

West Hertfordshire Hospitals NHS Trust

Inspection report

Trust Headquarters
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Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

Our reports

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.

Summary of findings

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RWG/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RWG/inspection-summary).

Background to the trust

West Hertfordshire Hospitals NHS Trust provides acute healthcare services to a core catchment population of approximately half a million 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 663 inpatient beds throughout the trust and over 5038 staff are employed across three sites, Watford General Hospital, St Albans City Hospital and Hemel Hempstead General Hospital. There are over 300 volunteers across the trust.

The trust's services are commissioned 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 663 inpatient beds, of which the majority are at the Watford General Hospital site. Of these, 72 beds provide maternity services and 19 beds form the critical care and high dependency units.

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

The majority of acute services are provided at Watford General Hospital which offers the full ranges of district general hospital services. St Albans City Hospital provides planned/ elective surgical services for low risk patients in addition to a full range of outpatients and diagnostic imaging. There is also a minor injuries unit at St Albans City Hospital. Services at Hemel Hempstead General Hospital include an urgent care centre, medical inpatient beds, endoscopy services, diagnostic imaging and outpatients services.

Summary of findings

Services are mainly commissioned by the Herts Valley Clinical Commissioning Group.

There are over 5038 staff employed by the trust as of August 2019. There are also over 300 volunteers across all services including inpatient and outpatient areas and additional services such as the league of friends tea shop.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

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 trust's fifth inspection since 2015, and the second inspection using our new methodology, whereby we inspect a selected number of core services, and include an inspection of the well-led key questions for the trust overall.

We completed an unannounced inspection of urgent and emergency care, medicine (including care for older adults) and surgery at the Watford General Hospital. Urgent and emergency care was previously rated as requires improvement in the February 2019 inspection. Surgery and Medicine were both rated as good in the February 2019 inspection.

We also inspected medicine (including care for older adults) and the urgent care centre at Hemel Hempstead General Hospital. Medicine was last inspected in March 2017, when we rated it as inadequate. The service was transferred to another provider shortly after our last inspection and temporarily returned to the trust in October 2019. The urgent care centre was previously rated as requires improvement in our February 2019 inspection.

The minor injuries unit at St Albans City Hospital was also inspected, having been rated as inadequate in February 2018.

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 10 and 11 March 2020. This was the trust's second well-led inspection.

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

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

What we found

Overall trust

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

Summary of findings

We rated effective, caring and well led as good and safe and responsive as requires improvement. This was an improvement from our last inspection when we found caring as good and safe, effective, responsive and well led as requires improvement.

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

In rating the overall trust, we took into account the current ratings of the core services not inspected this time. Of the 18 core services across all three sites that have been inspected to date. None were rated as inadequate, two were rated as requires improvement and the remaining services were rated as good. We rated the trust 'effective' as good overall even though one of the location (St Albans City Hospital) was 'requires improvement'. This was because it would be disproportionate due to the size and nature of the services at St Albans minor injuries unit. Although our inspection methodology has changed, we have not inspected diagnostic imaging or outpatient services as individual core services and their combined ratings remain good as of the January 2018 inspection.

We rated well led for the trust overall as good.

Are services safe?

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

- Mandatory training compliance had improved although there were some area where compliance was not in line with the trust target, particularly medical staff compliance.
- Safeguarding training varied across services, with some areas not achieving the trust target.
- Clinical environments were not always suitable to needs. Theatre recovery was not suitable as there was no separate children's recovery area. Clinical areas were not always visibly clean.
- Patient records were not always detailed or of a high quality. There were some gaps in recording of care and treatment, and staff signatures and dates were missing. Some patients notes were untidy with some surgical speciality records difficult to locate. Patient weights were not always recorded which could impact on patients safety with regards to medicine prescribing. Some patients risk assessments were not routinely repeated, although patients were escalated appropriately if they showed any signs of deterioration.
- Some prescriptions for antibiotics did not record review dates as per best practice. This concern was raised at our last inspection. Antibiotics were also not always administered in a timely manner when managing patients with suspected sepsis.
- Staff did not always complete daily checks of equipment, such as resuscitation equipment to ensure it was safe to use.
- Cleaning materials were not stored securely and could be accessed by unauthorised people. Some cleaning schedules were not signed or dated, and some were outdated.

