

West Hertfordshire Hospitals 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.

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 
Are resources used productively?	Requires improvement 

Summary of findings

Combined quality and resource rating

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.

Background to the trust

West Hertfordshire Hospitals NHS Trust provides acute healthcare services. It has approximately 676 inpatient beds and 87-day case beds located across Watford General, Hemel Hempstead and St Albans City Hospital. The trust serves a population of approximately 388,500 people in West Hertfordshire, and neighbouring populations in North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

The number of staff employed by the trust as of June 2018 was 4,313. There are over 300 volunteers across the trust.

The trust's services are commissioned mainly by Herts Valley Clinical Commissioning Group.

Overall summary

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



What this trust does

West Hertfordshire Hospitals NHS Trust has approximately 676 beds, of which 72 are maternity, 19 are critical care and high dependency beds located across Watford General, Hemel Hempstead and St Albans City Hospital. The trust serves a population of approximately 388,500 people in West Hertfordshire, and neighbouring populations in North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

The number of staff employed by the trust as of June 2018 was 4,313. There are over 300 volunteers across the trust.

The trust's services are commissioned mainly by Herts Valley Clinical Commissioning Group.

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

West Hertfordshire Hospitals NHS Trust provides services from three sites, Watford General, Hemel Hempstead and St Albans City Hospital. The majority of acute services are delivered at Watford General Hospital, which provides a full range of district general hospital services. Hemel Hempstead Hospital provides an urgent care centre and outpatients and diagnostic services. St Albans City Hospital is the trust's elective care centre. It provides inpatient low risk surgery, both on an inpatient and day case basis as well as outpatient and diagnostic services. It also has a minor injuries unit.

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?

Summary of findings

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

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

What we inspected and why

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

This was the fourth comprehensive inspection of the trust since 2015 and the first inspection of the trust using a new methodology, whereby we inspected a selected number of core services, and included an inspection of the well-led key question for the trust overall.

We inspected urgent and emergency care, medical care, surgery, and maternity at Watford General Hospital. We also inspected the Minor Injuries Unit (MIU) and the Urgent Care Centre (UCC) at St Albans City Hospital and Hemel Hempstead Hospital.

At our August 2017 inspection, all of these services were rated as inadequate or requires improvement, with the exception of maternity, which was rated 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 28 to 30 November 2018. This was the trust's first well-led inspection.

More detailed information about the outcomes of the trust's previous inspections can be found in the evidence appendix.

What we found

Overall trust

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

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

Of the six core services we inspected on this occasion, we rated one as inadequate, two as requires improvement, and three as good.

In rating the trust overall, we took into account the current ratings of the core services not inspected this time. Of the 14 core services across all three sites that have been inspected to date, one was rated inadequate, three were rated requires improvement, and nine were rated as good. One was not rated as we had insufficient evidence to rate end of life care services at St Albans City Hospital.

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:

- Mandatory training compliance did not meet the trust target of 90%.
- Safeguarding adults and children training compliance was below the trust target for medical staff.

Summary of findings

- The environment in which services were provided were not always designed and managed to ensure the safety of patients using them. Not all areas were secure, for example in the emergency department (ED) at Watford General Hospital. Some premises were not fit for purpose.
- Appropriate records of patients' care and treatment were not always kept. Records were not always up-to-date, some had missing signatures and were observed being completed retrospectively. Some documentation of care was unclear. Records were not stored appropriately in the UCC at Hemel Hempstead Hospital.
- The management of medicines, including prescribing and administering was not always in line with best practice. For example, not all patients in the ED had been weighed prior to being prescribed weight-dependent anticoagulant medicine. Nursing staff at the MIU used patient group directions despite them not being duly authorised in line with trust policies. When antibiotics were prescribed, there was not always a review date or rationale for continuing the medicines in the medicines administration record.
- Some risks to patients were not assessed and responded to appropriately. In maternity, not all staff knew how to best manage and care for women with reduced fetal movements. There remained no formalised process for clinically assessing patients presenting to the minor injuries unit. Patients with mental health concerns in ED were not always monitored. Staff did not always escalate or refer patients when their risk score (NEWS) indicated a deterioration in their condition.
- Infection prevention and control measures were not robust in the UCC and MIU. Patients at risk of infection were not always isolated in a timely manner and some areas of the department were visibly unclean.

However:

- With the exception of the MIU and UCC, infection risks were controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Hand hygiene was good.
- There was enough medical and 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 across ED, maternity, and surgery.
- Most staff recognised incidents and reported them appropriately. Managers investigated incidents and generally provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored in most areas. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff who had received training on how to recognise and report abuse, knew how to apply it.

Are services effective?

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

- The trust was not meeting the target of 90% for staff receiving appraisals, with one area at 54.6%.
- There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols in the UCC and MIU. This had previously been identified by the Care Quality Commission as an area which required improvement.
- A range of printed policies and procedures which reflected clinical guidance that had been superseded was available across the department at the MIU and UCC.
- Mental capacity assessments and best interest decisions were not always documented as required within medical care.
- There was a clear theme amongst maternity complaints of delays in administering pain relief for women.

Summary of findings

However:

- Most services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- 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.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were able to explain how they acted in patient's best interests when they were unable to make decisions for themselves.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

Are services caring?

Our rating of caring stayed the same. We rated it 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 provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Bereavement policies and pathways were in place to support the relatives of patients who passed away in the children's ED. Staff were especially caring and responsive to parents who suffered the loss of a child or young person. They were committed to continually improving the care and services they provided for bereaved parents.

Are services responsive?

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

- Not all patients could access services when required. In ED, waiting times to be seen for treatment were generally higher (worse) than the England average. In surgery, waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. In maternity, delays were reported in antenatal clinic waiting times (ANC) and Triage waiting times which had continued to be a theme from complaints.
- Complaints were not dealt with in a timely manner across the urgent and emergency care services, nor were lessons learned and shared at the MIU.
- Not all surge areas had agreed criteria when being used as an inpatient area in times of capacity issues.
- Adaptations to the environment on care of the elderly wards were not consistently or fully implemented, to improve the experience of patients living with dementia.

However:

- The number of patients who left the department without being seen was lower (better) than the England average. Performance in the children's ED was consistently close to and at times, did meet the national four-hour standard.
- Patients' individual needs were taken into account. The service had a person-centred care approach to meeting the needs of patients living with a dementia.

Summary of findings

Are services well-led?

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

- Some of the issues identified in our 2017 inspection had not been resolved. For example, inpatient areas had patient names displayed on white boards in areas visible to visitors walking onto the ward. Service enhancements and improvements had not been sustained at the MIU and UCC.
- The ED did not have effective arrangements in place to ensure information used to monitor, manage and report on performance was accurate. Information was of a poor quality with a reliance on manual processes to extract data at the MIU and UCC; this was labour intensive and did not allow for real-time reporting.
- The trust information technology systems were slow and access to computers was an issue for staff in some areas. There were connectivity issues for maternity staff working in the community.
- Whilst leaders generally understood the challenges to quality and sustainability, actions had not always been implemented to address all the issues.
- There lacked a systematic and robust approach to governance and the management of risk within the MIU and UCC. There was a lack of divisional oversight and there was no active improvement strategy for the MIU and UCC at the time of the inspection.

However:

- The trust had managers at all levels with the right skills and abilities to lead services.
- Managers across services generally 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 and worked together to do so. We saw an improvement in culture within the ED.
- Services had a vision for what they wished to achieve and most had workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the local community.
- Most services had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected. Divisional risk registers identified key risks and all risks were recorded on risk registers.
- The arrangements for governance were operated effectively across most services.

Ratings tables

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

The overall rating of requires improvement for safe and the combined location rating of requires improvement for well-led at the trust deviates from our usual aggregation methodology. The decision to deviate from the usual aggregation methodology was agreed due to the disproportionality of an inadequate rating for safe, given the size of the smaller locations, (St Albans City Hospital and Hemel Hempstead Hospital, and the number of services provided in comparison to the larger site; Watford General Hospital).

Outstanding practice

We found examples of outstanding practice in the children's ED, medical care, and maternity at Watford General Hospital.

Summary of findings

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

Areas for improvement

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

For more information, see the areas for improvement section of this report.

Action we have taken

On 21 November 2018, we took enforcement action and imposed conditions on the registration of West Hertfordshire Hospitals NHS Trust in respect of the following regulated activities:

- Assessment or medical treatment for people detained under the Mental Health Act
- Diagnostic and screening procedure
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder, or injury

We imposed the following condition for the regulated activities stated above:

- All patients presenting at the Minor Injuries Unit at St Albans City Hospital must be assessed by a suitably qualified member of staff within fifteen minutes of arriving in the department.

We took urgent action as we believe a person will, or may be, exposed to the risk of harm if we did not do so. This decision to impose conditions took effect on 21 November 2018. This meant that the trust must manage the regulated activities in a way which complies with the conditions of registration, including this imposition.

