the inspection. The leadership team mostly understood the challenges to quality and sustainability faced by the trust. They were able to identify the actions needed to address them and recognised the significant volume of work required to improve quality of care at the trust and ensure it was sustained. However many of the projects were at an early stage.
- The trust acknowledged its overall strategy for 2018/19 was a limited refresh of its previous strategy and was embarking on a process to agree a new long term strategy. The new strategy would include a long term financial strategy and a financial recovery plan.
- There was a clear structure to recognise and support safeguarding concerns with the trust and governance arrangements for safeguarding were clear.
- The trust had been through a challenging period financially but as a result their understanding of the financial position had significantly improved. The board now has an appropriate level of operational and financial expertise across both the non executive directors and executives. Sufficient board time was spent reviewing the trust's finances however some found the information too detailed.
- The trust collaborated with partner organisations effectively. The trusts within the sustainability and transformation partnership were working towards appropriate standardisation of integrated clinical pathways to eliminate variation and optimise clinical effectiveness and efficiency.
- The trust had appropriate systems and processes in place for the management of complaints and the responses we saw were thorough, addressing all the points that had been raised and were sympathetic to the complainant.
- The trust complied with the latest national guidance with regards to learning from deaths.

## Use of resources

A report of an inspection of the trust's use of resources, carried out by NHS Improvement, is available here: [www.cqc.org.uk/provider/RWH/Reports](http://www.cqc.org.uk/provider/RWH/Reports).

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Lister Hospital	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Queen Elizabeth II Hospital	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Mount Vernon Cancer Centre	Requires improvement ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Hertford County Hospital	Good Mar 2016	N/A	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall trust</b>	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Community	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall trust</b>	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Lister Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↑ Jul 2018	Good ↑↑ Jul 2018	Good ↑↑ Jul 2018
Medical care (including older people's care)	Requires improvement ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Surgery	Inadequate ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
Critical care	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Requires improvement Mar 2016	Good Mar 2016
Maternity	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018
Services for children and young people	Requires improvement ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
End of life care	Good Mar 2016	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Outpatients	Good Mar 2016	N/A	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

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

## Ratings for Queen Elizabeth II Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Outpatients and diagnostic imaging	Good Mar 2016	N/A	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018

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

## Ratings for Mount Vernon Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↑ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↑ Jul 2018
End of life care	Requires improvement ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Outpatients	Good Mar 2016	Good Mar 2016	Good Mar 2016	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016
Chemotherapy	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↓ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Radiotherapy	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Requires improvement ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018

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

### Ratings for Hertford County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Mar 2016	N/A	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Good Mar 2016	N/A	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016

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

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016

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

# Mount Vernon Cancer Centre

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Northwood  
Middlesex  
HA6 2RN  
Tel: 01438314333  
[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

## Key facts and figures

Mount Vernon Cancer Centre (MVCC) is part of East and North Herts NHS Trust and provides a specialist non-surgical cancer service. It is situated in Hillingdon, Middlesex on a large site owned by Hillingdon NHS Trust and is 33 miles from East and North Herts Trust's main hospital, the Lister, in Stevenage. It serves a wide area of 2 million people across Hertfordshire, Bedfordshire, Northwest London and parts of the Thames Valley.

The trust's main catchment is a mixture of urban and rural areas in close proximity to London. The population is generally healthy and affluent compared to England averages, although there are some pockets of deprivation – most notably in Stevenage, Hatfield, Welwyn Garden City and Cheshunt. Over the past ten years, rates of death from all causes, early deaths from cancer and early deaths from heart disease and stroke have all improved and are generally similar to, or better than, the England average.

There is a management team for the cancer centre, which includes a divisional chair, a hospital director and a head of nursing.

There are 22 medical inpatient beds located on one ward in the oldest part of the building at MVCC. The ward cares for patients who require inpatient treatment because they are unwell during or following their radiotherapy or chemotherapy treatment. In addition, some patients were admitted for their treatment if it was particularly arduous, or the patient was frail. Some patients received end of life care on the ward. The ward included a two-bed unit for patients who had undergone iodine therapy and were required to be isolated for a short period of time.

The trust provides a chemotherapy service at the Mount Vernon Cancer Centre. Patients from all tumour groups, including those on clinical trials, are treated in the cancer centre's chemotherapy outpatients suite where they receive both simple and complex cytotoxic drug regimens and targeted therapies.

The chemotherapy suite is open Monday to Friday, treating an average of 40 patients per day. It has 21 treatment chairs and two beds. Side rooms are available for patients to be seen on a one-to-one basis by the unit's doctors or nurses.

There is also a unit, the supportive care unit, which was opened in January 2018 to provide cancer treatments and adjuncts such as blood transfusions on a day care basis, to free up the chemotherapy unit for administering chemotherapy and ward beds for in-patients use. It also accommodates Mount Vernon's clinical trials. The supportive care unit was formerly known as the Marie Curie Centre.

In addition MVCC has an outpatients department and a radiotherapy centre, although we did not inspect these services on this occasion.



# Summary of findings

We inspected MVCC on 20-23 March 2018 and gave less than an hour's notice so that we could see how the hospital worked on a day to day basis. We spoke with over one hundred staff during the inspection and in focus groups prior to the inspection, spoke with 29 patients or relatives and checked 24 records.

In the lead up to and during the inspection period, we attended various meetings, which included a board meeting, quality meeting, and met the MVCC management team.

## Summary of services at Mount Vernon Cancer Centre

**Requires improvement**   

A summary of services at this hospital appears in the Overall summary section at the start of this report.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

Mount Vernon Cancer Centre (MVCC) is part of East and North Hertfordshire NHS Trust and provides a specialist non-surgical cancer service. It is situated in Hillingdon, Middlesex on a large site owned by Hillingdon NHS Trust and is some 33 miles from East and North Hertfordshire Trust's main hospital in Stevenage. It serves a wide area of two million people across Hertfordshire, Bedfordshire, Northwest London and parts of the Thames Valley.

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There is a management team for the cancer centre, which includes a divisional chair, a hospital director and a head of nursing.

There are 22 medical inpatient beds located on one ward in the oldest part of the building at MVCC. The ward cares for patients who require inpatient treatment because they are unwell during or following their radiotherapy or chemotherapy treatment. In addition, some patients were admitted for their treatment if it was particularly arduous, or the patient was frail. Some patients received end of life care on the ward. The ward included a two-bed unit for patients who had undergone iodine therapy and were required to be isolated for a short period of time.

The wards had been reconfigured since the last inspection due to safer staffing reviews.

## Summary of this service

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

- Not all staff were compliant with mandatory or safeguarding training. The completion rate for medical staff based at MVCC was 72%. Safeguarding training completion rate for medical staff was 60%; both were below the trust target of 90%.
- We could not always find evidence in patients' records of action taken as a result of nutrition and falls risk assessments.
- Medicines were not always stored securely.
- We were not assured all staff understood their responsibilities in regards to duty of candour.
- The service did not always take account of patients' individual needs. For example, we were not assured translation services were routinely booked and the ward was not set out in a particularly dementia-friendly way.
- Holistic common assessment of supportive and palliative care needs for adults with cancer, used by the service were not always completed

However:

- Managers supervised and appraised staff's work performance consistently.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.

# Medical care (including older people's care)

- Staff generally had access to the information they needed to deliver effective care and treatment to patients.
- Feedback from patients and observations confirmed that staff treated patients with kindness, dignity and respect.
- Patients and those close to them were involved in decisions about their care and treatment
- Staff knew and put into practice the service's values and they knew and had contact with managers at all levels, including the most senior.
- Managers across MVCC promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust was developing a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

## Is the service safe?

**Requires improvement** ● ↑

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

- The service provided mandatory training in key skills to all staff however; some staff had not completed it. The completion rate for medical staff based at MVCC was 72%, which was below the trust target of 90%.
- Not all staff had attended safeguarding training. Mount Vernon Cancer Centre had a safeguarding training completion rate for medical staff of 60%, which was below the trust target of 90%.
- Risks to people who used services were assessed, and their safety was monitored and maintained. However, we could not always find evidence in patients' records of action taken as a result of nutrition and falls risks, assessments.
- The service prescribed, gave, recorded medicines well. Patients received the right medication at the right dose at the right time. However, they were not always stored securely.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. However, we were not assured all staff understood their responsibilities in regard to duty of candour.

However,

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough staff on the ward with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- While the fabric of the building was old and in need of refurbishment, the service had worked to ensure it had suitable premises and equipment within the constraints of the environment and had systems in place to look after the equipment well.
- The service controlled infection risks. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

# Medical care (including older people's care)

## Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. However, we did not find evidence of care plans to address the issues flagged by risk assessments.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- All staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff generally had access to the information they needed to deliver effective care and treatment to patients.

However,

- Staff had limited understanding about their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to offer support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, staff were not confident in their abilities to carry out a mental capacity assessment.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients and relatives told us that the clinical staff were approachable and that they could talk to staff about their fears and anxieties.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff made sure that patients' privacy and dignity was always respected, during physical or intimate care. However, we did witness a patient being given bad news on the ward without curtains closed or an offer of an alternative room, which would have provided privacy

# Medical care (including older people's care)

## Is the service responsive?

**Requires improvement** ● ↑

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

- The service did not always take account of patients' individual needs. For example, we were not assured translation services were routinely booked and the ward was not set out in a particularly dementia-friendly way.
- Patients who were moved around the site in poor weather had ponchos or plastic trolley covers over them during inclement weather, although this provided minimal protection, which was inadequate during cold weather.
- The ward nursing team used a holistic common assessment of supportive and palliative care needs for adults with cancer. However, these were not always completed.
- Complaints were not consistently responded to in a timely manner.