However:

- The design, maintenance and use of faculties, premises and equipment kept people safe. Staff were trained to use equipment and staff managed clinical waste well.
- Staff completed risk assessments for each patient and used recognised assessment tools to assess and monitor for changes in patients clinical conditions.
- Infection prevention and control was managed well. Staff kept themselves and equipment clean. They used control measures to prevent the risk of spreading infections. Hand hygiene was generally good.

Summary of findings

- There was enough medical and nursing staff with the right skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment across all services.
- Staff generally 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 and shared across the trust. 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 improved. We rated it as good because:

- 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. Services 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.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Services were available seven days per week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- 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:

- Pain scores were not always recorded.
- Performance in national audits was variable.
- Not all staff had completed Mental Capacity Act and Deprivation of Liberty Safeguards training. There was also some gaps in the recording of patients capacity and details of best interest discussions.

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.

Summary of findings

Are services responsive?

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

- Not all patients could access treatment when they wanted it. Performance data was varied and showed delays in patient assessments times in emergency departments and prolonged referral to treatment times across some specialities.
- Complaint response times were sometimes longer than guidance within the trust policy.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust mostly collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.

However:

- Information systems were not fully integrated. Whilst there was a plan in place to improve, staff told us IT systems were not always user friendly and could cause delays in accessing information.
- There was some lack of clarity around Simpson ward at Hemel Hempstead General Hospital and their role the future

Summary of findings

Use of resources

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

NHS Improvement are assessing all non-specialist acute NHS trusts and foundation trusts for their Use of Resources assessments. The aim of the assessment is to improve understanding of how productively trusts are using their resources to provide high quality and sustainable care for patients. The assessment includes an analysis of trust performance against a selection of initial metrics, using local intelligence, and other evidence. This analysis is followed by a qualitative assessment by a team from NHS Improvement during a one-day site visit to the trust.

Combined quality and resource

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

Our combined rating for Quality and Use of Resources is awarded by combining our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating, using the ratings principles included in our guidance for NHS trusts.

This is the second time that we have awarded a combined rating for Quality and Use of Resources at this trust. The combined rating for Quality and Use of Resources for this trust was requires improvement because:

- The overall cost per WAU for 17/18 was £3,546 which is slightly higher than the national average of £3,500. At the time of the last assessment the cost per WAU was £3,484 and was lower than average. This represents a very small deterioration on this metric.
- The trust's clinical services are being delivered mostly productively with improvements in areas such as discharging patients in a timely fashion and ensuring care plans in place on admission, as well as innovative practices such as early morning bloods rounds.
- The Trust is on a journey of improvement and has rightly prioritised patient facing elements such as recruitment and retention, staff care such as accommodation for overseas recruits and innovative approaches to doctors training such as using overseas trained UK junior doctors on the Physicians Associates pathway.
- Higher costs in back office functions are as a result of agreed investment in clinically necessary areas such as frontline recruitment and pastoral care of overseas joiners. The finance function is high cost but the offset of this is that more of the savings the Trust is making are transformational and therefore more sustainable and long lasting.

The trust was rated requires improvement for use of resources. Full details of the assessment can be found on the following pages www.cqc.org.uk/RWG/reports.

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.

Areas for improvement

We found areas for improvement including seven breaches of legal requirements that the trust must put right. We also found 40 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.

Summary of findings

Action we have taken

We issued three 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 at Watford General Hospital, and medical care at Watford General Hospital and Hemel Hempstead General Hospital.

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.

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

Watford General Hospital:

Urgent and Emergency Care:

We told the trust that it must take the following actions to bring services into line with legal requirements:

- The trust must ensure medical staff are up to date with their mandatory training requirements. Regulation 18 (2)(a)
- The trust must ensure that daily safety checks of specialist equipment such as resuscitation equipment are completed. Regulation 12 (1)(2)(e).