In addition, we issued two requirement notices to the trust. This meant that 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 care services, medical care, and surgery across all three locations.

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

What happens next

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

Outstanding practice

We found examples of outstanding practice:

- Bereavement care and support provided by the children's ED was outstanding. Staff were especially caring and responsive to parents who suffered the loss of a child. They were committed to continually improving the care and services they provided for bereaved parents. A nurse with a keen interest in bereavement had developed and collated many resources for parents and carers following the death of a child.

Summary of findings

- Multi-disciplinary working in the dementia assessment unit and the stroke unit was observed to be outstanding practice.
- In maternity, the iSeeu initiative had been implemented in 2017 which used face-time technology to enable mothers separated from their babies at birth the opportunity to see their baby receiving care and treatment in the neonatal intensive care unit (NICU). Since our previous inspection the service was about to incorporate video clips of babies receiving care twice a day which would enable mothers to see how their babies was progressing in the NICU.

Detailed evidence of outstanding practice can be found in the evidence appendix.

Areas for improvement

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

Action the trust **MUST** take to improve

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

In urgent and emergency care services:

- In line with the imposed condition on the trust's registration of regulated activities, all patients presenting at the Minor Injuries Unit (MIU) at St Albans City Hospital must be assessed by a suitably qualified member of staff within fifteen minutes of arriving in the department.
- The trust must ensure patients receive safe, effective and timely care which is evidence based and consistent with national standards at the MIU.
- The trust must ensure assessments of patient activity are regularly reviewed to allow for sufficient numbers of staff to be employed and deployed at all times, at the MIU.
- The trust must ensure they operate an effective risk and governance system within the MIU and the urgent care centre (UCC) at Hemel Hempstead Hospital. Risks must be captured, reviewed and managed in accordance with trust policies and procedures to reduce the risk of harm to patients, at the MIU and UCC.
- The trust must ensure staff working at the MIU and UCC under patient group directions are duly authorised to do so. Up-to-date records should be maintained to demonstrate staff are authorised and competent to work against patient group directions.
- The trust must ensure the major incident plan is fit for purpose and is aligned to the MIU staffing model.
- The trust must ensure staff consistently use safety systems including the national early warning system or other alternative assessment tool at the MIU.
- The trust must ensure they operate a clinical audit programme to enable them to assess the safety and effectiveness of the MIU and UCC.
- The trust must ensure patient records in the emergency department (ED) at Watford General Hospital are fully completed and contemporaneous.
- The trust must ensure comprehensive mental health risk assessments are available for all appropriate staff in the ED.
- The trust must have effective arrangements in place to ensure information used in the ED to monitor, manage and report on performance is accurate.

Summary of findings

In medical care (including older people's care):

- The trust must ensure staff complete safeguarding training.
- The trust must ensure the premises are safe for their intended purpose and used in a safe way to mitigate the risk to people living with dementia.

In surgery:

- The trust must improve performance with the national referral to treatment (RTT) targets.

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.

In urgent and emergency care services:

- The trust should review the service operating times for X-ray services to ensure the MIU is able to provide responsive care to patients.
- The trust should ensure staff at the MIU have access to and are proficient with lessons learnt from incidents which occur across the trust.
- The trust should review the assessment process and subsequent practices for isolating patients at the MIU who may be potentially infectious or who are at risk of infection due to underlying medical conditions.
- The trust should ensure staff at the UCC follow local infection prevention and control protocols as defined by trust policy.
- The trust should ensure patient care records at the UCC include patient identifiable information and are stored securely.
- The trust should ensure complaints are responded too in a timely way at the UCC.
- The trust should ensure consumable equipment at the UCC is reviewed regularly to ensure it is not expired.
- The trust should ensure policies and procedures at the UCC are up-to-date and clinically relevant.
- The trust should ensure staff at the UCC are aware of and report all near misses and other relevant incidents.
- The trust should review access to the ED to maintain a secure environment, wherever possible.
- The trust should ensure that the mental health room is furnished appropriately in the ED.
- The trust should ensure that medical staff have completed the appropriate levels of safeguarding children training.
- The trust should ensure that staff receive an annual appraisal.
- The trust should ensure that patients in the ED are weighed prior to being prescribed weight-dependent anticoagulant medicine.
- The trust should review signage within the ED so it is clear for patients and visitors.
- The trust should consider how patients and visitors are kept informed of current waiting times within the ED.
- The trust should review how staff protect patient confidentiality by trying to minimise patient information being overheard at the ED reception desk and streaming window.
- The trust should consider how to improve the Friends and Family Test response rate.

Summary of findings

In medical care (including older people's care):

- The trust should improve the response of staff when the NEWS shows a deterioration in a patient's condition.
- The trust should review the skills and deployment of staff on Heronsgate/Gade ward and the support provided for staff.
- The trust should improve the review of antibiotics following their initial prescription to ensure they are not continued for longer than necessary.
- The trust should improve the communication and learning from incidents across the trust.
- The trust should ensure managers appraise staff's work performance to provide support and monitor the effectiveness of the service.
- The trust should improve the documentation of mental capacity assessments and best interest decisions when patients are unable to make decisions for themselves.
- The trust should there were no agreed criteria for the use of the medical assessment unit as an inpatient area in times of capacity issues.
- The trust should explore ways to improve the experience of patients living with dementia on the care of the elderly wards.
- The trust should review the provision of computers in clinical areas in medicine to improve staff access.

In surgery:

- The trust should ensure that all medical staff complete safeguarding training annually.
- The trust should improve compliance with 5 steps to safer surgery including the debrief following surgery.
- The trust should continue with improvement plans for theatres and the day surgery unit to ensure that each area is compliant with national standards
- The trust should increase compliance with venous thromboembolism (VTE) assessments and ensure that they are recorded in line with national guidance.
- The trust should ensure that action plans are developed where national audits and clinical audits have shown a weakness in order to drive forward improvement.
- The trust should ensure that personal patient identifiable information is not displayed
- The trust should ensure that patients are not nursed in the emergency surgical assessment unit (ESAU) overnight.
- The trust should review the standard operating procedures for theatre and make sure that they contain a review date and they are in line with national guidance.
- The trust should take action in meetings to improve practice and ensure there is learning from all incidents and patient deaths.

In maternity:

- The trust should ensure women with reduced fetal movements in triage and MDAU continue to be monitored and reviewed in line with best available evidence.
- The trust should ensure medical staff in the delivery suite are compliant with the trust's patient documentation policy.

Summary of findings

- The trust should ensure staff in maternity services comply with the trust mandatory training requirements.
- The trust should ensure medical staff in maternity services comply with the trust safeguarding training requirements.
- The trust should ensure delays in administration of pain relief to women are addressed.
- The trust should ensure delays in waiting times in triage and the antenatal clinic are addressed.
- The trust should ensure there are effective and well supported information technology systems in the hospital and the community.

Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

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

- Whilst most leaders were visible and all were described as approachable, there was no formal programme of visits to wards, departments on all the trust's sites, by individual board members.
- It was clear from committee and board discussions that the leaders generally understood the challenges to quality and sustainability actions had not always been implemented to address all the issues.
- Although there were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, changes to the leadership and succession planning were not yet fully in place.
- Staff satisfaction was mixed. Managers across the trust generally promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Although most staff felt supported, respected, and valued there were areas where staff felt dissatisfied.
- The trust was not meeting the target of 90% for staff receiving appraisals, with one area at 54.6%.
- Although the trust had systems for identifying risks, planning to eliminate or reduce them, including risk registers and a recently revised risk management strategy there were ongoing areas of concern including financial risk, poor referral to treatment performance and sufficient oversight of issues in the minor injury unit at St Albans City Hospital.
- Impact on quality and sustainability was not always assessed and monitored. There were occasions when financial pressures had compromised care.
- The trust was in a challenging financial position with a continued financial deficit in 2018/19. Board members believed the financial plan would be delivered for 2018/19 but a large proportion of the cost improvements plans were non-recurrent.
- The trust collected, analysed, and used information to support its activities and whilst there were large amounts of data available this had not always been translated into clear information. Some IT systems were slow, did not interface with each other and were not fit for purpose.

Summary of findings

- The focus of the trust in recent years has been on operational delivery and improving the quality of patient care. The trust was starting to develop a culture of continuous learning and improvement but this was at an early stage of development.
- Effective systems were in place to manage complaints, although not all complaints were investigated within the trust's own target timescale of 30 days.