However,

- The trust planned and provided services in a way that met the needs of local people.
- Patients could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although there was now a vision and strategy in place it was very new, staff we spoke with, during the inspection were not aware that there was a defined cancer strategy in place. In addition, it was too early to see any impact of the strategy.
- Although the service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected this was not always effective. Some risks were identified during the inspection that the staff had not recognised.
- Whilst there were governance systems in place as local level informal team briefings where feedback was often given to teams were not always minuted so there was a risk that team members not present may miss feedback information.

However,

- The trust was developing a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The leadership team was relatively new in post but could articulate the plans for the future.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Medical care (including older people's care)

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust tried to engage with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation

## Outstanding practice

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

## Areas for improvement

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

# Chemotherapy care

Requires improvement   

## Key facts and figures

The chemotherapy services were provided at Mount Vernon Cancer Centre. The departments included the chemotherapy suite, supportive care unit, inpatient wards and outpatient services.

There was also a chemotherapy suite located at the Lister Hospital. We did not inspect this service.

We visited the chemotherapy suite and supportive care unit, as this was where the majority of the chemotherapy service took place at Mount Vernon Cancer Centre. There were 21 treatment chairs and two beds at the chemotherapy suite, which treated an average of 40 patients per day.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection, we spoke with 20 staff including, managers, nurses, allied health professionals and support staff. We also spoke with 12 patients and their relatives, checked patients' healthcare records and the environment. We also considered information and data about the service.

## Summary of this service

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

- The service had systems for identifying risks, although this did not appear to be effective or reviewed during meetings. There were gaps in the systems to minimise risk to patients. The service was often reactive when things went wrong. The arrangements for governance for the chemotherapy service were not fully clear.
- The service collected information and used secure electronic systems. However, it did not always analyse information support activities and continually improve.
- Staff did not always comply with infection prevention and control policy. Audits showed variable compliance with hand hygiene principles, scoring 38% compliance in March 2018.
- We were not assured that staff were always made aware of learning from incidents and there was variable awareness of the duty of candour.
- We were not assured that patients were always provided with translation services when they were required.
- The trust performed in line with the England average for some but not all operational cancer waiting times.
- Patients were experiencing delays when attending the chemotherapy suite. This was not being monitored and there was no clear plan regarding how this was going to be improved.
- Staff did not always feel actively engaged or empowered and staff were not all clear about the vision and strategy for the service, which was new.

However:

- Staff we spoke with were aware of the signs of potential abuse and the different types of abuse. They described their training and understood how to raise concerns.
- The service had a suitable environment and equipment available in order to provide safe care and treatment. The clinical areas we visited were visibly clean and there were low infection rates.

# Chemotherapy care

- The service has systems and processes in place in order to provide medicines including Systemic Anti-Cancer Therapy (SACT) safely. Medicines were stored, prescribed and administered appropriately.
- Staff had access to records and information in order to provide safe care and treatment. We found that entries made in healthcare records were legible, signed and dated.
- Staff we spoke with understood their responsibilities regarding reporting incidents. Incidents were reported and investigated. The service made sure staff were competent for their roles. Managers appraised staffs' work performance. The service leaders were experienced, available and accessible to staff.
- The service provided care and treatment that was planned and delivered in line with evidence-based guidance such as from the National Institute for Health and Care Excellence (NICE). Staff across different disciplines worked well together to deliver effective care and treatment.
- Patients were asked for consent prior to treatment and in accordance with the Mental Capacity Act 2005. We found from reviewing healthcare records that patients who were to undergo treatment had copies of documented consent forms.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment. There were low numbers of complaints about the service.
- Staff provided emotional support to patients to minimise their distress and was responsive to meet patients' individual needs. The trust performed within the expected range (England average) for two questions relating to chemotherapy, in the 2016 National Cancer Patient Experience Survey.
- The trust planned and provided services in a way that met the needs of patients. There had been changes in the provision of services to meet the increasing demand. The team engaged well with patients, to improve services.

## Is the service safe?

**Requires improvement** ● ↓

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

- Staff did not always comply with infection prevention and control policy. Audits showed variable compliance with hand hygiene principles. However, we observed appropriate hand hygiene during the inspection.
- We were not assured that staff were always made aware of learning from incidents and there was a variable level of awareness regarding the regulatory duty of candour. However, managers were aware of the duty of candour. They had ensured that a patient had been fully informed regarding a potential serious incident that had occurred, at the time of our inspection.
- Despite systems to ensure that equipment was checked and serviced regularly, there were two items in the vascular service clinic (a bed and an ultrasound machine) that had not been appropriately maintained. Staff rectified this during the inspection.
- There were gaps in the systems to minimise risk to patients. For example, there was no formal sepsis training for staff and an incident occurred when the trust's identification policy was not followed.

However:

- The service provided mandatory training in key subjects to all staff and made sure everyone completed it.



# Chemotherapy care

- The service has systems and processes in place in order to provide medicines including Systemic Anti-Cancer Therapy (SACT) safely. Medicines were stored, prescribed and administered appropriately.
- Staff we spoke with were aware of the signs of potential abuse and the different types of abuse. They described their training and understood how to raise concerns.
- The clinical areas we visited were visibly clean. There were low infection rates.
- The service had a suitable environment and equipment available in order to provide safe care and treatment.
- Staff had access to records and information in order to provide safe care and treatment. We found that entries made in healthcare records were legible, signed and dated.
- Staff we spoke with understood their responsibilities regarding reporting incidents. Incidents were reported and investigated.

## Is the service effective?

Good   

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

- The service provided care and treatment that was planned and delivered in line with evidence-based guidance such as from the National Institute for Health and Care Excellence (NICE).
- Staff across different disciplines worked well together to deliver effective care and treatment.
- Patients were asked for consent prior to treatment and in accordance with the Mental Capacity Act 2005. We found from reviewing healthcare records that patients who were to undergo treatment had copies of documented consent forms.

However:

- Although the service made sure staff were competent for their roles and managers aimed to appraise staff's work performance. The annual appraisal compliance rate for the chemotherapy suite was 74%. This did not meet the trust target of 90%.

## Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff took time to allay patients' fears.
- Staff involved patients and those close to them in decisions about their care and treatment. The service encouraged patients to attend with a member of their family or close friend for support.
- The trust performed within the expected range (England average) for two questions relating to chemotherapy, in the 2016 National Cancer Patient Experience Survey. In addition, the service collected patient's feedback through surveys each month which showed many positive comments.

# Chemotherapy care

## Is the service responsive?

**Requires improvement** ● → ←

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

- Patient access for first treatment in 62 days of urgent national screening referral was lower (worse than) than the England average.
- We were not assured that patients were always provided with translation services when they were required.
- Patients were experiencing delays when attending the chemotherapy suite.
- Complaints were not consistently responded to in a timely manner

However:

- The trust planned and provided services in a way that met the needs of patients. There had been changes in the provision of services to meet the increasing demand.
- The service was responsive to meet patients' individual needs. The service had access to various teams or specialists to assist them to meet individual's needs. These included: leads for safeguarding, dementia, learning disabilities and social workers
- Patients could access treatment when they needed it for some aspects of their care. Times from referral to first treatment in line with the England average for the first treatment in 31 days of decision to treat and the first treatment in 62 days of urgent referral. Patients seen within 14 days of referral was better than the England average.
- The service received low numbers of complaints. Staff were aware of general themes, which included waiting times.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service had systems for identifying risks, although this did not appear to be effective or reviewed during meetings. The service was often reactive when things went wrong.
- The service collected information and used secure electronic systems. However, it did not always analyse information support activities and continually improve.
- Staff did not always feel actively engaged or empowered.
- There was a new strategy for Mount Vernon Cancer Centre. However, as this was new, staff were not all clear about the vision and strategy.
- There was a system to provide governance of the chemotherapy service. The arrangements were undergoing some development at a divisional level.

However:

# Chemotherapy care

- The service leaders were experienced, available and accessible to staff. There was a lead nurse for chemotherapy services across the trust. Who was supported by unit managers, consultants and a senior management team for Mount Vernon Cancer Centre
- The service engaged well with patients, to improve services.

## Outstanding practice

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

## Areas for improvement

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

# End of life care

Requires improvement   

## Key facts and figures

The Mount Vernon Cancer Centre is part of East and North Hertfordshire NHS Trust. It is situated in Hillingdon, Middlesex on the site of the Mount Vernon Hospital owned by Hillingdon NHS Trust. It is approximately 33 miles from East and North Hertfordshire NHS Trust's main hospital in Stevenage. This report covers end of life care at the Mount Vernon Cancer Centre. End of life care is also provided at the Lister Hospital but this is not reported on here.

End of life care encompasses all care given to patients and their family/loved ones, who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The term palliative care describes care given to relieve symptoms rather than treat the cause of an illness, the aim of which is to improve the quality of patient's life when they have a life-limiting illness. Palliative care can help at all stages of such an illness, from its diagnosis, during on-going treatment and at the end of someone's life.