Medical Care:

We told the trust that it must take the following actions to bring services into line with legal requirements:

- The trust must ensure medical staff are up to date with safeguarding training. Regulation 13 (1)(2).
- The trust must ensure medical staff are up to date with adult basic life support training. Regulation 12 (1)(2)(c)

Hemel Hempstead General Hospital:

Medical Care:

We told the trust that it must take the following actions to bring services into line with legal requirements:

- The trust must ensure that patient medical records are accurate, complete and contemporaneous including risk assessment and nutritional assessments. Regulation 17 (2) (c).
- The trust must ensure that risks are identified, reviewed and acted upon in a timely manner to mitigate risk. Regulation 12 (2) (b)

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

Summary of findings

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

Watford General Hospital:

Urgent and Emergency Care:

- The trust should ensure that all seating is fit for purpose (Regulation 12).
- The trust should ensure all cleaning materials covered by COSHH are stored in line with legislation (Regulation 15).
- The trust should ensure that records are always clear, up-to-date or easily available to all staff providing care (Regulation 17).
- The trust should ensure that patients are weighed to facilitate medication dosing (Regulation 12).
- The trust should ensure that all medicines are stored securely in line with legislation (Regulation 12).
- The trust should ensure that pain scores are clearly recorded (Regulation 12).
- The trust should ensure that patients received antibiotics for the treatment of suspected sepsis in a timely manner (Regulation 12).
- The trust should ensure they improve complaint response times for complex cases. (Regulation 16).
- The trust should ensure that IT systems are appropriate to service needs(Regulation 15).

Medical Care:

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

- The trust should improve compliance with mandatory, mental capacity and deprivation of liberty safeguard training amongst medical staff. (Regulation 12).
- The trust should ensure all medical wards are cleaned regularly and to ensure cleaning schedules are in place. (Regulation 12).
- The trust should ensure all cleaning materials covered by Control of Substances Hazardous to Health Regulations 2002 (COSHH, 2002) are stored appropriately. (Regulation 15).
- The trust should ensure medicines are managed in line with guidelines. The trust should ensure that antibiotic prescriptions clearly record review dates and ensure that patients weights are clearly recorded. (Regulation 12).
- The trust should ensure relevant information is communicated to patients around their care and treatment. (Regulation 9).
- The trust should ensure that audit performance is in line with national targets. (Regulation 17).
- The trust should ensure they improve complaint response times for complex cases' (Regulation 16).
- The trust should ensure that IT systems are appropriate to service needs. (Regulation 15).

Surgery:

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

- The trust should ensure that mandatory training compliance is above the trust target. (Regulation 12).

Summary of findings

- The trust should ensure theatre staff maintain hand hygiene at all times.(Regulation 12).
- The trust should ensure patient resuscitation and treatment plan records are completed and information is easy to locate. (Regulation 17).
- The trust should continue to ensure people can access the service when they needed it. (Regulation 17).
- The trust should ensure that complaint responses are timely in line with trust policy. (Regulation 16).
- The trust should ensure that IT systems are appropriate to service needs. (Regulation 15).

St Albans City Hospital:

Minor Injuries Unit:

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

- The trust should ensure that mandatory training compliance is in line with trust targets. (Regulation 12).
- The trust should ensure that all staff receive annual appraisals. (Regulation 12).
- The trust should ensure that audits are used to monitor compliance with policy and performance. (Regulation 17).
- The trust should ensure that patients receive treatment within one hour of arrival to the department, in line with national guidance. (Regulation 17).
- The trust should ensure they improve complaint response times for complex cases. (Regulation 16).

Hemel Hempstead General Hospital

Urgent Care Centre

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

- The trust should ensure that National Early Warning Scores are recorded for every admission. (Regulation 12).

Medical Care:

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

- The trust should ensure that substances subject to the Control of Substances Hazardous to Health Regulations 2002 (COSHH, 2002), are stored safely and line with service policy. (Regulation 15).
- The trust should have systems and processes in place to ensure that staff are aware of any recent medicine related incidents and share learning from incidents. (Regulation 12).
- The trust should ensure that all incidents are reported appropriately. (Regulation 17).
- The trust should ensure that plans for the ward are shared with the team and all services are included in the hospital vision. (Regulation 17).
- The trust should ensure they improve complaint response times for complex cases. (Regulation 16).

Summary of findings

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.

Our rating of well led at the trust improved. We rated well led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation using quality improvement methodology.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The newly developed trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability.
- Senior leaders made visits to all parts of the trust and fed back to the board to discuss challenges staff and the services faced. Staff were also encouraged to attend the board meetings and focus groups to share opinions and challenges.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions including clinical leads. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust. Plans for developments were discussed openly with patient safety and pathways a priority.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. It supported the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The board reviewed performance reports that included data about the services, which divisional leads could challenge.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Quality improvement methodology was beginning to be rolled out across divisions with evidence of positive outcomes. There had been a number of improvements in a number of the core services since our last inspection.