However:

- The trust had managers at all levels with the right skills and abilities to run the service. There was a mix of experience within the executive directors with some new to the executive role and others with considerable experience.
- The trust had a system in place which ensured that all the board were fit and proper for their role.
- Although there was no overarching strategy, the trust had a clear vision for what it wanted to achieve and a workable plan to turn it into action developed with involvement from staff, patients, and key groups representing the community. The current trust vision was built on the previous one, so staff were familiar with the principles.
- Action was taken to address behaviour and performance that was inconsistent with the trust's vision and values.
- Equality and diversity was promoted within the organisation. There was a draft strategy in place, which was still being progressed at the time of the inspection, although this had not been developed in conjunction with any staff networks.
- There were mostly effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services which were regularly reviewed and improved. Although a significant amount of data went to each subcommittee and there was much duplication.
- The trust's learning from deaths process, had been established and was part of overall scrutiny of mortality.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust worked with providers and commissioners, to support transformation of the health and social care system and understand the needs of people within Hertfordshire.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RWG/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 ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019

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
Watford General Hospital	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↑ Feb 2019	Requires improvement ↔ Feb 2019
St Albans City Hospital	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019
Hemel Hempstead Hospital	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019
Overall trust	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019

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 Watford General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement ↑ Feb 2019	Good ↑↑ Feb 2019	Requires improvement ↑ Feb 2019
Medical care (including older people's care)	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019
Surgery	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019
Critical care	Good Jan 2018	Good Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018
Maternity	Requires improvement ↓ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Services for children and young people	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
End of life care	Good Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Outpatients and diagnostic imaging	Requires improvement Jan 2018	Not rated	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Requires improvement →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Requires improvement →← Feb 2019	Good ↑ Feb 2019	Requires improvement →← Feb 2019

*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 St Albans City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019
Surgery	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Outpatients and diagnostic imaging	Requires improvement Jan 2018	Not rated	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓ Feb 2019	Inadequate ↓ Feb 2019	Inadequate ↓ Feb 2019

*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 Hemel Hempstead Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019
End of life care (mortuary only)	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Outpatients and diagnostic imaging	Requires improvement Jan 2018	Not rated	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Inadequate ↓ Feb 2019	Requires improvement ↔ Feb 2019

*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.

Hemel Hempstead General Hospital

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Hemel Hempstead
Hertfordshire
HP2 4AD
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www.westhertshospitals.nhs.uk

Key facts and figures

West Hertfordshire Hospitals NHS Trust provides acute healthcare services to a core catchment population of approximately 388,500 people living in west Hertfordshire and the surrounding area. The trust also provides a range of more specialist services to a wider population, serving residents of North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

There are 676 inpatient beds throughout the trust and over 4000 staff are employed. The majority of acute services are delivered at Watford Hospital.

Hemel Hempstead has a population of about 90,000 and is part of the Dacorum and the Hemel Hempstead constituency.

Hemel Hempstead General Hospital has an urgent care centre which is open from 8am to 11pm, seven days a week. In addition, there is an outpatients department and diagnostic and imaging services.

Trust activity for June 2017 to May 2018:

- 89,790 inpatient admissions (+3% change compared to the same time (2016/17), with 8,580 of those admission at Hemel Hempstead General Hospital.
- 544,786 outpatient attendances (+3% change compared to the same time (2016/17), with 126,725 of those attendances at Hemel Hempstead General Hospital.

We carried out an unannounced inspection on 6 November 2018 of Hemel Hempstead General Hospital

Summary of services at Hemel Hempstead General Hospital

Requires improvement   

At this inspection, we inspected urgent and emergency care. We did not inspect end of life care (mortuary only) or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

- Our rating for safe remained requires improvement overall. Mandatory training rates remained low and below the trust target.

Summary of findings

- Our rating for effective remained requires improvement overall. There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- Our rating for caring remained good overall. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Our rating for responsive remained good overall. In most cases, patients could access the service when they needed it.

Our rating for well led went down to inadequate overall.

- Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the urgent care centre, there remained little oversight of the service at divisional level.

Urgent and emergency services

Requires improvement   

Key facts and figures

The Urgent Treatment Centre (UTC) at Hemel Hempstead Hospital is open every day from 8am to 11pm.

The UCC is staffed by emergency nurse practitioners (ENPs), emergency care practitioners (registered paramedics), and administrative support staff. A general practitioner was supporting the unit at the time of the inspection due to changes being made to the GP service which was co-located with the UCC. The UCC also acted as a referral and treatment point for the trust's DVT service (assessment of blood clots in veins).

The co-located general practitioner service was commissioned separately and provided by a third party and so did not fall within the scope of this inspection.

The UCC provides a service for children and adults with minor injuries and acute illnesses. All patients are assessed by a nurse. Those with minor injuries or minor illnesses are treated by emergency nurse practitioners (ENP) or an emergency care practitioner.

Between October 2017 and September 2018, the UCC accommodated 31,317 attendances.

Patients who attend the UCC should be expected to be assessed and admitted, transferred or discharged within a four hour period in line with the national target for all accident and emergency and unscheduled care facilities.

The UCC forms part of the trust's emergency care division, which includes the emergency department at Watford General hospital and the Minor Injuries Unit at St Albans City Hospital. All three services are managed by the same division and have the same overall managers.

We carried out an unannounced inspection of the UTC on 6 November 2018. During our inspection, we spoke with seven members of staff and four patients, and we looked at ten sets of patients' records.

Summary of this service

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

- There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- Staff had access to guidelines and policies through the trust's intranet which were up-to-date and relevant. However, a range of printed policies and procedures which reflected clinical guidance that had been superseded was available across the department. This included guidance relating to the management of children requiring life support.
- Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the urgent care centre, there remained little oversight of the service at divisional level.
- There lacked a systematic and robust approach to governance and the management of risk.
- Despite our findings from previous inspection findings, we found that service enhancements and improvements had not been sustained. There was no effective process for identifying risks or plans to eliminate or reduce such risks.
- Information was of a poor quality with a reliance on manual processes to extract data; this was labour intensive and did not allow for real-time reporting. Information was not considered holistically to enable the divisional management team to assess the safety and effectiveness of the service.

Urgent and emergency services

- There was no active quality improvement strategy for the service at the time of the inspection.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We observed excellent multi-disciplinary working.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were able to explain how they acted in patient's best interests when they were unable to make decisions for themselves.
- 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. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.
- Staff took account of most patients' individual needs. Interpretation and translation services were available for people who were unable to speak English. Most staff showed a good awareness of the needs of patients with some complex needs such as those with a learning disability or autism.
- Managers across the trust 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 went down. We rated it as requires improvement because:

- Mandatory training rates remained low and below the trust target.
- Infection risks were not always well controlled. Some areas of the department were visibly unclean with dust and debris visible. There was a lack of assurance to demonstrate clinical areas were cleaned daily.
- Not all equipment and consumable items were regularly checked.
- Records containing confidential personal information was stored in an unlocked dirty utility area which could be accessed when the department was not staffed.
- A range of disposable items including swabs and airway management devices remained in stock despite having expired their use-by dates.
- Nursing staff continued to use patient group directions despite them not being duly authorised in line with trust policies.

Urgent and emergency services

- Reporting levels of incidents were lower than expected, as some incidents were not reported consistently.

However:

- Staff were observed to use best practice techniques including being bare below the elbow, five moments of hand cleaning and aseptic techniques for dressings and wound care.
- Nursing staff had the right qualifications, skills and experience to enable them to provide the right care to patients.
- There were some processes in place to ensure equipment was checked regularly and maintained.
- Staff understood how to protect patients from abuse.
- Staff had completed training on how to recognise and report abuse and they knew how to apply it.
- Staff were aware of their responsibility to report incidents both internally and externally and used the hospital's electronic reporting system.
- Staff kept detailed records of patient's care and treatment.
- Best practice was followed with regards to the storage of medicines.

Is the service effective?

Requires improvement ● → ←

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

- There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- A range of printed policies and procedures which reflected clinical guidance that had been superseded was available across the department. This included guidance relating to the management of children requiring life support therapy.

However:

- Staff had access to guidelines and policies through the trust intranet which were up-to-date and relevant.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers made sure staff had access to training and assessed their skills and competence for their role.
- Staff worked together as a team to benefit patients.
- 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.

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.

Urgent and emergency services

- 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.

Is the service responsive?

Good ● → ←

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

- In most cases, patients could access the service when they needed it.
- Ninety-nine percent of patients were admitted, transferred or discharged within four hours.
- Patient's needs were considered, with the expectation of those who were hard of hearing; there had been no environmental adaptations or consideration given to this cohort of patients.
- Staff investigated complaints and provided patients with an apology. Lessons learnt were evidence through changes to practice.
- The trust was able to demonstrate improvements in relation to complaint response times against a recovery plan.

However:

- Whilst there was a children's play area, this was not visually-audibly separated from the main adult waiting area.
- Complaints were not always responded to in line with the trust's target.

Is the service well-led?

Inadequate ● ↓ ↓

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

- Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the urgent care centre, there remained little oversight of the service at divisional level.
- There lacked a systematic and robust approach to governance and the management of risk. Despite our previous inspection findings, we found that service enhancements and improvements had not been sustained.
- Information was of a poor quality with a reliance on manual processes to extract data; this was labour intensive and did not allow for real-time reporting. Information was not considered holistically to enable the divisional management team to assess the safety and effectiveness of the service.
- There was no active quality improvement strategy for the service at the time of the inspection.
- Little work had been undertaken by the department to assess the needs of the population it served.