Mount Vernon Cancer Centre (MVCC) includes Michael Sobell House, a hospice on the site, which provides end of life care for adults. Michael Sobell House (MSH) contains an inpatient ward and a day centre. The service also provides multi-faith facilities and bereavement services. The Mount Vernon Hospital mortuary owned by Hillingdon NHS Trust is currently used by MVCC and Michael Sobell House as there is no mortuary for East and North Hertfordshire Trust within the footprint of the MVCC.

Some patients who are at the end of their life are also cared for within the inpatient wards at the MVCC. These are wards 10 and 11.

From March 2017 to February 2018 there were 995 referrals to Michael Sobell House of which 947 had a cancer diagnosis.

The in-patient unit at Michael Sobell House comprised 16 beds arranged as four bedded bays and individual side rooms. There were additional side rooms within the footprint of the unit but these were not utilised as the unit was funded to provide 16 in-patient beds.

The trust reported 567 referrals to the inpatient unit at Michael Sobell House from January 2017 to December 2017. Of these 296 patients were admitted. 45% of admissions were from Hertfordshire, 41% came from Hillingdon and 8% from Harrow, with the remaining patients coming from a wider geographical area.

Data provided by the trust indicated there was an average length of stay in the in-patient unit at Michael Sobell House of 11 days.

The day centre team provided advice on symptom control, as well as counselling, complementary therapies, creative arts as therapy, crafts and outdoor activities. There were 12 places, three days per week. On Mondays, places were reserved for carers to attend. Staff offered carers counselling and provided them with advice and information. Carers could meet and spend time with other carers and in addition could have complementary therapies. On Tuesdays, staff administered a number of clinical procedures such as infusions. Wednesday was specifically for women to attend and Thursday was a day specifically for men. Places on Friday were for both men and women but tended to be for the older adults. The day centre team worked collaboratively with community services (GPs, Macmillan nurses and district nurses) to enhance the advice and support each patient received from their community team.

# End of life care

Data provided by the trust indicated 112 patients were referred to and attended the day centre from January 2017 to December 2017. Of these, 69% were from the boroughs of Hillingdon or Harrow and 22% from Hertfordshire, with the remaining patients coming from a wider geographical area.

We carried out an inspection from 20 to 22 March 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

We visited the in-patient ward and day centre at Michael Sobell House (MSH) and wards 10 and 11 in the MVCC.

During the inspection visit the inspection team:

- Spoke with six patients and a relative of a patient
- Spoke with 30 members of staff including senior managers, doctors, clinical support workers, nurses, housekeepers, complimentary therapists and receptionists.
- Reviewed eight patient records relating to assessments and care plans, 11 medicines administration charts, and five do not attempt cardiopulmonary resuscitation orders.

Following the inspection, we reviewed additional performance data and other information provided by the trust.

The service was last inspected in October 2015, when we rated it as requires improvement overall. At that inspection we rated safe as inadequate, responsive and well led as requires improvement and effective and caring as good.

## Summary of this service

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

- The service was not well led. Although efforts were made to improve leadership and management of the service, the trust had not overcome the challenges of providing a service at a significant distance from the main acute hospital and which served a wider population than that of the rest of the trust.
- The trust did not have a clear vision and strategy for what it wanted to achieve in relation to end of life services at the Mount Vernon Cancer Centre (MVCC). There had been little progress since our inspection in October 2015. It did not have workable plans for the development of services at MVCC, developed with the involvement of stakeholders, patients and staff. There was no information about the model of care and the configuration of services at the MVCC.
- The arrangements for clinical governance did not always operate effectively. The reporting structure was unclear and although there was some discussion of incidents, risks, complaints and patient feedback at the end of life care clinical governance group, information was sometimes missing and there was no clear escalation of issues.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks to the service were not always identified or progressed and there was a lack of robust challenge of performance issues.
- The service did not have robust evidence to demonstrate that nurse staffing levels were set appropriately to meet the changing needs of their patients throughout the 24 hour period. Staffing levels at night increased risks to people using the service and had not been addressed over a significant period of time.
- Facilities and premises were not appropriate for the services being delivered. The premises used by the service were not well maintained. Although some improvements to the environment in MSH had occurred since the inspection in 2015, we found significant concerns remained. The service did not control infection well.

# End of life care

- The environment within the inpatient unit was not well adapted to the needs of people using it.
- Training in end of life care was not mandatory in the trust and levels of completion of training in end of life care were low.
- People could not always access the service when they needed it. Limits to the number of admissions and the triage systems meant that patients who required urgent admission were not always able to access the service.

However,

- Staff took steps to safeguard vulnerable adults and responded appropriately to signs of abuse. They engaged appropriately in local safeguarding procedures.
- Staff cared for patients with compassion. Staff provided emotional support to patients to minimise their distress. A range of emotional support was available to patients and their families.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were aware of the plans for their care and were involved in decision making at every step.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service managed patient's pain and other symptoms well. The effectiveness of pain relieving medicines was monitored, reviewed and adjusted accordingly.
- The service prescribed, gave, recorded and stored medicines well
- The service provided care and treatment based on national guidance and evidence of its effectiveness. They assessed staff compliance with guidance and identified areas for improvement.

## Is the service safe?

**Requires improvement** ● ↑

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

- The premises used by the service were not well maintained. Although some improvements to the environment in MSH had occurred since the inspection in 2015, we found significant concerns remained.
- The service did not control infection well. Staff adhered to hand hygiene procedures but did not always monitor and adhere to high impact interventions shown to reduce the risk of infection. Issues related to the environment in the inpatient ward at MSH increased the risk of infection.
- The service did not have robust evidence to demonstrate that nurse staffing levels were set appropriately to meet the changing needs of their patients throughout the 24-hour period. Staffing levels at night increased risks to people using the service and had not been addressed over a significant period of time.
- There was no mandatory training for staff in relation to end of life care, although some local training was provided.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# End of life care

- The service prescribed, gave, recorded and stored medicines well. Processes were in place to improve the safety of drugs given continuously via a syringe pump.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They assessed staff compliance with guidance and identified areas for improvement.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs. They developed individual care plans for patients and provided snacks and nutritional supplements to encourage them to eat. They used special feeding and hydration techniques when appropriate.
- The service managed patients' pain and other symptoms well. The effectiveness of pain relieving medicines was monitored, reviewed and adjusted accordingly.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Patients and their relatives said they could not praise staff highly enough for their care and understanding.
- Staff provided emotional support to patients to minimise their distress. A range of emotional support was available to patients and their families.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families were aware of the plans for their care and were involved in decision making at every step.

## Is the service responsive?

Inadequate ● ↓

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

# End of life care

- People could not always access the service, when they needed it. The service was not always able to respond when people required urgent admission. Nursing and medical staffing levels impacted on the service's ability to admit patients after 3pm and at weekends.
- Staff responded to demand for the service but there were difficulties with engagement with stakeholders which made forward planning difficult. The environment within the inpatient unit in particular was not well adapted to the needs of people using it.

However,

- The service took account of patients' individual needs. Staff delivered care in a way that took account of the needs of different people on the grounds of age, disability, gender, race, religion or belief and sexual orientation.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Although there were some improvements in the leadership of end of life services in the trust since the inspection in 2015, leaders had not yet overcome all the challenges posed by the delivery of the service at the MVCC site.
- Although the service had an end of life care strategy group and a draft trust wide end of life strategy for adults for 2018 -2021 had been developed, staff at MSH had a different view as to the most appropriate direction for the management and delivery of end of life care at the MVCC and there was a lack of ownership of the strategy.
- The arrangements for clinical governance were not fully clear or robust. The reporting structure was unclear and although there was some discussion of incidents, risks, complaints and patient feedback at the end of life care clinical governance group, information was sometimes missing and escalation of issues was unclear.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks to the service were not always identified or progressed.
- Managers did not engage well with patients, staff or the public to plan and manage appropriate services.

However,

- The service was aware of the risk the environment at Michael Sobell House posed to patients care and had undertaken risk assessments. In addition, the plan to provide the service a different environment was being expedited.
- Staff felt valued and respected within Michael Sobell House.

## Areas for improvement

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



# Queen Elizabeth II Hospital

Howlands  
Welwyn Garden City  
Hertfordshire  
AL7 4HQ  
Tel: 01438314333  
[www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)

## Key facts and figures

Queen Elizabeth II (QEII) hospital is part of East and North Hertfordshire NHS trust and is located in Welwyn Garden City. It was opened on the site of the old QEII in June 2015 following a £30 million investment.

It provides outpatient, endoscopy, diagnostic and antenatal services, along with a 24/7 urgent care centre, and pre-operative assessments. Outpatient appointments are available from 8:30am to 5:30pm, Monday to Friday. The diagnostic imaging department is open for appointments from 8:30am to 5:30pm, Monday to Friday, and offers plain film radiography, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound, fluoroscopy and breast imaging.

The urgent care centre comprises of a nurse-led minor injuries unit and a GP-led minor illness service. The urgent care centre is designed to treat adults and children over one year of age with minor illnesses and injuries, and does not admit patients.

We carried out an unannounced inspection at the QEII from 20 to 21 March 2018 and inspected the urgent care centre only.

## Summary of services at Queen Elizabeth II Hospital

**Inadequate** ● ↓

A summary of services at this hospital appears in the Overall summary section at the start of this report.

# Urgent and emergency services

Inadequate ● ↓

## Key facts and figures

The urgent care centre (UCC) at the Queen Elizabeth II (QE2) hospital is open 24 hours a day, seven days a week. It is a nurse-led service co-located with a GP service and provides treatment for adults and children over one year of age with minor injuries and illnesses.