However:

- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level.
- IT systems were not always user friendly and caused some users with delays in accessing or recording information. Although there was a plan to address this, it had not yet been fully implemented.

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 ↑ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Requires improvement ↔ Jun 2020

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 ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020
St Albans City Hospital	Requires improvement ↑ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↑ Jun 2020	Good ↑↑ Jun 2020	Requires improvement ↑ Jun 2020
Hemel Hempstead Hospital	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Good ↑ Jun 2020	Requires improvement ↑ Jun 2020	Requires improvement ↑ Jun 2020
Overall trust	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↑ Jun 2020	Requires improvement ↔ Jun 2020

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 →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Requires improvement →← Jun 2020	Good →← Jun 2020	Requires improvement →← Jun 2020
Medical care (including older people's care)	Requires improvement →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020
Surgery	Good →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Requires improvement →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020
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	Requires improvement Jan	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Outpatients	Requires improvement Jan 2018	N/A	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Requires improvement →← Jun 2020	Good →← Jun 2020	Good →← Jun 2020	Requires improvement →← Jun 2020	Good →← Jun 2020	Requires improvement →← Jun 2020

*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	Good ↑↑ Jun 2020	Requires improvement →← Jun 2020	Good →← Jun 2020	Good ↑ Jun 2020	Good ↑↑ Jun 2020	Good ↑↑ Jun 2020
Surgery	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Outpatients	Requires improvement Jan 2018	N/A	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Requires improvement ↑ Jun 2020	Requires improvement →← Jun 2020	Good →← Jun 2020	Good ↑ Jun 2020	Good ↑↑ Jun 2020	Requires improvement ↑ Jun 2020

*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 →← Jun 2020	Good ↑ Jun 2020	Good →← Jun 2020	Good ↑ Jun 2020	Good ↑↑ Jun 2020	Good ↑ Jun 2020
Medical care (including older people's care)	Requires improvement Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Requires improvement Jun 2020	Requires improvement Jun 2020
Outpatients	Requires improvement Jan 2018	N/A	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Overall*	Requires improvement →← Jun 2020	Good ↑ Jun 2020	Good →← Jun 2020	Good ↑ Jun 2020	Requires improvement ↑ Jun 2020	Requires improvement →← Jun 2020

*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

Hillfield Road
Hemel Hempstead
Hertfordshire
HP2 4AD
Tel: 01442213141
www.westhertshospitals.nhs.uk

Key facts and figures

Hemel Hempstead General Hospital has an urgent care centre (UCC) which is open from 8am to 10pm daily, seven days a week. Other facilities provided by the trust on site includes a medical inpatient ward (Simpson ward), endoscopy unit, diagnostic imaging and outpatient clinics. The inpatient ward was transferred to the trust from another provider in October 2019.

Summary of services at Hemel Hempstead General Hospital

Requires improvement ● → ←

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

- Patients assessments were not always completed in a timely manner, and records were not always kept up to date. There remained some confusion within the inpatient team as to the long term plans for the service.

However

- Urgent and emergency care services improved and were rated good overall. There had been improvements in the governance arrangements of the department and there was clear oversight from clinical leads based at Watford General Hospital. The team were fully engaged and were starting to look at quality and service improvements.
- Medical services improved and were rated as requires improvement. There had been changes to the functionality of the inpatient area and the leadership which had impacted positively.

Urgent and emergency services

Good  

Key facts and figures

Trust wide, urgent and emergency care is provided across three sites, including an emergency department at Watford General Hospital, a Minor Injuries Unit at St Albans Community Hospital and an Urgent Care Centre at Hemel Hempstead. This section of the inspection report relates to the Urgent Care Centre (UCC) at Hemel Hempstead Hospital only.

The UCC is a nurse-led unit co-located with a 24-hour GP service and provides a service for adults and children over two years old with minor injuries and illnesses. It also provides a referral point for the trust's deep vein thrombosis (DVT) service (assessment of blood clots in veins).

The UCC provides care for walk in patients as well as those who contact NHS 111 and are advised to see a GP. The service is open from 8am to 10pm seven days per week and is manned by emergency nurse practitioners, emergency care practitioners, staff nurses, healthcare assistants, reception staff and GPs. Another local health provider provides GPs and reception staff. West Hertfordshire Hospitals Trust manages the service, providing clinical leadership. A full-time lead nurse provides nursing leadership.