However:

- Staff reported a culture which was open and transparent. Members of the management team were described as approachable.
- The service could access the local GP information system in order they could access patient records in a timely way.

Urgent and emergency services

- The trust had however engaged with local commissioners during a period when a neighbouring service was decommissioned in order the services offered at the UCC could be amended.

Areas for improvement

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

St Albans City Hospital

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Key facts and figures

West Hertfordshire Hospitals NHS Trust provides acute healthcare services to a core catchment population of approximately 388,500 people living in west Hertfordshire and the surrounding area. The trust also provides a range of more specialist services to a wider population, serving residents of North London, Bedfordshire, Buckinghamshire and East Hertfordshire.

There are 676 inpatient beds throughout the trust and over 4000 staff are employed. The majority of acute services are delivered at Watford Hospital.

St Albans has a population of about 60,000 and is part of the St Albans constituency.

St Albans City Hospital has a minor injury unit which is open from 9am to 8pm, seven days a week, two surgical wards with a total of 40 beds and an outpatients department and diagnostic and imaging services.

Trust activity for June 2017 to May 2018:

- 89,790 inpatient admissions (+3% change compared to the same time (2016/17), with 11,905 of those admission at St Albans City Hospital.
- 544,786 outpatient attendances (+3% change compared to the same time (2016/17), with 117,432 of those attendances at St Albans City Hospital.

We carried out an unannounced inspection on 7 November 2018 of St Albans City Hospital

Summary of services at St Albans City Hospital

Inadequate ● ↓

At this inspection, we inspected urgent and emergency care. We did not inspect surgery or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

- Our rating for safe went down to inadequate overall. There remained no formalised process for clinically assessing patients presenting to the minor injuries unit, outstanding from previous inspections. Patients could wait for period of up to three hours before being seen by a healthcare professional.

Summary of findings

- Our rating for effective remained requires improvement overall. There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- Our rating for caring remained good overall. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Our rating for responsive went down to requires improvement overall. Supporting services including diagnostic imaging were not commissioned to mirror the opening times of the minor injuries unit. This meant patients were either required to reattend the service between 9am and 5pm Monday to Friday for an x-ray, or patients were directed to the emergency department at Watford General Hospital, or the urgent treatment centre at Hemel Hempstead.
- Our rating for well led went down to inadequate overall. Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the minor injuries service, there remained little oversight of the service at divisional level.

Urgent and emergency services

Inadequate ● ↓

Key facts and figures

The Minor Injuries Unit (MIU) at St Albans City hospital is open every day (except Christmas Day) from 9am to 8pm.

The MIU is staffed by emergency nurse practitioners (ENPs) and administrative support staff. It provides a service for children and adults with minor injuries such as lower limb and minor head injuries. The unit has five treatment rooms, a resuscitation room, and access to on-site x-ray facilities Monday to Friday from 9am to 5pm.

Patients who attend the MIU should be expected to be assessed and admitted, transferred or discharged within a four hour period in line with the national target for all accident and emergency and unscheduled care facilities.

The MIU forms a part of the trust's emergency care division, which includes the emergency department at Watford General Hospital and the Urgent Care Centre at Hemel Hempstead Hospital. All three services are managed by the same division and have the same overall managers.

We carried out an unannounced inspection of the MIU on 7 November 2018. During our inspection, we spoke with four members of staff and six patients, and we looked at fifteen sets of patients' records.

As a result of the inspection on 7 November 2018, the Care Quality Commission opted to utilise its urgent enforcement powers. We imposed conditions on the trust's registration, requiring them to instigate, with immediate effect, an effective process which ensured that all patients who presented to the MIU were initially assessed by a suitably trained member of staff within fifteen minutes of arrival. This was to ensure that in the event an extremely sick patient presented to the department, they would be assessed and managed in a timely way.

Summary of this service

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

- There remained no formalised process for clinically assessing patients presenting to the Minor Injuries Unit. Patients could wait for period of up to three hours before being seen by a healthcare professional.
- There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- Staff had access to guidelines and policies via the trust intranet which were up-to-date and relevant. However, a range of printed policies and procedures which reflected clinical guidance that had been superseded was available across the department. This included guidance relating to the management of children requiring life support therapy.
- Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the minor injuries service, there remained little oversight of the service at divisional level.
- There lacked a systematic and robust approach to governance and the management of risk. Despite our previous inspection findings, we found that service enhancements and improvements had not been sustained. There was no effective process for identifying risks or plans to eliminate or reduce such risks.
- Commissioners were seeking to extend clinical services at St Albans City Hospital however there had been no planning or review of staffing establishments and staff skill-sets to determine whether such an extension of services was feasible in the time-scale given. In part, this was because commissioners had not finalised a service specification to enable the trust to consider the full impact on staffing.

Urgent and emergency services

- Information was of a poor quality with a reliance on manual processes to extract data; this was labour intensive and did not allow for real-time reporting. Information was not considered holistically to enable the divisional management team to assess the safety and effectiveness of the service.
- There was no active quality improvement strategy for the service at the time of the inspection.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We observed excellent multi-disciplinary working. Therapies staff were based on some wards and staff communicated well with each other.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were able to explain how they acted in patient's best interests when they were unable to make decisions for themselves.
- 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. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.
- Staff took account of most patients' individual needs. Interpretation and translation services were available for people who were unable to speak English. Most staff showed a good awareness of the needs of patients with some complex needs such as those with a learning disability or autism.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Is the service safe?

Inadequate ● ↓

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

- There remained no formalised process for clinically assessing patients presenting to the minor injuries unit, outstanding from previous inspections. Patients were advised of waits of up to three hours before being seen by a healthcare professional.
- Mandatory training was provided in key skills to all staff, however completion rates remained low.
- Infection control risks were not well controlled. Patients were not always isolated in a timely way then they posed a possible infection risk to others.
- There was a lack of assurance to demonstrate clinical areas were cleaned daily.

Urgent and emergency services

- Whilst there were minimal vacancies within the team, there had been little consideration to how staff were deployed to meet the needs of patients in a timely way.
- Care records were not always accessible in a timely way to other health professionals working across West Hertfordshire Hospitals NHS Trust.
- Records containing confidential personal information was stored in an unlocked dirty utility area which could be accessed when the department was not staffed.
- Some substances hazardous to health including bleach based liquids were easily accessible.
- A range of disposable items including swabs and scissors remained in stock despite having expired their use-by dates.
- Nursing staff continued to use patient group directions despite them not being duly authorised in line with trust policies.
- There was a consensus amongst the management team of a culture of under-reporting of incidents. There were limited examples of learning from incidents and staff relied on historical examples, despite more recent incidents having occurred across the emergency medicine division where lessons had been learnt, which were applicable to the minor injuries unit.
- There was confusion regarding the major incident plan. Various copies of different plans were available across the department. The major incident plan for the Minor Injuries Unit was poorly developed as staffing models meant there were not always sufficient numbers of staff available for the plan to be instigated in full.

However:

- Staff were observed to use best practice techniques including being bare below the elbow and used the five moments of hand cleaning and aseptic techniques for dressings and wound care.
- Staff understood how to protect patients from abuse. Staff had completed training on how to recognise and report abuse and they knew how to apply it.
- Nursing staff had the right qualifications, skills and experience to enable them to provide the right care to patients.
- Staff kept detailed records of patient's care and treatment.
- Staff could describe the types of incidents they should report
- The service followed best practice when storing medicines.

Is the service effective?

Requires improvement ● → ←

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

- There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols. This had previously been identified by the Care Quality Commission as an area which required improvement.
- A range of printed policies and procedures which reflected clinical guidance that had been superseded was available across the department. This included guidance relating to the management of children requiring life support therapy; the management of meningitis; and guidance relating to the preparation of intravenous medicines.
- Water was not always available as it was kept behind the reception desk which was not always staffed.

Urgent and emergency services

However:

- Staff had access to guidelines and policies via the trust intranet which were up-to-date and relevant.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff worked together as a team to benefit patients.
- 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.

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.
- Staff involved patients and those close to them in decisions about their care and treatment

Is the service responsive?

Requires improvement ● ↓

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

- Supporting services including diagnostic imaging were not commissioned to mirror the opening times of the minor injuries unit. This meant patients were either required to reattend the service between 9am and 5pm Monday to Friday for an x-ray, or patients were directed to the emergency department at Watford General Hospital, or the urgent treatment centre at Hemel Hempstead.
- Whilst there was a children's play area, this was not separated from the main adult waiting area.
- Whilst staff investigated complaints and provided patients with an apology, lessons were not always learnt.
- Complaints were not always responded to in line with the trust's target however the trust continued to make improvements on its previous response times.

However:

- In most cases, patients could access the service when they need it. Initial assessment services had been planned around the needs of the local population.
- Ninety-nine percent of patients were admitted, transferred or discharged within four hours.
- The service took account of people's needs with the expectation of patients who were hard of hearing; there had been no environmental adaptations or consideration given to this cohort of patients.