All patients are assessed by a registered nurse. Those with minor injuries are treated by emergency nurse practitioners (ENP) and those with minor illnesses by a GP from the co-located GP service. We did not inspect the GP service as they were from an external provider commissioned by the local clinical commissioning group and would form part of a separate inspection. Patients with more serious injuries or illnesses are directed or transferred to the emergency department at the Lister hospital in Stevenage.

For the year ending March 2017, 44,000 patients had attended the urgent care centre. Of these, approximately 30% were children up to the age of 16 years.

We last inspected this service in October 2015 and rated it as requires improvement.

We carried out an announced inspection of the UCC on 20 and 21 March 2018. During our inspection, we spoke with 12 members of staff and two patients and their families. We looked at 12 sets of patients' records.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- Risk assessments (triage) were inconsistent and were sometimes delayed. Early warning scores were not used to identify patients whose condition was at risk of deteriorating. Staff had not been trained to recognise sepsis in children. There was no clinical guidance for staff to follow if a child collapsed.
- Not enough staff had been trained in immediate life support for adults or children.
- The service did not always provide care and treatment based on national guidance. Managers did not check to make sure treatment was effective. Staff did not assess or monitor patients regularly to see if they were in pain.
- There was confusion about who was responsible for the service and managers were not involved in its operational management.
- The leadership team did not appear to promote a positive culture that supported and valued staff or create a sense of common purpose based on shared values.
- There was no systematic approach to continually improve the quality of services or safeguarding high standards of care. Staff did not always have the right skills or knowledge to provide high standards of care.
- The service did not engage well with staff. Managers spent very little time at the UCC and there were no staff meetings regarding the service. Staff felt that their work at the UCC was ignored by managers.

However,

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Urgent and emergency services

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients could access the service when they needed it.

## Is the service safe?

**Inadequate** ● ↓

Our rating of safe went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff and but did not make sure everyone completed it. Not enough nurses had been trained in immediate life support for adults or children.
- Not all staff had the right level of safeguarding training. Although staff had some understanding of how to protect patients from abuse, there were no easily available prompts to help nurses decided whether a child was at risk of abuse.
- Whilst on the whole the service had suitable premises and equipment some aspects were not well maintained. In addition, there was no separate waiting area for children and no separation between them and adult patients.
- Triage assessments were inconsistent and were sometimes delayed. Early warning scores were not used to identify patients whose condition was at risk of deteriorating. Staff had not been trained to assess sick children and very few to recognise sepsis in adults or children. There was no clinical guidance to follow if a child collapsed in the urgent care centre. Staff did not always follow the guidance provided for the management of very sick adults.
- Patient records were fragmented and difficult to follow.
- There had been improvements in the storage of medicines, but they were not always administered according to best practice.

However,

- The service had effective infection prevention and control processes in place. This was an improvement since our last inspection.
- Staff recognised incidents and reported them appropriately. The received feedback nit could not describe any learning.
- There had been improvements in the storage of medicines.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide care and treatment based on national guidance or demonstrate evidence of its effectiveness.
- Staff did not assess or monitor patients regularly to see if they were in pain. This had deteriorated since our last inspection.

# Urgent and emergency services

- Managers did not monitor the effectiveness of care and treatment. They did not compare local results with those of other services to learn from them. The urgent care centre was not included in national clinical audits, even when other areas of the trust, for example, the emergency department, were taking part. Audits that would have been relevant to this service included the Royal College of Emergency Medicine audit for vital signs in children 2015/16 and venous thrombo-embolism (VTE) risk in lower limb immobilisation in plaster cast 2015/16. There were no local audits of patient outcomes such as pain assessments, early warning scores or sepsis screening.
- The service did not ensure that all staff were competent for their roles. There was a lack of training in the assessment and resuscitation of children and in the recognition of sepsis. Managers did not always appraise staff's work performance or hold supervision meetings with them to provide support and monitor the effectiveness of the service.

However,

- There was good multidisciplinary working where the staff worked together as a team to benefit patients.
- The service was available seven days a week and was always supported by easily available imaging and pharmacy services.
- There was a wide variety of health promotion posters and leaflets for people to read and take away with them.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff spoke in a respectful but friendly manner and made allowances when people were distressed or worried.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact that a person's treatment, care, or condition could affect them both emotionally and socially.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their families told us they were kept informed of all care and treatment due to be carried out. Communication with children was age appropriate and effective.

## Is the service responsive?

Good   

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

- Staff took account the needs of different patients including those in vulnerable circumstances. Staff demonstrated a good understanding of the requirements of patients with complex needs.

# Urgent and emergency services

- Patients could access the service in a timely manner with an average time to treatment of 19 minutes. The service performed better than the England average for the number of patients who left the centre without being seen.
- The service treated concerns and complaints seriously and investigated them in a timely manner.

However,

- The service did not always plan and provide services in a way that met the needs of local people. There had been a recent change to the service at night which was causing confusion for patients.
- Lessons learned from complaint investigations were not always shared with all staff.

## Is the service well-led?

**Inadequate** ● ↓

Our rating of well-led went down. We rated it as inadequate because:

- There was confusion about who was responsible for the service and managers were not involved in its operational management. Therefore, it was not possible to know whether the right managers had the right skills and abilities to run a service providing high-quality sustainable care.
- There was no vision or strategy for the service.
- The senior staff responsible for the service did not appear to promote a positive culture that created a sense of common purpose based on shared values.
- There was no systematic approach to continually improve the quality of services or safeguarding high standards of care.
- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managerial engagement with staff was poor. Managers spent very little time at the urgent care centre and there were no staff meetings regarding the service. Staff felt that their work at the urgent care centre was ignored by managers.
- Although there had been some improvements since our last inspection, some areas of practice had deteriorated. These included delays for triage assessments, resuscitation training (particularly for children), the availability of clinical guidance for staff, the assessment of pain and governance arrangements.

However,

- The service collected and managed information to support activities, using secure electronic systems with security safeguards.
- The trust engaged with patients, the public and local organisations. However, information gained was not always used to plan and manage appropriate services.

## Areas for improvement

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

# Lister Hospital

Coreys Mill Lane  
Stevenage  
Hertfordshire  
SG1 4AB  
Tel: 01438314333  
[www.enherths-tr.nhs.uk](http://www.enherths-tr.nhs.uk)

## Key facts and figures

Lister Hospital is a 730-bed district general hospital situated in Stevenage, Hertfordshire.

The area served by the trust for acute hospital care at Lister Hospital, covers a population of around 600,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire. The trust's main catchment is a mixture of urban and rural areas near London.

The hospital provides a wide range of acute inpatient, outpatient and minor treatment services, including emergency department and maternity care, as well as regional and sub-regional services in renal medicine, urology and plastic surgery. General wards are supported by critical care (intensive care and high dependency) and coronary care units, as well as pathology, radiology and other diagnostic services.

Since October 2014, Lister hospital has been the trust's main hospital for specialist inpatient and emergency care. It provides care 365 days a year, seven days a week.

The hospital has five clinical divisions:

- Medical
- Surgical
- Cancer
- Women's and Children
- Clinical Support Services

A triumvirate, comprised of a divisional director, a divisional chair and a head of nursing, led each clinical division. Therapy services and outpatient pharmacy services were provided by different organisations.

We carried out an unannounced inspection at Lister hospital from 20 to 22 March 2018. We returned on 2 April 2018 for an unannounced, follow-up inspection of the surgery core service.

At Lister hospital, we inspected the following core services:

- Urgent and emergency care
- Surgery
- Medicine
- Maternity

# Summary of findings

- Services for children and young people at Lister Hospital.

At our October 2015 inspection, these core services were rated either as inadequate or requires improvement, apart from surgery, which was rated as good overall.

## Summary of services at Lister Hospital

**Requires improvement**   

A summary of services at this hospital appears in the Overall summary section at the start of this report.

# Urgent and emergency services

Good   

## Key facts and figures

The emergency department (ED) at East and North Hertfordshire NHS Trust is located at the Lister Hospital. It provides a 24 hour, seven days a week service to the local population.

The department has a reception and waiting room with two triage rooms. There are 12 cubicles and four side rooms in the major's area, there is also a 'sub-wait' area within majors for ambulatory patients to receive treatment. There are four consulting rooms and a designated eye room in minors, also known as the urgent care unit, and six bays in the resuscitation room, one of which is a side room. Within the adult ED there is a six bedded clinical decisions unit (CDU) with a seated area. There is also a compliant mental health assessment room, which is situated within majors.

The department has its own separate children's ED with a separate waiting area, three assessment bays, a side room for triage and two bays in a resuscitation room. There is also a children's assessment unit (CAU), if children needed further observation and tests. The CAU has six beds, one treatment room and a room for relatives and carers. The CAU also receives children referred directly from GPs and midwives.

There were 159,019 attendances from April 2016 to March 2017, 24% of these resulted in admission. The England average for this time was 22%.

Our inspection was unannounced in order to observe routine activity. During our inspection, we used a variety of methods to help gather evidence to assess the urgent and emergency care services at Lister Hospital.

We visited the adult, children's ED, CAU and CDU. We spoke with 30 members of staff, 10 patients and four ambulance crews. We also reviewed 16 sets of patients' electronic records.