The facility consists of two triage rooms, treatment rooms, clinic rooms, plaster room, and a resuscitation room. Radiology services are co located to enable easy access to x-rays.

Our inspection on 18 and 19 February was unannounced. It consisted of one CQC inspector, an assistant inspector and one specialist advisor. During our inspection we spoke with 8 staff, 4 patients and relatives. We reviewed 8 sets of medical records. During and after our inspection we also reviewed a wide range of documentation including policies, standard operating procedures, meeting minutes, risk registers, actions plans and results from local audits.

Summary of this service

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

The service maintained safe staffing numbers and ensured that staff received the appropriate training to complete their roles. Patient risks were assessed, and referrals were made to appropriate services or clinicians in a timely manner. There were processes in place to ensure patient safety and follow up any incidents or delays to ensure patients were not harmed. Clinical areas were clean, well maintained and suitable to patient's needs. Medicines were managed in line with guidance and policy.

Staff used relevant guidance to inform treatment and decision making. Staff worked collaboratively to manage the workload and were supported by managers to ensure competence and development. Patients pain was well managed, and patients could access food and hydration. The service was available seven days a week and staff offered guidance to patients to lead healthier lives.

Patients were treated respectfully and with compassion. Where possible feedback was gathered, and this was largely positive. Patients relatives were supported.

The service was designed to meet the needs of the local population and staff worked flexibly to ensure that patients were treated in line with key performance indicators. Specific needs were largely met. Managers measured treatment times to ensure that performance was in line with national guidance. Complaints were well managed, and any learning shared across the team.

Urgent and emergency services

There had been changes across the leadership and governance structure of the service which staff felt were positive. There was a shared governance process across the trust, and a robust process for escalating information to and from the clinical leads and trust board. Audits were used to inform decision making about performance and risks were reviewed regularly. There was a positive culture of support and staff worked collaboratively with partner organisations to maintain an effective service.

Is the service safe?

Requires improvement ● → ←

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

- It was not clear how site-specific triage times were recorded. Data received showed that triage was not completed within 15 minutes of a patients arrival to the department.
- National Early Warning Scores were not always recorded for every admission.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- 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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels.
- Staff kept detailed records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff and visitors.

Urgent and emergency services

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Due to the type of service staff did not provide patients with nutrition or oral hydration.
- Staff generally assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

Urgent and emergency services

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The percentage of patients admitted, transferred or discharged within four hours was in line or above the England average.

However:

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were below the national standards.
- Complaint response times were sometimes longer than guidance within the trust policy.

Is the service well-led?

Good ● ↑↑

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups. They collaborated with partner organisations to help improve services for patients.

Urgent and emergency services

- All staff were committed to continually learning and improving services. They had understanding of quality improvement methods and the skills to use them. Leaders encouraged participation in research.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

Trust wide, the medicine division at West Hertfordshire Hospitals NHS Trust oversees the care of 320 medical inpatient beds (this excludes acute admission units), the cardiac catheter laboratory and endoscopy services. This section of the inspection report relates to medical care provided on Simpson Ward and the endoscopy service at Hemel Hempstead Hospital only.

Simpson Ward is located on the Hemel Hempstead site; it was transferred to the trust on 1 October 2019. Nursing leadership is provided by a full-time band 8A. Beds are allocated to patients who meet pathway 3 of the South Warwickshire Discharge to Assess (DTA) model of care or meet Flex Criteria (point of care) when there is capacity and no pathway 3 patient identified.

The endoscopy service at Hemel Hempstead Hospital performs approximately 7500 outpatient gastroscopies, therapeutic colonoscopies and flexible sigmoidoscopies per year. The unit is open Monday to Friday, 8am to 6pm and also offers additional sessions dependent on demand at weekends.

We last inspected medical care at Hemel Hempstead Hospital in September 2016 where we rated the service as inadequate overall. After the 2016 inspection, the service was managed by another registered healthcare provider. The service returned to West Hertfordshire Hospitals NHS Trust management in August 2019.

Our inspection on 18 February and 2 March 2020 was unannounced. It consisted of three CQC inspectors and one specialist advisor. During our inspection we spoke with staff, patients and relatives. We reviewed nine sets of medical records. During and after our inspection we also reviewed a wide range of documentation including policies, standard operating procedures, meeting minutes, risk registers, actions plans and results from local audits.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe and most staff had completed relevant training. The service controlled infection risk well. Staff did not always assess risks to patients, act on them or kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. However, documentation did not always demonstrate that a patient's food and fluid intake had been assessed accurately. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Medical care (including older people's care)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. However, not all risks had been identified by leaders.