Urgent and emergency services

Is the service well-led?

Inadequate ● ↓

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

- Whilst there had been changes to the leadership team with the addition of a senior emergency nurse practitioner to oversee and manage the minor injuries service, there remained little oversight of the service at divisional level.
- The vision and strategy for emergency services within the trust was not well established or widely known about amongst staff we interviewed.
- There was a commitment from the leadership team to resolve long standing cultural challenges within the department. Whilst the emergency care division had formalised governance arrangements, representation of the Minor Injuries Unit was poor.
- There lacked a systematic and robust approach to governance and the management of risk. Despite our findings during previous inspections, we found that service enhancements and improvements had not been sustained.
- There was no effective process for identifying risks or plans to eliminate or reduce such risks.
- Commissioners were seeking to extend clinical services at St Albans City Hospital however there had been no planning or review of staffing establishments and staff skill-sets to determine whether such an extension of services was feasible in the time-scale given. In part, this was because commissioners had not finalised a service specification to enable the trust to consider the full impact on staffing.
- Information was of a poor quality with a reliance on manual processes to extract data; this was labour intensive and did not allow for real-time reporting. Information was not considered holistically to enable the divisional management team to assess the safety and effectiveness of the service.
- There was no active quality improvement strategy for the service at the time of the inspection.

However:

- Staff reported a culture which was open and transparent. Members of the management team were described as approachable.

Areas for improvement

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

Watford General Hospital

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Key facts and figures

Watford General Hospital is the main site for the provision of acute health services for the West Hertfordshire Hospitals NHS Trust. It provides services for adults and children and young people including urgent and emergency care 24 hours a day, seven days a week.

West Hertfordshire Hospitals NHS Trust has approximately 676 beds, of which 72 are maternity, 19 are critical care and high dependency beds located across Watford General, Hemel Hempstead and St Albans City Hospital. The number of staff employed by the hospital as of June 2018 was 4,313. The hospitals services are commissioned by Herts Valley Clinical Commissioning Group.

The urgent and emergency care department saw 137,787 attendances, 37,554 of these were children between June 2017 to May 2018. There were 544,786 Outpatient attendances and 4,653 babies delivered at the maternity department at Watford General Hospital between June 2017 and May 2018. Within the children and young person's services the hospital had 8,536 admissions from June 2017 to May 2018.

Medical admissions within the trust from June 2017 to May 2018 were 48,774. Emergency admissions accounted for 25,819 (53%), 502 (1%) were elective, and the remaining 22,453 (46%) were day case.

The trust had 28,905 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 7,035 (24%), 17,959 (62%) were day case, and the remaining 3,911 (14%) were elective.

During this inspection, we spoke with 63 patients and their relatives, 220 staff, attended multi-disciplinary meetings, handovers and checked 81 healthcare records.

We carried out unannounced inspections from 15 to 18 October and 30 October to 1 November 2018.

Summary of services at Watford General Hospital

Requires improvement   

At this inspection, we inspected urgent and emergency care, medical care, surgery and maternity. We did not inspect urgent and critical care, services for children and young people, end of life care or outpatients at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

Summary of findings

- Our rating for safe remained requires improvement overall. Mandatory training compliance did not meet the trust target of 90% and safeguarding adults and children training compliance was below the trust target for medical staff.
- Our rating for effective remained good overall. The trust was not meeting the target of 90% for staff receiving appraisals, with one area at 54.6%. There remained a lack of monitoring of patient outcomes and compliance with evidence-based protocols in the UCC and MIU. This had previously been identified by the Care Quality Commission as an area which required improvement.
- Our rating for caring remained good overall. All services were rated good for caring. 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 provided emotional support to patients to minimise their distress.
- Our rating for responsive remained requires improvement overall. Not all patients could access services when required. In ED, waiting times to be seen for treatment were generally higher (worse) than the England average. In surgery, waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. In maternity, delays were reported in antenatal clinic waiting times (ANC) and Triage waiting times which had continued to be a theme from complaints. Complaints were not dealt with in a timely manner across the urgent and emergency care services, nor were lessons learned and shared at the MIU.
- Our rating for well led improved to good overall. Some of the issues identified in our 2017 inspection had not been resolved. For example, inpatient areas had patient names displayed on white boards in areas visible to visitors walking onto the ward. Service enhancements and improvements had not been sustained at the MIU and UCC. The ED did not have effective arrangements in place to ensure information used to monitor, manage and report on performance was accurate. Information was of a poor quality with a reliance on manual processes to extract data at the MIU and UCC; this was labour intensive and did not allow for real-time reporting.

Urgent and emergency services

Requires improvement  

Key facts and figures

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

The ED has a reception and waiting area. The majors' area has nine cubicles, and three side rooms, one of which is the designated mental health assessment room. The minors' area has six cubicles, and two rooms that are suitable for the assessment of independently mobile patients, but are not large enough to accommodate patients admitted on a trolley. There is a nine-bedded resuscitation area, and a STARR (senior team assessment and rapid response) area, which has seating and five cubicles for the initial assessment of patients. There is also an eight-bedded clinical decision unit (CDU), which includes two side rooms.

Watford General Hospital has a separate children's ED, which is adjacent to the adult ED. It consists of a waiting area, two side rooms, a bay with four trolleys and two cots, and a resuscitation room, which has two beds and one resuscitaire. There is also a five-bedded children's observation bay. The children's ED sees children and young people up to the age of 16 years.

There were 137,086 attendances from July 2017 to June 2018, 24.6% of these resulted in admission. The England average for this time was 18.7%.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We used a variety of methods to gather evidence to assess urgent and emergency care services at Watford General Hospital.

We visited the adult and children's emergency departments, the clinical decision unit and children's observation bay. We spoke with 55 members of staff, 11 patients/relatives, five paramedic/ambulance staff, and reviewed 28 sets of patient records and seven drug charts.

We interviewed the clinical lead consultant and lead nurse for emergency medicine. We spoke with the director of emergency medicine, and medical, nursing and support staff, such as consultants, junior doctors, nurses, health care assistants, paramedics and porters. We observed the environment and care provided to patients. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans. Some of the performance data provided was only available trust wide and therefore relates to all hospital sites covered by West Hertfordshire NHS Trust. Performance data regarding Watford General Hospital only has been used where available.

Summary of this service

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

- The service did not have effective arrangements in place to ensure information used to monitor, manage and report on performance was accurate.
- Appropriate records of patients' care and treatment were not always kept. Records were not always up-to-date and were sometimes completed retrospectively. Mental health risk assessments completed by the mental health provider were not available to ED staff.

Urgent and emergency services

- Not all patients could access the service promptly when they needed it. Waiting times to be seen for treatment were generally higher (worse) than the England average. More patients waited longer than four hours for a decision to admit, treat or discharge than the England average.
- We were not assured that adult patients with mental health concerns were appropriately monitored at all times.
- Patient confidentiality was not always protected due to the layout of the main reception area and location of the streaming window.
- The emergency department was generally unsecured.
- Not all staff had received an annual appraisal.
- The Friends and Family Test response rate was worse than the England average.

However:

- 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. Staff involved patients and those close to them in decisions about their care and treatment. Actions were taken to improve service provision in response to complaints and feedback received.
- The service had sufficient medical and 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. This was an improvement since the last inspection in 2017. Mandatory training in key skills was provided and most staff were up to date with annual refresher training.
- 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 investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to the delivery of care because of lessons learned.
- 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. While the service did not generally meet national standards, performance was mostly comparable with national averages.
- 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 within the emergency department and staff were committed to providing the best possible care for patients.
- The service had a vision of what it wanted to achieve and clear objectives to ensure the vision was met. Issues with capacity and flow in the department were now seen as a hospital-wide concern, and staff from all areas were working together to improve ED performance and the patient experience.
- The service had made significant improvements in ambulance turnaround times since our last inspection.

Is the service safe?

Requires improvement ● ↑

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

Urgent and emergency services

- Appropriate records of patients' care and treatment were not always kept. Records were not always up-to-date and were sometimes completed retrospectively. Mental health risk assessments completed by the mental health provider were not available to ED staff.
- The adult emergency department was generally unsecured. We also found some unsuitable furniture in the dedicated mental health room that could potentially have been used as a weapon. This had been removed when we returned.
- We were not assured that adult patients with mental health concerns were appropriately monitored at all times.
- Not all medical staff had received up-to-date training in safeguarding children level one and two.
- We found patients were not always weighed prior to being prescribed weight-dependent anticoagulant medicine.