We interviewed the clinical lead consultant, matron, head of nursing for emergency medicine, the general manager, divisional director and chair. We spoke with professionally qualified and support staff. We observed the environment and the care provided to patients. We also looked at a wide range of documents including, policies, meeting minutes, audits and action plans.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Nursing staff's compliance was an improvement since the last inspection in 2016.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The environment and equipment were suitable and detailed checks were carried out of resuscitation equipment. There was a compliant mental health assessment room, which had been redesigned following the last inspection.
- Staff responded appropriately and identified changing risks to people who used the service. Risks to patients were assessed and their safety monitored and managed so they were supported to stay safe. The triage system used was an improvement from the last inspection in 2016.



# Urgent and emergency services

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable and to provide the right care and treatment for the majority of shifts. However, there were shifts which were short and needed the use of bank and agency.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines in accordance with best practice. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Patients pain was assessed and managed using pain assessment tools. Assessment of pain in patients with difficulties communicating was assessed using a specific pain management tool and managed appropriately.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support. Although this had only been carried out for 74% of the nursing staff.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- There was a specific team for the care and treatment of the frail older patient. This team responded efficiently to referrals and impacted positively on patient flow.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

# Urgent and emergency services

- Different directorates managed urgent and emergency care services for adults and children and each had different operational and clinical leads. However, they worked closely together and we saw evidence of this during our inspection.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- The service provided training in key skills to all staff and provided guidance to ensure everyone completed it. There was variable compliance for mandatory and safeguarding training for medical staff. However, when we spoke with staff, all knew the processes and policies in place to protect their patients from abuse and worked well with other agencies to do so.
- The department did not have 16 hours a day, seven days a week consultant cover in line with RCEM guidance.
- The ED measured their performance against the RCEM national clinical audits. However, they did not always meet the standards in line with the England average.
- Nursing staff's compliance for appraisals was 72%. However, the matron had developed a new way of conducting staff appraisals to improve compliance.
- Nursing staff's compliance with adult immediate life support was only at 73%. However, in the ED, doctors were always present.
- The service did not meet the 95% national standard for four hour waits between January 2017 to December 2017. However, this target was not met by the majority of EDs nationally.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Nursing staff's compliance was an improvement since the last inspection in 2016.

# Urgent and emergency services

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The environment and equipment were suitable and detailed checks were carried out of resuscitation equipment. There was a compliant mental health assessment room, which had been redesigned following the last inspection.
- The service planned for emergencies and staff understood their roles if one should happen. Staff responded appropriately and identified changing risks to people who used the service. Risks to patients were assessed and their safety monitored and managed so they were supported to stay safe. The triage system used was an improvement from the last inspection in 2016. Previously, band 5 staff nurses without experience would triage patients, which we deemed unsafe. The average time of patient's initial assessment was less than 15 minutes. There were formalised risk assessments for patient safety, pressure ulcers, falls and venous thromboembolism. Patients with mental health needs were appropriately risk assessed.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines in accordance with best practice. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment for the majority of shifts. Nurse staffing levels and skill mix were planned in line with guidance on safe staffing in emergency settings. There were shifts which were short and needed the use of bank and agency.

However,

- Medical staff's compliance was below the trusts target in some modules.
- Medical staff's compliance with mandatory training was below the trusts target in some modules.
- Safeguarding training for medical staff was below the trust targets. However, when we spoke with staff, all knew the processes and policies in place to protect their patients from abuse and worked well with other agencies to do so.
- The department did not have 16 hours a day, seven days a week consultant cover in line with RCEM guidance.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.

# Urgent and emergency services

- Patients' pain was assessed and managed using pain assessment tools. Assessment of pain in patients with difficulties communicating was assessed using a specific pain management tool and managed well.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support. Nursing staff had a competency booklet that had a standardised approach specific to urgent and emergency care nursing.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- The ED measured their performance against the RCEM national clinical audits. However, they did not always meet the standards in line with the England average but did have action plans to deliver improvements.
- Nursing staff's compliance for appraisals was 74%. However, the matron had developed a new way of conducting staff appraisals to improve compliance.
- Nursing staff's compliance with adult immediate life support was only at 73%. However, in the ED, doctors were always present.

## Is the service caring?

Good  

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

- Staff cared for patients and those close to them with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Appropriately trained volunteers provided additional emotional support to patients and those close to them. The department had commenced the 'empathy project', in which appropriately trained volunteers provided emotional support.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they felt involved in planning their care, making choices and informed decisions about their care and treatment. Staff communicated with patients in a way that they could understand.
- The Friends and Family Test performance (% recommended) was better than the England average from April 2017 to November 2017.

## Is the service responsive?

Good  

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

# Urgent and emergency services

- The department planned and provided services in a way that met the needs of the local people. Facilities were appropriate to their needs.
- The service took account of patients' individual needs. Services were generally planned and delivered in a way that took into account the needs of different people such as age, disability, gender, race, religion or belief and sexual orientation.
- There was a specific team for the care and treatment of the frail older patient. This team responded efficiently to referrals and impacted positively on patient flow.
- People could access the service when they needed it. Waiting times between four hours and 12 hours from their decision to admit was better than the England average.
- From January 2017 to December 2017, no patients waited longer than 12 hours after the decision to admit to being admitted.
- Nursing staff worked collaboratively with senior managers and the operations team to facilitate flow through the department.
- There were processes in place to ensure patients with mental health needs were assessed and referral and review by the mental health rapid assessment, intervention and discharge team was timely.
- The department had pathways of admission to ambulatory care for patients with a specific diagnosis who could be treated as outpatients or seen in the ambulatory emergency care unit, therefore reduce the need for admission or to be seen by an ED clinician. If patients were admitted via the ED clinician, then the acute physician working in the department facilitated efficient reviews and determine the need for admission or discharge.
- A GP worked within the department, specifically in the minor injuries/urgent care unit of the adult ED. They saw patients with minor illnesses, could be treated without being seen in the majors area, or needing admission. The patients that were 'fit to sit' could be streamed to the GP.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- The service did not meet the national standard for all patients to be seen, treated, discharged or admitted within four hours. Not all trusts were meeting this target and they were slightly below the England average.
- Complaints were not consistently responded to in a timely manner.

## Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Quality and sustainability were set as top priorities. Both EDs were included in these. The EDs had a vision for what it wanted to achieve and had workable plans in place to achieve this.

# Urgent and emergency services

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Feedback from the staff showed department managers and the senior management team were supportive and valued their ideas for improvement.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had plans in place to identify, mitigate and manage risks within the department and ensured they were formally documented in a specific risk register. There were clear action plans and who was the lead for the risk.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Urgent and emergency care services for adults and children were managed by different teams and each had different operational and clinical leads. However, they worked closely together and we saw evidence of this during our inspection.
- Staff told us that the leaders of this service were visible and approachable. We saw evidence of the general and deputy managers in the department supporting staff throughout our inspection. The matron worked clinical shifts and were seen to be providing support to staff during our inspection. Staff told us this was normal practice.
- At times when the both services experienced high volumes of attendances, staff told us that leaders were visible and worked as part of the team to maintain patient flow. We observed this practice during our inspection. We were told that this was an improvement since the last inspection in May 2016.
- The service had processes in place to ensure there was communication from the floor of the department to the executive board.
- The service had plans in place to identify, mitigate and manage risks within the department and ensured they were formally documented in a specific risk register. There were clear action plans and who was the lead for the risk.
- The service engaged well with staff, patients and local organisations, to manage and plan services.
- We found the culture of both ED departments to be open and inclusive. Staff we spoke with felt that they were valued and respected by their peers and leaders. They enjoyed working for the trust and were proud to work in the adult and children's ED.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

There are 354 medical inpatient beds and 16 chairs located across 21 wards at the East and North Hertfordshire NHS Division. services are located across three sites and a breakdown of the service provision can be found below:

- Lister Hospital: 320 beds and 14 chairs within 16 wards
- QEII: Endoscopy - there are no inpatient beds in this unit
- Mount Vernon Centre: 34 beds within two of the four wards/units at the site

The Lister hospital is a 730 bed district general hospital in Stevenage. Since October 2014 it has been the divisions main hospital for specialist inpatient and emergency care. Inpatient medical care is provided by a range of specialty teams including acute medicine, cardiology, elderly and frailty care, diabetes and endocrinology, renal medicine, respiratory and stroke.

Medical care services are managed in the division of medicine and emergency care. The division is led by a triumvirate consisting of a divisional director, a divisional chair and two deputy divisional chairs.

The last CQC inspection of the medical care service at the Lister Hospital was in October 2015 when the service was rated as requires improvement overall.

We carried out an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity. We carried out our inspection of medical care services at Lister hospital from 20 March to 22 March 2018 during which we visited 14 wards, the discharge lounge, and the cardiac catheter laboratory.

The gastroenterology ward (8A) and endoscopy unit were also inspected but are part of the surgery division and have therefore been reported on in the surgery report.

We spoke with 14 patients and relatives, and 41 members of staff, including ward managers, matrons, consultants, junior doctors, staff nurses, specialist nurses, therapists, care support workers, and ward clerks. We looked at 39 sets of patient records. We attended nursing and medical handovers and multidisciplinary team (MDT) meetings. We observed three meal service sessions. We also reviewed data provided by the division.

The inspection team consisted of a lead inspector, and inspector, and three specialist advisors.

## Summary of this service

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

- Risks to people who use the service were not consistently assessed and hence patient safety was not always monitored and maintained. There were clear and comprehensive risk assessment tools available but they were not always fully completed for all patients.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff did not always keep appropriate records of patients' care and treatment. Records were clear, but not always comprehensively completed or up-to-date.
- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had training on how to recognise and report abuse.
- Although the service generally had suitable premises and equipment, there was a backlog of routine maintenance issues which had not been addressed.
- The service did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, the division's mandatory training rates were below the trust's target. This had been the subject of a requirement notice at the last inspection and there had been little improvement.

However,

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- All staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Feedback from patients confirmed that staff treated them well and with kindness.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the division promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had training on how to recognise and report abuse.
- Risks to people who used the service were not consistently assessed and hence patient safety was not always monitored and maintained. There were clear and comprehensive risk assessment tools available but they were not



# Medical care (including older people's care)

always fully completed for all patients. There was little evidence of personalised action plans in response to identified risk. Venous thromboembolism assessments were not consistently completed. However, staff identified and responded appropriately to the changing risks of patients, such as deteriorating health and well-being, or medical emergencies.

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Although there were enough medical staff, we found that there were not always enough nursing staff. Fill rates showed that nurse vacancies had been recruited to near full establishment levels, however, on a daily basis, nursing shift actual staffing did not always meet planned staffing levels.
- Staff did not always keep appropriate records of patients' care and treatment. Records were clear, but not always comprehensively completed or up-to-date. Records were available to all staff providing care, however, this meant that were not always stored securely.
- The service usually prescribed, gave, and recorded medicines in line with best practice. Patients received the right medication at the right dose at the right time. However, the service did not always store medicines appropriately.
- Although the service generally had suitable premises and equipment, there was a backlog of routine maintenance issues which had not been addressed.

However,

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. There was variable performance in a number of national audits relating to patient safety and treatment, however action plans were in place, where required, to improve the quality of care.
- Staff in the multidisciplinary team worked together to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Acute medical services were available seven days a week including consultant cover, transient ischaemic attack (TIA) clinic and the critical care outreach team.

# Medical care (including older people's care)

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, data provided by the trust for mental capacity act training did not demonstrate good compliance with this training.

However,

- The service did not make sure that all staff were competent for their roles. Managers did not consistently evaluate all staffs' work performance through means of an annual appraisal process. No appraisal information provided about medical staff.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff members were courteous and helpful to patients and treated them with dignity and respect. Staff understood and respected patients' social, cultural and religious needs and how these may relate to their care needs
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact that a person's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment. Most patients felt that staff communicated with them in a way which they could understand their care, treatment and condition.
- The Friends and Family Test response rate for medicine at the trust was 47% which was better than the England average of 25% from December 2016 to November 2017.

## Is the service responsive?

Good   

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

- The division planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. There was additional support available for patients with a learning disability, living with dementia and those with mental health needs.
- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Complaints were not responded to in a timely manner.

# Medical care (including older people's care)

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. We were told that the medical division leads and matrons met fortnightly. We asked to see minutes of these meetings but were told there was no formal process in place to record the discussions of these meetings. We were not assured the division adequately discussed, or had complete oversight of the clinical governance agenda. There were monthly team meetings on most, but not all, wards for all staff where complaints, incidents and the learning from these were discussed.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, the division's mandatory training rates were below the trust's target. This had been the subject of a requirement notice at the last inspection and there had been little improvement.

However,

- The service had managers at all levels with the right skills and abilities to run the service. There were clear lines of accountability within the divisional leadership team.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services effectively.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were clear lines of accountability within the divisional leadership team.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The division was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

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

# Surgery

Inadequate ● ↓↓

## Key facts and figures

The trust provides inpatient surgical treatment at Lister Hospital, Stevenage. The trust has 12 surgical wards with a total of 235 inpatient beds, the surgical assessment unit ward has 10 side rooms, eight ambulatory spaces and one clinic room, 17 operating theatres and the post anaesthetic care unit (PACU) has 26 cubicles.

We inspected surgical services from 20 to 22 March and 3 April 2018. As part of the inspection, we visited the pre-operative assessment clinics, the day surgery unit, the main operating theatres and the operating theatres in the treatment centre, the recovery area, and all of the surgical wards including 5A, 5B, 7A, 7B, 8A, and 11A, plus the surgical assessment unit. We also inspected the endoscopy unit and the gastroenterology unit as this trust includes these services in its surgical division. Surgical services provision at Lister Hospital includes general surgery, trauma and orthopaedics, ear nose and throat surgery, plastic surgery and urology.

The trust had 32,527 surgical admissions from September 2016 to August 2017. Emergency admissions accounted for 11,155 (34.3%), 15,461 (47.5%) were day case, and the remaining 5,911 (18.2%) were elective.

During the inspection, we spoke with 35 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, junior doctors, healthcare assistants, and housekeepers. We spoke with 16 patients and their families, observed care and treatment and looked at 31 patient's medical records.

The service was last inspected in October 2015. At that inspection, the surgical service was rated good for all five domains.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff. There were some areas of poor compliance with mandatory training, including fire training, basic life support and information governance. We also found theatre staff did not have the appropriate level of Advanced life support training (ALS).
- The service did not control infection risk well in all areas. Staff did not always keep themselves and equipment clean, although some control measures were in place to prevent the spread of infection.
- Most areas did not have enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Records of patients' care and treatment were not always completed appropriately. We found that some records were not always stored securely and that patient confidentiality was not always maintained.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not always check to make sure staff followed guidance. Some audits were not completed and results were not always followed up. For example WHO audits were only carried out retrospectively.
- The service monitored the effectiveness of care and treatment but did not always use the findings to improve them. Outcomes for patients were variable with the trust performing better than the national average for some indicators,

# Surgery

for example risk of readmission after planned urology surgery, but worse for others. The risk of readmission following elective surgery was worse than the national average, and the risk of readmission following unplanned plastic surgery was much worse than the national average. Action plans to improve outcomes were not embedded across all specialities provided by the service.

- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice.
- The trust had managers at some levels with the right skills and abilities to run a service providing high-quality sustainable care. However, not all leaders had the necessary experience, capability, or capacity to lead the service effectively. In addition, many of the senior nursing staff had dual roles which distracted them.
- Not all managers across the service promoted a positive culture that supported and valued staff, and created a sense of common purpose based on shared values. Staff satisfaction was mixed and some staff did not feel empowered. Some teams worked in silos and did not work cohesively together.
- The service did not always demonstrate its commitment to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Some of the issues we raised during our last inspection in October 2015 had not been improved. For example, staffing levels, feedback for staff from incidents and learning from serious incidents, cancelled operations and sharing of patient outcomes.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff. There were some areas of poor compliance with mandatory training, including fire training, basic life support and information governance. We also found theatre staff did not have the appropriate level of advanced life support training (ALS).
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most nursing staff had received training on how to recognise and report abuse and they knew how to apply it however medical staff compliance was at 70%. In addition, staff working within the surgical division who were caring for young people under the age of 18 years did not have the correct level of training.
- The service did not control infection risk well in all areas. Staff did not always keep themselves and equipment clean, although some control measures were in place to prevent the spread of infection.
- Although systems were in place to ensure equipment was looked after not all equipment was checked regularly. Emergency calls bells were not available in all wards.
- Most areas did not have enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There were systems in place to recognise and responding to deteriorating patients' needs however these were not always complied with. Venous thromboembolism was not reassessed 24 hours after admission, emergency box for treating patients with hypoglycaemia contained expired items, and audits of the use of the theatre checklist were of the documents rather than observational audits of practice.
- Records of patients' care and treatment were not always completed appropriately. We found that some records were not always stored securely and that patient confidentiality was not always maintained.

# Surgery

- The service prescribed medicines appropriately however they were not consistently stored appropriately. Fridge temperatures were not always monitored and when out of range were not reported. Some medication was out of date. Some medication was not given when prescribed.
- Patient safety incidents were not always managed well and learning from them was variable. Staff recognised reportable incidents however, did not always report them in a timely manner. For example, following a never event staff did not complete an incident report until 20 days after the event.
- The service planned for emergencies and but not all staff understood their roles if one should happen.

However,

- The service had suitable premises in most areas although some areas required refurbishment.
- The service almost always had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment most of the time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not always check to make sure staff followed guidance. Some audits were not completed and results were not always followed up. For example WHO audits were only carried out retrospectively.
- The service monitored the effectiveness of care and treatment but did not always use the findings to improve them. Outcomes for patients were variable with the trust performing better than the national average for some indicators, for example risk of readmission after planned urology surgery, but worse for others. The risk of readmission following elective surgery was worse than the national average, and the risk of readmission following unplanned plastic surgery was much worse than the national average. Action plans to improve outcomes were not embedded across all specialities provided by the service.
- The service did not have robust processes in place to ensure staff were competent for their roles. Most staff had received an appraisal but not all had received the required training updates. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- The multidisciplinary team did not always work together as a team to benefit patients. Doctors, nurses and other healthcare professionals mostly supported each other to provide good care. However, nurse staff shortages meant sometimes nurses were moved to other wards or departments to ensure patients were kept safe. Doctors and nursing staff had competing priorities.
- Although the surgery directorate mostly provided high-quality services seven days a week some services were not available out of normal working hours and not all patients were assessed by a consultant. Registrars were able to admit and discharge patients.
- Consent was not consistently undertaken in line with the trust consent procedure.