However:

- For most patients, we found risks were managed and patients generally received assessments, treatment, and observations in a timely way. The service planned for emergencies and staff understood their roles if one should happen. While ambulance turnaround times did not generally meet national recommendations, the service had made significant improvements in regard to this performance indicator.
- The service had enough nursing staff 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. Nurse staffing levels and skill mix were planned in line with guidance on safe staffing in emergency settings. Patient needs were met at the time of inspection with staff of the right skill level and experience.
- Medical staffing levels within the urgent and emergency care service were sufficient to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff. Most staff were up to date with annual refresher training.
- The service generally had suitable premises and equipment and looked after them well. Risk assessments were in place where the security of the environment posed a potential risk to patient safety in the children's emergency department. Equipment required for resuscitation was available for all age ranges and processes were in place to ensure emergency equipment was checked daily.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection, such as handwashing and use of personal protective equipment. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained.
- The service generally prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. There were 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.
- 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 undertook mortality and morbidity reviews to learn from them.
- Staff in the children's emergency department kept appropriate records of patients' care and treatment.

Urgent and emergency services

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Staff were encouraged and supported to develop their knowledge, skills and practice. Competency frameworks were in place to ensure staff gained the skills and experience relevant to their grade.
- Pain was assessed and managed on an individual basis and was generally monitored by staff. In the most recent national pain in children audit, the service generally performed better than the national average.
- The multidisciplinary team worked together to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- 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. While they did not generally meet national standards, performance was mostly comparable with national averages. Action plans were developed to improve performance where indicated.
- 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 generally gave patients enough food and drink to meet their needs while in the ED. They used special feeding and hydration techniques when necessary.
- Both the adult and children's ED were operational 24 hours a day, seven days a week.
- Patients who used urgent and emergency care services were supported to live healthier lives and manage their own health, care and wellbeing.

However:

- Managers did not always appraise staff's work performance annually

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it 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 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.

Urgent and emergency services

- Bereavement policies and pathways were in place to support the relatives of patients who passed away in the department. Staff were especially caring and responsive to parents who suffered the loss of a child or young person. They were committed to continually improving the care and services they provided for bereaved parents.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ↑

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

- Not all patients could access the service promptly when they needed it. Waiting times to be seen for treatment were generally higher (worse) than the England average. More patients waited longer than four hours for a decision to admit, treat or discharge than the England average.
- Patient confidentiality was not always protected due to the layout of the main reception area and location of the streaming window.
- Signage in the emergency department was not always clear to patients and visitors. Waiting times displayed were not always up to date. The service was taking action to address this, with the installation of a television in the main reception area.
- Some complaints were not always dealt with in a timely manner.

However:

- The number of patients who left the department without being seen was lower (better) than the England average. Performance in the children's ED was consistently close to and at times did meet the national four-hour standard. Staff were working collaboratively with other hospital departments to improve patient flow in the ED.
- The trust was undertaking work to develop the local services. They planned and provided services in a way that generally met the needs of local people.
- The service generally took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good ● ↑↑

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

- The urgent and emergency care service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about the senior management team and department managers, and felt well supported.
- Managers across the service 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 and worked together to do so.

Urgent and emergency services

- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care. The arrangements for governance were clear and operated effectively. Staff understood their roles and accountabilities.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy were developed with involvement from staff and key groups representing the local community.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Electronic systems used were secure with security safeguards in place.

However:

- The service did not have effective arrangements in place to ensure information used to monitor, manage and report on performance was accurate.
- The emergency department's Friends and Family Test response rate was worse than the England average.

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Good  

Key facts and figures

The medical care service at West Hertfordshire Hospitals NHS Trust provides care and treatment for a range of specialities. There are 390 medical inpatient beds located at Watford General Hospital.

(Source: Routine Provider Information Request P2 - Sites)

The trust had 48,774 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 25,819 (53%), 502 (1%) were elective, and the remaining 22,543 (46%) were day case.

Admissions for the top three medical specialties were:

- General medicine 20,467
- Gastroenterology 12,956
- Clinical haematology 4,231

(Source: Hospital Episode Statistics)

The service was previously inspected in September 2017 when we rated it as requires improvement overall. It was rated as requires improvement for safe and responsive and as good for effective, caring and well led.

We carried out an inspection from 6 November 2018 to 8 November 2018. Our inspection was unannounced. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The inspection team consisted of an inspector, an assistant inspector (from 4 November to 6 November 2018) and two specialist advisors (for one day). We visited the following areas at Watford General Hospital:

- Acute Admission Unit (AAU) which is on three levels
- AAU level 3 Coronary bay cardiac, green and purple
- Aldenham ward -respiratory medicine
- Bluebell ward- Dementia care unit
- Cassio ward -Gastroenterology
- Croxley ward -Care of the elderly
- Dick Edmunds stroke unit
- Heronsgate/Gade ward – Haematology, rheumatology and endocrinology
- Medical assessment unit
- Patient lounge -discharge area
- Sarratt ward -Care of the elderly
- Winyard ward -Care of the elderly

During the inspection visit the inspection team:

- Spoke with 18 patients who were users of the service.

Medical care (including older people's care)

- Spoke with the managers or the nurse in charge for each of the wards and clinical areas.
- Spoke with 45 members of staff including senior managers, doctors, nurses, health care assistants, advanced clinical practitioners, administrative staff, housekeeping staff, housekeeping assistants and allied health professionals.
- Reviewed parts of 10 patient care records relating to assessments, care plans, medicines administration and observation charts.

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

Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- Risks associated with infection prevention and control were controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.
- There were enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Care and treatment provided was based on national guidance and evidence of its effectiveness. Audits were completed 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 and monitored the amount they ate and drank when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers 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 a lower than expected risk of re-admission to hospital for medicine overall.
- Managers made sure staff had access to training and assessed their skills and competence for their role.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We observed excellent multi-disciplinary working. Therapies staff were based on some wards and staff communicated well with each other.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were able to explain how they acted in patient's best interests when they were unable to make decisions for themselves.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Medical care (including older people's care)

- 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. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.
- Medical services planned and provided services in a way that met the needs of local people. They worked collaboratively with stakeholders to develop services to benefit the local population.
- Staff took account of most patients' individual needs. Interpretation and translation services were available for people who were unable to speak English. Most staff showed a good awareness of the needs of patients with some complex needs such as those with a learning disability or autism.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Managers treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. There was some variability of experience and skills at band seven level, however, the nursing leadership team were aware of the issues and providing support and development to staff.
- Managers had a vision for what they wanted to achieve and workable plans to turn it into action. The vision and strategy were developed with involvement from staff 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.
- A systematic approach was used to continually improve the quality of services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. We found examples of discussion at department and divisional level to identify improvements to the quality, safety and effectiveness of care.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- Managers were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. We found numerous examples of continuous improvement and development of services to sustain them into the future.

However:

- Only 74% of medical staff had attended trust adult safeguarding training at level 2 as compared with a trust target of 90%.
- The environment in which medical services were provided were not always designed and managed to ensure the safety of patients using them. We found measures to improve the safety of the environment for patients with delirium and dementia were not fully implemented and learning was not transferred to other wards. Staff reported maintenance issues, however, they were not always addressed in a timely manner.
- Staff did not always escalate or refer patients when their risk score (NEWS) indicated a deterioration in their condition.
- There were mostly enough nursing and theatre staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. However, the skills and deployment of staff sometimes impacted on the timeliness and responsiveness of care.

Medical care (including older people's care)

- When antibiotics were prescribed, there was no evidence of a review date or rationale for continuing the medicines in the medicines administration record.
- Staff did not always receive feedback about incidents and lessons learned from them. We found examples of actions taken in response to incidents in one area, in which lessons from the incident were not applied in other similar areas. Managers did not always appraise staff's work performance to provide support and monitor the effectiveness of the service. We also identified some concerns with the skills of two nursing staff in calming a patient living with dementia.
- Mental capacity assessments and best interest decisions were not always documented as required.
- We identified a lack of shower facilities and single sex toilet facilities on the medical assessment unit, which was being used to care for inpatients at the time of the inspection.
- Adaptations to the environment on care of the elderly wards were not consistently or fully implemented, to improve the experience of patients living with dementia.
- There were no agreed criteria for the use of the medical assessment unit as an inpatient area in times of capacity issues.
- The trust information technology systems were slow and access to computers was an issue for staff in some areas. We also found some areas had patient names displayed on white boards in areas visible to visitors walking onto the ward.
- We found that learning identified in one area did not always result in changes in others and some areas of concern we identified at our inspection in September 2017 had not significantly improved.

Is the service safe?

Requires improvement ● → ←

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

- Only 74% of medical staff had attended trust adult safeguarding training at level 2 as compared with a trust target of 90%.
- The environment in which medical services were provided were not always designed and managed to ensure the safety of patients using them. We found measures to improve the safety of the environment for patients with delirium and dementia were not fully implemented and learning was not transferred to other wards. Staff reported maintenance issues, however, they were not always addressed in a timely manner.
- Staff did not always escalate or refer patients when their risk score (NEWS) indicated a deterioration in their condition.
- There were mostly enough nursing with the right qualifications, skills, training and experience to keep people safe from avoidable harm. However, the skills and deployment of staff sometimes impacted on the timeliness and responsiveness of care.
- When antibiotics were prescribed, there was no evidence of a review date or rationale for continuing the medicines in the medicines administration record.
- Staff did not always receive feedback about incidents and lessons learned from them. We found examples of actions taken in response to incidents in one area, in which lessons from the incident were not applied in other similar areas.