However,

# Surgery

- Staff gave patients enough food and drink to meet their needs and improve their health. Special feeding and hydration techniques were used when necessary. The service made adjustments for patients' religious, cultural and other preferences. However fluid charts were not completed consistently.
- The service managed patients' pain effectively and provided or offered pain relief regularly. The surgical services had access to chronic and acute pain teams for advice and support with patients in pain. However, there were insufficient patient controlled analgesic pumps (PCA) for all patients who required a PCA to control their pain. This was on the service risk register.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Most staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, although we were told training had taken place, most staff did not remember having training in the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff promoted privacy, and patients were treated with dignity and respect.
- Staff provided emotional support to patients to minimise their distress. Ward staff listened attentively to patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients said they felt involved in their care. The views and preferences of patients were taken into account.
- The Friends and Family Test response rate for surgery at East and North Hertfordshire NHS Trust was 51%, which was better than the England average of 29%, from December 2016 to November 2017.

## Is the service responsive?

**Inadequate** ● ↓ ↓

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

- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. Due to the implementation of a new patient administration system in September 2017, senior staff within the division could not assure us that patients had not been delayed being diagnosed and treated within the required timescale.
- Referral to treatment times for oral surgery and trauma and orthopaedics were significant below the England average.
- The 62 day target for urgent referral to treatment was consistently not met; with the 62 day referral to treatment from screening met for two of the six months from August 2017 to January 2018.

# Surgery

- Since the end of 2016 the number of patients whose operations was cancelled and not treated within 28 days has been higher than the England average.
- Although the service generally treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff, not all complaints were responded to in a timely manner.

However,

- The trust planned and provided services in a way that met the needs of local people. The service understood the different needs of the local people it served.
- Services were planned to take into account the individual needs of patients. There were arrangements in place for patients with complex social health and social care needs. There were specific admission checklists and discharge planning tools for patients living with a learning disability. Appropriate arrangements such as arranging occupational therapy home visits were put in place for older patients with complex needs.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- The trust had managers at some levels with the right skills and abilities to run a service providing high-quality sustainable care. However, not all leaders had the necessary experience, capability, or capacity to lead the service effectively. In addition, many of the senior nursing staff had dual roles which distracted them.
- There was no vision or strategy for surgical services. However, the trust had a vision for what it wanted to achieve and plans to turn it into action developed with involvement from some staff, patients, and key groups representing the local community. Clinical staff we spoke with were not generally aware of the trust vision or strategy and said they had not been involved in its development. Not all leaders were held to account for the delivery of the strategy or vision.
- Not all managers across the service promoted a positive culture that supported and valued staff, and created a sense of common purpose based on shared values. Staff satisfaction was mixed and some staff did not feel empowered. Some teams worked in silos and did not work cohesively together.
- The service did not have a fully embedded systematic approach to continually monitor the quality of its services. There were unacceptable levels of serious incidents and never events, and the service had no clear oversight of all patients waiting for surgery.
- Not all systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were effective. Risks, issues, and poor performance were not always identified or dealt with appropriately or quickly enough.
- The trust collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some information collected was not accurate or reliable. Different information management systems were used in the hospital which were not compatible with each other. Some confidential patient information was not stored securely.
- The service sometimes engaged with patients and staff. However, we did not see any evidence of involvement with the public and local organisations in to planning and managing appropriate services.



# Surgery

- The service did not always demonstrate its commitment to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Some of the issues we raised during our last inspection in October 2015 had not been improved. For example, staffing levels, feedback for staff from incidents and learning from serious incidents, cancelled operations and sharing of patient outcomes.

## Areas for improvement

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

# Maternity

Good   

## Key facts and figures

East and North Hertfordshire NHS Trust provides maternity services to women living across much of Hertfordshire and South Bedfordshire. Inpatient maternity services are provided solely on the Lister Hospital site. Outpatient maternity services are provided on the Lister, Hertford County and QEII hospital sites. There are also four community midwifery teams based in various locations across the county, which cover North Hertfordshire, Hatfield, Welwyn and Hertford, Lee Valley and rural locations.

The maternity service provides consultant and midwife-led antenatal, intrapartum and postnatal care. There are 75 inpatient beds, spread across the consultant-led unit, the midwife-led unit, and antenatal and postnatal wards. Outpatient services include antenatal clinics, a day assessment unit, a triage unit and screening services. Community midwifery services are provided at local children's centres, GP practices or at the patients' home address.

From October 2016 to September 2017, there were 5,328 deliveries at the trust. This is a 4% decrease in the total number of births at the trust, compared with October 2015 to September 2016 data. Of these, 59% were normal (non-assisted) deliveries, which is in line with the England average (60%) and 14% were instrumental deliveries (ventouse or forceps), which is also in line with the England average (13%). Additionally, 15% were elective caesarean deliveries, which is slightly higher than the England average (12%) and 12% were emergency caesarean deliveries, which is slightly lower than the England average (15%).

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited clinical areas in the service including the consultant-led unit, the midwife-led unit, the antenatal and postnatal wards, and the triage unit. We spoke with 19 women and their relatives, and 72 members of staff, including midwives, consultants, doctors, anaesthetists, senior managers, student midwives and support staff. We observed care and treatment and reviewed 19 medical care records and 21 prescription charts. We also reviewed the trust's performance data.

At the last comprehensive inspection in October 2015, we rated two key questions for the service requires improvement (safe and responsive), and three key questions as good (effective, caring and well-led). We rated the service requires improvement overall, so we re-inspected all five key questions. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The inspection team consisted of one CQC hospital inspector, one CQC mental health inspector, one CQC assistant inspector, and two specialist advisors (one consultant obstetrician and one midwife).

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated this service as good overall because:

- Staff cared for patients with compassion, kindness, dignity and respect. Women felt involved in their care and were given an informed choice of where to give birth. Actions were taken to improve service provision in response to feedback and complaints received.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were reviewed and investigated. Learning from incidents was shared with staff and changes were made to the delivery of care because of lessons learned.

# Maternity

- Women's care and treatment was planned and delivered in line with current evidence-based guidance. National and local audits were carried out and actions were taken to improve care and treatment when needed. Patient outcomes were generally in line with national averages.
- Service provision met the needs of local people. They worked closely with commissioners, clinical networks and service users to plan and improve the delivery of care and treatment.
- Leadership was strong, supportive and visible. The leadership team understood the challenges to service provision and actions needed to address them. There was a positive culture, which was focused on improving patient outcomes and experience. Staff were committed and proud to work at the trust.
- The service had a vision of what it wanted to achieve and clear objectives to ensure the vision was met.

However,

- Medical staff compliance with mandatory, maternity specific and safeguarding adults and children training was below the trust target.
- We found swab and needle counts, carbon monoxide testing and peer reviews of cardiotocography (CTG) traces were not always carried out in line with trust policies and national recommendations.
- Staffing levels were often lower than planned and the trust relied on bank and agency staff. However, staffing levels were regularly reviewed and women generally received one-to-one care in labour.
- Perinatal mortality and morbidity meetings were not formally minuted and there was little evidence of the learning from them.
- Some staff did not have up-to-date competency in CTG assessment.
- Complaints were not always dealt with in a timely manner.
- There were inconsistencies in the monitoring of controlled medicines and medicine storage temperatures.
- Sharps containers did not have temporary closures in place.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all medical staff had up-to-date safeguarding adults and children training. Midwifery staff however, exceeded the trust's completion targets for all safeguarding training.
- Not all risks to patients were consistently monitored and completed. We found swab and needle counts, carbon monoxide testing and peer reviews of CTG traces were not always carried out in line with trust and national guidance. However, the service planned for emergencies and staff understood their roles if one should occur.
- Staffing levels were often lower than planned and the trust relied on bank and agency staff. However, staffing levels were regularly reviewed and staff were redeployed within the unit when needed, to keep patients safe from avoidable harm and to provide the right care and treatment. Women generally received one-to-one care in labour.

# Maternity

- Medical staff compliance was variable for mandatory training, and did not meet the trust target for maternity specific training. However, we found midwifery staff had completed mandatory and maternity specific training.
- Patient handheld records did not always contain a complete set of antenatal screening results, which was not in line with national guidance. Otherwise, we found staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and were generally available to all staff providing care.
- We were not assured effective governance arrangements were in place to ensure controlled medicines and storage temperatures were checked daily, and that out-of-range temperatures were acted upon, when indicated. However, the service prescribed, gave and recorded medicines well.
- Sharps containers did not have temporary closures in place, which was not in line with national recommendations. However, the service had suitable premises and sufficient equipment and generally looked after them well. Processes were in place to ensure emergency equipment was checked daily.
- Perinatal mortality and morbidity meetings lacked detail, and there was little evidence of the learning from them.

However,

- The service generally managed patient safety incidents well. Staff recognised and reported incidents appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Medical staffing levels within the service were sufficient to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Staffing skill mix levels were generally in line with the England average.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The trust's maternity safety performance was in line with the England average.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

## Is the service effective?

Good   

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

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Patient outcomes were generally in line with the trust's thresholds and national averages. The service had reduced (improved) its perinatal mortality rate.
- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment. Local and national audits were completed and actions were taken to improve care and treatment provision when indicated.
- The multidisciplinary team worked together to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Pain was assessed and managed on an individual basis and was regularly monitored by maternity staff. The service met all national standards for obstetric anaesthesia, including the length of time women waited for an epidural to be sited in established labour.

# Maternity

- People who used maternity services were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- Not all medical staff had completed the trust's CTG assessment. However, managers generally appraised staff's work performance annually, and a competency framework was in place to ensure that newly qualified midwives gained the skills and experience they needed.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion, kindness and respect. Feedback from patients and those close to them was positive about the way staff treated them. Patients felt supported and cared for by staff.
- Staff displayed an understanding and non-judgemental attitude towards, or when talking about, patients in vulnerable circumstances, such as those with mental health concerns and learning disabilities.
- Staff provided emotional support to patients to minimise their distress. Patient's emotional and social needs were seen as being as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff were committed to working in partnership with women.

However,

- The friends and family test score for postnatal ward care was generally below the England average.

## Is the service responsive?

Good   

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

- The importance of flexibility, informed choice and continuity of care was generally reflected in the services and plans for future maternity care provision. Patient's needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The needs and preferences of patient's were taken into account when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs.
- Women could generally access the right care at the right time. Access to care was managed to take account of women's needs, including those with urgent needs.

# Maternity

- Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- The multiple pregnancy service had been rated as outstanding by the twins and multiple births association (TAMBA), following a recent audit.

However,

- Not all complaints were dealt with in a timely manner. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- There were limited facilities for partners to rest comfortably overnight. The service was taking some action to improve provisions for partners.

## Is the service well-led?

Good   

We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as good because:

- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. The arrangements for governance were clear and operated effectively. Staff understood their roles and accountabilities.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- Some clinical support workers felt there were limited career development opportunities available to them.

## Outstanding practice

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

## Areas for improvement

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

# Services for children and young people

Requires improvement   

## Key facts and figures

The children's service at Lister Hospital provides outpatient and inpatient facilities, as well as emergency and elective surgery for babies and children up to the age of 18. Children aged 16 and over have the option of being treated on an adult ward, if preferred. The service consists of a level two neonatal unit, a children's ambulatory care unit (CAU), The Mulberry Suite which comprises a paediatric ward (Bluebell ward), and the Bramble suite which includes a day unit providing oncology services, specialist clinics and an examination and interview centre for children suspected of being subject to abuse. There is also a paediatric outpatient department.

The paediatric ward (Bluebell) comprised of 16 beds with capacity for 20 beds. There were two bays of six beds and eight single rooms. Facilities were available for parents to stay. Children up to 16 years were cared for on Bluebell ward. There was a large play area which linked with Bramble ward, a separate sitting room and bathroom for teenagers, and an area for children who were immunocompromised. There was also an outdoor play area.

The neonatal unit had 28 cots. There were four intensive care cots, six high dependency cots and 18 cots for babies requiring special care. There were also two isolation rooms. The unit had a room for expressing breast milk, a private consultation room and two single and two double rooms to enable parents to stay.

We carried out our inspection of Lister Hospital from 20-22 March 2018. During our inspection we inspected clinical areas in the service including Bluebell ward, the Bramble suite, the neonatal unit, and theatre recovery.

We spoke with eight patients and parents, and 41 members of staff, including consultant paediatricians, junior doctors, nurses, play specialists, ward clerks, domestic staff and managers. We observed care and treatment, reviewed patient care records and medicine prescription charts. We also reviewed the trust's performance data and looked at paediatric and neonatal trust policies.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Medical staff mandatory compliance was poor.
- The service did not always control infection risk well. Staff did not always use control measures to prevent the spread of infection.
- Potential risks to the service were not always anticipated and planned for in advance. Risks to people who use the service were not always assessed and their safety was not always monitored and maintained. Not all risks identified during the inspection were documented on the service's risk register for example there was a backlog of discharge letters to be sent
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not always prescribe, give and record and store medicines well. Patients did not always receive the right medication at the right dose at the right time.

# Services for children and young people

- The service did not always manage patient safety incidents well. Staff recognised incidents but did not always report them appropriately. Managers investigated incidents but did not always share lessons learned with the whole team and the wider service. When things went wrong staff apologised and gave patients honest information and suitable support.
- People could not always access the service when they needed it. Waiting times from treatment met national standards and arrangements to admit, treat and discharge patients were not in line with good practice.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service generally had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patient's care and treatment. Records were clear, up to date and available to staff providing care
- The service used current evidence-based guidance and best practice standards to inform the delivery of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service
- Staff worked together as a team for the benefit of patients. Medical staff, nurses and other healthcare professionals supported each other to provide care.
- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness
- The service took account of patient's individual needs
- Local management at matron and ward manager level promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Medical staff mandatory compliance was poor.
- The service did not always control infection risk well. Staff did not always use control measures to prevent the spread of infection such as handwashing. Whilst equipment and the area were kept clean there were occasional sewage leaks into the showers in NNU and some hand gel dispensers were difficult to access.
- The service did not always provide suitable premises and equipment and look after them well. Not all areas were secure children could potentially leave clinical areas unsupervised, there were ligature risks for which the assessment was out of date, a heater was not appropriately covered and the milk fridge was not locked with recorded temperatures out of range and appropriate action not consistently taken.



# Services for children and young people

- Potential risks to the service were not always anticipated and planned for in advance. Risks to people who use the service were not always assessed and their safety was not always monitored and maintained. Harm reviews were undertaken on patients who had waited the longest rather than clinical need, there was a delay with discharge summaries and audits of sepsis showed some poor compliance with best practice.
- Medicines were not always prescribed, given, recorded and stored in line with best practice. Patients did not always receive the right medication at the right dose at the right time, medication doses were missed or drugs were unavailable. Oxygen was administered without a prescription, some drugs were out of date and a review of antibiotics was not always documented.
- The service did not always manage patient safety incidents well. Staff recognised incidents but did not always report them appropriately. Managers investigated incidents but did not always share lessons learned with the whole team and the wider service. When things went wrong staff apologised and gave patients honest information and suitable support.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- Staff kept appropriate records of patient's care and treatment. Records were clear, up to date and available to staff providing care.
- Medical staffing levels within the children's service were sufficient to provide safe care and treatment.

## Is the service effective?

**Good** ● ↑

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

- The service used current evidence-based guidance and best practice standards to inform the delivery of care and treatment. Pathways were written in line with the National Institute for Health and Care Excellence and Royal College of Paediatrics and Child Health guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences and age appropriate nutrition was provided.
- Patients' pain was assessed and managed well.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Although the appraisal rate had not met the trust target of 90%, over 83% of staff had received an appraisal.
- Staff worked together as a team for the benefit of patients. Medical staff, nurses and other healthcare professionals supported each other to provide care.
- The neonatal service had an outreach team who supported families with babies with additional needs. The outreach team provided home visiting services after discharge, for a limited time.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005

# Services for children and young people

However,

- The outreach team experienced difficulties with some community paediatric teams taking over the care of these babies because of concerns about children not meeting the criteria of the services they were referred to.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness. Staff respected patients privacy and dignity.
- Staff provided emotional support to patients and parents to minimise their distress. Staff worked closely with the crisis team to support patients with emotional needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff used appropriate language to communicate with children.

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it. Waiting times for treatment did not always meet national standards.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results which were shared with all staff. However complaints were not always managed in a timely manner taking an average of 75 days to investigate and close complaints against a target of 30 days.
- Patients aged 16 to 18 years old were offered the opportunity to be treated on an adult ward if they preferred, however, there was no oversight from the paediatric ward when young people under the age of 18 were admitted to wards outside of the paediatric service. Staff from the adult wards would contact Bluebell ward for advice but there was no formal process in place.

However,

- The trust planned and provided services in a way that met the needs of local people. Formal transition processes were in place to enable a well-planned transitional process for young people with long-term health conditions as they moved from child-centred to adult-orientated services.
- The service took account of patient's individual needs. Staff throughout the service welcomed parent's intervention and involvement in their child's care.

## Is the service well-led?

**Requires improvement** ● → ←

# Services for children and young people

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

- Although there was a vision and strategy for children and young people's services in place at the time of our inspection, not all staff we spoke with were aware of it.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them. Risks were identified during the inspection which were known to the service had not been added to the risk register.
- The children's service did not always collect, analyse, manage and use information sufficiently well to support all its activities, using secure electronic systems with security safeguards. The new data management system had caused a number of incidents in which patients had been lost in the system, data was duplicated and some patients were registered twice under different names.
- There were limited opportunities for staff engagement as Bluebell ward did not have regular team meetings.

However,

- The service had managers at all levels with the right skills and abilities to run a service providing sustainable care. Staff felt supported by their managers.
- Local management at matron and ward manager level promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values
- Governance processes were established. There was engagement and involvement of staff at an operational level in governance processes. There were clear lines of accountability including clear responsibility for cascading information upwards to the senior management team and downwards to the clinicians and other staff on the front line.
- The service engaged with patients and parents to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training research and innovation.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

#### Regulation

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

Regulation 12 HSCA 2008 (Regulated Activities)  
Regulations 2010 Cleanliness and infection control

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

This section is primarily information for the provider

## Requirement notices

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulated activity

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### Regulated activity

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

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

# Our inspection team

Bernadette Hanney, Head of Hospital Inspections, chaired and led this inspection. Two inspection managers, two executive reviewers, a safeguarding specialist adviser, pharmacy adviser and hospital inspectors supported our inspection of the trust overall. The team included 13 further inspectors and 17 specialist advisers

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.