However:

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. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.
- Risks associated with infection prevention and control were controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.
- There were enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Is the service effective?

Good   

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

- Care and treatment was provided based on national guidance and evidence of its effectiveness. Audits were completed 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 and monitored the amount they ate and drank when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers 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 a lower than expected risk of re-admission to hospital for medicine overall.
- Managers made sure staff had access to training and assessed their skills and competence for their role.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We observed excellent multi-disciplinary working. Therapies staff were based on some wards and staff communicated well with each other.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were able to explain how they acted in patient's best interests when they were unable to make decisions for themselves.

However:

- Managers did not always appraise staff's work performance to provide support and monitor the effectiveness of the service. We also identified some concerns with the skills of two nursing staff in calming a patient living with dementia.
- Mental capacity assessments and best interest decisions were not always documented as required.

Medical care (including older people's 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 provided emotional support to patients to minimise their distress.
- Staff mostly involved patients and those close to them in decisions about their care and treatment. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.

However:

- We spoke with three patients who expressed concerns about a lack of communication between staff and departments which impacted on their confidence and trust in the care provided.

Is the service responsive?

Good  

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

- Medical services were planned and provided services in a way that met the needs of local people. They worked collaboratively with stakeholders to develop services to benefit the local population.
- Staff took account of most patients' individual needs. Interpretation and translation services were available for people who were unable to speak English. Most staff showed a good awareness of the needs of patients with some complex needs such as those with a learning disability or autism.
- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Managers treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- We identified a lack of shower facilities and single sex toilet facilities on the medical assessment unit, which was being used to care for inpatients at the time of the inspection.
- Adaptations to the environment on care of the elderly wards were not consistently or fully implemented, to improve the experience of patients living with dementia.
- There were no agreed criteria for the use of the medical assessment unit as an inpatient area in times of capacity issues.

Medical care (including older people's care)

Is the service well-led?

Good ● → ←

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

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. There was some variability of experience and skills at band seven level, however, the nursing leadership team were aware of the issues and providing support and development to staff.
- Managers had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy were developed with involvement from staff 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.
- Managers 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. We found examples of discussion at department and divisional level to identify improvements to the quality, safety and effectiveness of care.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- Managers were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. We found numerous examples of continuous improvement and development of services to sustain them into the future.

However:

- The trust information technology systems were slow and access to computers was an issue for staff in some areas. We also found some areas had patient names displayed on white boards in areas visible to visitors walking onto the ward.
- We found that learning identified in one area did not always result in changes in others and some areas of concern we identified at our inspection in September 2017 had not significantly improved.

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.

Surgery

Good  

Key facts and figures

West Hertfordshire Hospitals NHS Trust surgery services are provided at two hospital sites, Watford General Hospital and St Albans City Hospital. Findings about services at St Albans City Hospital are in a separate report.

Surgery services are managed within the trust's surgery, anaesthetics, and cancer division. The division is led by a divisional director, divisional manager, and head of nursing. There are clinical leads and managers for each surgical speciality and for theatres.

Watford General Hospital has five main operating theatres covering general surgery, trauma, and orthopaedics. Theatre one was dedicated for emergency trauma operations. Theatre five was dedicated for low risk, and day case surgery. The theatre suite comprises of five theatres and the post operation recovery area. The hospital has six inpatient wards (Cleves, Flaunden, Langley, Letchmore, Ridge and Elizabeth) with a total of 163 beds, a pre-assessment unit, an emergency surgical admissions unit (ESAU) and an admissions area combined with a day surgery unit (Surgical Admission Unit/Surgical day case area). Fracture and orthopaedic clinics were also held at this site.

Watford General Hospital provides a range of elective (planned) and emergency (unplanned) surgery services for the community it serves. The trust had 28,905 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 7,035 (24.3%), 17,959 (62.1%) were day case, and the remaining 3,911 (13.5%) were elective.

(Source: Hospital Episode Statistics)

During our unannounced inspection on 16 to 18 October 2018, we visited all areas providing surgery services at the hospital, spoke with 13 patients or their relatives, observed patient care and treatment and looked at 25 patient care records. We spoke with 70 members of staff including nurses, doctors, surgeons, therapists, healthcare assistants, administrators, theatre staff, ward managers, matrons, and senior managers. We also considered the environment and held focus groups attended by trust staff prior to the inspection and reviewed the trust's surgery performance data.

Surgery was previously inspected in September 2017 and was rated good for effective, caring and well-led, and required improvement for safe and responsive. The overall rating was requires improvement.

Summary of this service

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

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation. Recruitment had improved which had in turn improved the culture and morale of the staff.
- Mandatory training was provided in key skills to staff and generally everyone completed it. There was improving compliance with the trust target of 90% completion.
- Infection risks were controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There were enough medical and 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. Staffing levels were appropriate to meet patients' needs during our inspection.

Surgery

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- 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. Most nursing staff had received training on how to recognise and report abuse and they knew how to apply it
- Patient safety incidents were managed 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.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Oversight of risk to patients on a waiting list was effective.
- Outcomes were mainly good with the trust performing better than national average for most indicators. They compared local results with those of other services to learn from them.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a vision for achievement and workable plans to turn this into actions, developed with involvement from staff and patients.
- There was a systematic approach to continually improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Information was collected, analysed, managed, and used to support all activities, using secure electronic systems with security safeguards.
- Patients and staff were engaged with to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

- Patients could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. Cancelled operations were still higher than the national average.
- Premises were not always suitable for purpose. There had been a delay in the service's theatre refurbishment plans. Managers were actively working on revised plans.
- Medical staff compliance with annual refresher safeguarding training was 72% at the time of inspection.
- Managers monitored the effectiveness of care and treatment but did not always use the findings to improve them.
- Improvements had been made in venous thromboembolism (VTE) assessments but still did not meet trust targets. Compliance with staff debriefs post-surgery was variable.

Is the service safe?

Good  

Surgery

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

- Mandatory training in key skills was provided to staff and managers generally made sure everyone completed it. There was improving compliance against the trust target of 90%.
- Infection risks were controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There was enough medical and 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. Staffing levels were appropriate to meet patients' needs during our inspection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Most nursing staff had received training on how to recognise and report abuse and they knew how to apply it
- Best practice was followed when prescribing, giving, recording, and storing medicines. Patients received the right medication at the right dose at the right time.
- Patient safety incidents were managed 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.
- Safety monitoring was in place. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Oversight of risk to patients on a waiting list was effective.

However:

- Medical staff compliance with annual refresher safeguarding training was 72% at the time of inspection.
- Premises were not always suitable for purpose. There had been a delay in the service's theatre refurbishment plans. Managers were actively working on revised plans.
- Improvements had been made in venous thromboembolism (VTE) assessments but still did not meet trust targets. Compliance with staff debriefs post-surgery was variable.

Is the service effective?

Good   

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

- Care and treatment was provided based on national guidance and evidence of its effectiveness. Managers assessed staff compliance with guidance and identified areas for improvement.
- 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.

Surgery

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment but did not always use the findings to improve them. Outcomes were mainly good with the trust performing better than national average for most indicators. They compared local results with those of other services to learn from them.
- 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 to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service was working towards being a seven-day service.
- Staff took opportunities to promote healthy lifestyle options for patients
- 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 (MCA). 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 provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- Patients could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. Cancelled operations were still higher than the national average.

However:

- Services were planned in a way that met the needs of local people.
- Patients' individual needs were taken into account. The service had a person-centred care approach to meeting the needs of patients living with a dementia.

Surgery

- Concerns and complaints were taken seriously, investigated and learned lessons from the results, and shared with all staff.

Is the service well-led?

Good ● → ←

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a vision for what the surgical service wished to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a systematic approach to continually improve the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Information was collected, analysed, managed, and used to support all the surgical service's activities, using secure electronic systems with security safeguards.
- Patients and staff were engaged with, to plan and manage appropriate services. Additionally, there was effective collaboration with partner organisations.
- There was a commitment to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation. Recruitment had improved which had in turn improved the culture and morale of the staff.

Areas for improvement

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

Maternity

Good   

Key facts and figures

The maternity unit at West Hertfordshire Hospitals NHS Trust provides maternity services to women living in West Hertfordshire and the surrounding areas and is located at Watford General Hospital. The service provides hospital-based antenatal care, intrapartum and postnatal care for women who access care at the trust. There are two satellite units at Hemel Hempstead and St Albans providing antenatal, homebirth services and postnatal community care. Inpatient services are provided solely at Watford Hospital.

Births take place in a variety of settings including a consultant-led labour ward, the midwifery-led Alexandra Birthing Centre (ABC) which had two birthing pools, and home-settings for women aiming to access home birthing services. The hospital has a 15-bedded antenatal ward, a maternity day assessment unit, fetal medicine and screening services. The 28-bedded postnatal ward has an additional six-bedded transitional care bay where care is provided jointly by maternity and neonatal services. The consultant-led delivery suite has seven delivery rooms, two dedicated obstetric theatres and, a three-bedded recovery bay and a two-bedded high dependency bay for women who need higher levels of care. There is also a bereavement suite, a two-bedded triage bay and assessment / admission room.

Outpatient maternity services are provided at the hospital in conjunction with community services and GP practices. The hospital employs community midwives who care for women and their babies during their antenatal and postnatal period and provides a home birth service. Community midwives are aligned to local GP practices and children's centres.

There are 71 maternity beds at Watford hospital and in the period April 2017 to March 2018 there were 4,653 deliveries. There were approximately 1,100 deliveries per annum in the ABC. Of these 56.5% (2,628) were normal (non-assisted deliveries) which is lower than the England average of 59.3%. Additionally, total caesarean sections were 28.6% (1,328) which was similar to the England average of 28.3%. There were 14.9% (694) of instrumental deliveries which was higher than the England average of 12.4%.

The service was last inspected on the 30 August to 1 September 2017 when the service was rated as good for safe, effective, caring, responsive and well-led.

We carried out our inspection of West Hertfordshire NHS Trust from the 16 to the 18 October 2018. During our inspection we visited clinical areas in the service including delivery suite, antenatal and postnatal wards, the ABC, theatres and maternity day assessment unit.

During our inspection we spoke with:

- Twelve women who were using the service and nine relatives.
- The managers of each of the departments or the member of staff in day to day charge of the department.
- Forty five members of staff including midwives, nurses, matrons, consultants, junior doctors, senior managers and support staff.
- We observed care and reviewed 18 medical care records and/or prescription charts. We also reviewed the trust's performance data and trust policies.

Summary of this service

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

Maternity

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Staff cared for women and babies with compassion and they were motivated to provide care that promoted women's privacy and dignity. Feedback from women and relatives confirmed staff treated them well and with kindness.
- The service planned and delivered services in a way that met the needs of local people. The importance of choice and continuity of care was reflected in future maternity care provision.
- The maternity service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss throughout their time in hospital and return home.
- Maternity services had a clear vision and set of values which focused on quality and safe care. The service was reviewing its vision, values and maternity strategy which were expected to be completed by March 2019.
- Governance arrangements were proactively reviewed and reflected best practice. The service used a systematic approach to improving quality of its services and safeguarding high standards by creating an environment in which the quality of care could flourish.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe to use. The service continued to review the security arrangements of its premises to ensure the safety of women and babies.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. The trust target of 90% completion was met for the majority of safeguarding children training.
- 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.
- Although the service had sufficient midwifery staff with the right qualification, skills, training and experience at the time of the inspection, staff raised concerns about staff shortages. Suitable measures were in place through appropriate use of bank and agency staff which kept women and babies safe and provided the right care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Women's and babies' nutrition and hydration needs were identified, monitored and met. Pain was assessed and managed well on an individual basis and was regularly monitored by midwifery and nursing staff.
- Leaders had a shared purpose and strived to deliver and motivate staff to succeed. Although there were high levels of satisfaction among the majority of staff, satisfaction and morale amongst some staff was mixed.

However:

- Staff in triage and the Maternity Day Assessment Unit (MDAU) were not always aware of best available evidence and plans for the management and care of women with reduced fetal movements.
- Records on delivery suite were not written clearly by medical staff and signatures were not always printed and were not legible.

Maternity

- Mandatory training compliance for staff in maternity services was variable as staff were not meeting the trust target of 90% for mandatory training.
- Safeguarding training compliance for medical staff was variable as staff were not meeting the trust target of 90% for children and adults training at levels 1 and 2.
- Delays were reported in antenatal clinic waiting times (ANC) and Triage waiting times which had continued to be a theme in patient complaints.
- A theme from complaints was the delay in administration of pain relief. The service was taking appropriate steps to address concerns and action plans were in place.
- Functionality and interface of information technology systems was impacting on care quality and staff morale. There was a lack of information technology support in the hospital and connectivity issues in maternity teams in the community.

Is the service safe?

Requires improvement ● ↓

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

- Staff in triage and the MDAU were not always aware of best available evidence and plans for the management and care of women with reduced fetal movements.
- Records on delivery suite were not written clearly by medical staff and signatures were not always printed and were not legible.
- Mandatory training compliance for staff in maternity services was variable as staff were not all meeting the trust target of 90% for mandatory training.
- Safeguarding training compliance for medical staff in maternity services was variable as staff were not meeting the trust target of 90% for children and adults training at levels 1 and two.

However:

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe to use. The service continued to review the security arrangements of its premises to ensure the safety of women and babies.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. The trust target of 90% was met for the majority of safeguarding children training.
- Although there were sufficient midwifery staff with the right qualifications, skills, training and experience staff raised concerns about staff shortages. Suitable measures were in place through appropriate use of bank and agency staff which kept women and babies safe and provided the right care.
- Best practice was followed when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

Maternity

- There was enough medical staff with the right qualifications, skills and expertise to keep people safe from avoidable harm and to provide the right care and treatment.
- The maternity service used the national maternity safety thermometer designed to support improvements in patient care and experience.
- Risks to both women and babies were not managed well, however the majority of patients received assessments and treatment and observations in a timely manner.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Women's and babies' hydration and nutrition needs were identified, monitored and met.
- The effectiveness of care and treatment was monitored and used the findings to improve them. The service acted promptly to address patient outcomes not in line with trust thresholds or national averages.
- Staff were proactively supported and encouraged to acquire new skills and use their transferrable skills and share best practice.
- Maternity services were committed to working collaboratively. Medical staff, midwives, anaesthetists and other health care professionals supported each other to provide good care.
- Women had access to midwifery, obstetric and anaesthetic support seven days a week. Arrangements were in place to keep women and their babies safe out of hours.
- Women who used maternity services were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood how and when to assess whether a patient had capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Whilst pain was assessed and managed well on an individual basis and was regularly monitored by nursing and midwifery staff a theme from complaints was the delay of administration of pain relief.

Is the service caring?

Good ● → ←

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

- Staff cared for women and babies with compassion and they were motivated to provide care that promoted women's privacy and dignity. Feedback from women and relatives confirmed staff treated them well and with kindness.

Maternity

- Staff provided emotional support to women and their families to minimise their distress. Women's emotional and social needs were important to staff and there was ongoing support for bereaved women and their families.
- Staff involved women and those close to them in decisions about their care and treatment. They provided women and their partners with the opportunity to ask questions and raise concerns throughout the care pathway.

Is the service responsive?

Good ● → ←

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

- Services were planned and delivered in a way that met the needs of local people. The importance of choice and continuity of care was reflected in future maternity care provision.
- The maternity service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs.
- Patients were able to access the service when they needed it. The maternity service had not closed the unit on any occasion from July 2017 to June 2018.
- Concerns and complaints were treated seriously, investigated and learned lessons from the results which were shared with staff.

However

- Delays were reported in antenatal clinic waiting times (ANC) and Triage waiting times which had continued to be a theme from complaints.

Is the service well-led?

Good ● → ←

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

- Governance arrangements were proactively reviewed and reflected best practice. The service used a systematic approach to improving quality of its services and safeguarding high standards by creating an environment in which quality of care could flourish.
- Maternity services had a clear vision and set of values which focused on quality and safe care. The service was reviewing its vision, values and maternity strategy which were expected to be completed by March 2019.
- Leaders had a shared purpose and strived to deliver and motivate staff to succeed. Although there were high levels of staff satisfaction among the majority of staff, staff satisfaction and morale amongst some staff was mixed.
- Leadership at senior level demonstrated a high level of experience and capability to deliver high quality sustainable care. Leadership at local level was experiencing a period of change and transition and some staff reported they felt unsettled and leaders were less visible in some areas.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected. Divisional risk registers identified key risks and all risks were recorded on risk registers.
- Overall, the service collected, analysed and used information well to support its activities.

Maternity

- Staff recognised the importance of engaging with women, their families and local organisations and involved them in the development of services Staff felt they were generally kept informed and were consulted about changes to service provision.
- The service was committed to improving services learning from when things went well and when things went wrong, promoting training, research and innovation.

However:

- Functionality and interface of information technology systems was impacting on care quality and staff morale. There was a lack of information technology support in the hospital and connectivity issues in maternity teams in the community.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

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

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

Diagnostic and screening procedures

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

Surgical procedures

Treatment of disease, disorder or injury

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

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

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

Bernadette Hanney, Head of Hospital Inspections, chaired and led this inspection. Two inspection managers, an executive reviewer, a medical director, a clinical fellow, a governance specialist advisor, a pharmacist specialist, hospital inspectors, and assistant inspectors supported the inspection of the trust overall. The team included a total of six hospital inspectors, two mental health inspectors, one assistant inspector and 13 specialist advisors.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.