Is the service safe?

Requires improvement ● ↑

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

- The service provided mandatory training in key skills to all staff however not all staff had completed it. There was a plan in place to ensure compliance across all staff.
- Staff managed clinical waste well however cleaning chemicals were not always stored in a safe manner.
- Staff did not always complete or update risk assessments for each patient or take actions to remove or minimise risks.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear or up-to-date.
- We could not gain assurances that incidents were always reported appropriately.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Records were easily accessible to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good ● ↑

Medical care (including older people's care)

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care on Simpson Ward. The endoscopy service operated Monday to Friday with the provision of weekend opening dependent on demand.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- Staff mostly gave patients enough food and drink to meet their needs and improve their health however we saw that medical records did not always accurately reflect a patient's nutrition and fluid intake.

Is the service caring?

Good  

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Medical care (including older people's care)

- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Requires improvement ● ↑

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

- The strategy was more focused on West Hertfordshire Hospitals NHS Trust rather than Simpson ward at Hemel Hempstead General Hospital. We could not see evidence that the vision and strategy were focused on sustainability of services on Simpson ward at Hemel Hempstead General Hospital.
- Leaders did not always identify and escalate relevant risks and issues and identified actions to reduce their impact.

However:

- Leaders had the right skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service worked with relevant stakeholders to ensure the service met the needs of patients and local community. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- We saw evidence that leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

St Albans City Hospital

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Key facts and figures

St Albans City Hospital has a minor injury unit (MIU) 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.

Summary of services at St Albans City Hospital

Requires improvement ● ↑

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 for urgent and emergency care improved. We rated them as good because:

- There had been significant improvements in the minor injuries unit. Specifically, in leadership and risk management.
- The MIU now had a formal process in place to ensure that all patients received an appropriate initial assessment by a qualified healthcare professional. This was an improvement from our previous inspection.

Urgent and emergency services

Good ● ↑↑

Key facts and figures

The Minor Injuries Unit (MIU) at St Albans City Hospital forms part of West Hertfordshire Hospitals NHS Trust emergency care division which also includes the Emergency Department at Watford General Hospital and the Urgent Care Centre at Hemel Hempstead Hospital.

The MIU is staffed by emergency nurse practitioners (ENPs) and administrative support staff and is managed by a lead emergency nurse practitioner. The service runs from 9am to 8pm, seven days a week with radiology services available during these times. It provides treatment for adults and children with minor injuries such as sprains and strains, arm and leg injuries, cuts and grazes, burns and scalds, eye injuries, minor head injuries, insect and animal bites and allergic reactions.

From January 2019 to December 2019 there were 15,695 attendances at the MIU. Attendances were increasing from 2019 to 2020; 1067 patients were treated in January 2019 and 1297 patients were seen in January 2020.

We inspected the whole core service of Urgent and emergency care as part of our inspection programme. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

The MIU had previously been inspected in November 2018 which resulted in conditions being imposed on the trust's registration. This required the trust to ensure that all patients who presented to the MIU were assessed within fifteen minutes of arrival by a suitably trained member of staff. This was to ensure that in the event an extremely sick patient presented to the unit, they would be assessed and treated in a timely way.

During our inspection, we spoke with five members of staff and five patients, and we reviewed 15 sets of patient records which included adult and paediatric records. We also followed up on the enforcement actions we served following our previous inspection.

Summary of this service

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

- The service had enough staff and suitable skill mix to care for patients and keep them safe. Nursing staff had training in key skills, managed safety well and understood how to protect patients and keep them from harm. Clinical areas were clean, well-maintained and the arrangements for managing waste kept people safe. The service managed medicines well and they were stored securely. Staff kept detailed records of patients' care and treatment.
- Key services including x-rays were available seven days a week. Staff worked together in a structured way to ensure patients received good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff assessed and managed patient pain levels using appropriate tools. Managers ensured staff received relevant training and supported them to deliver effective care and treatment.
- Staff provided emotional support to patients, families and carers. The service actively asked patients for feedback which was largely positive. A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey
- The service planned care to meet the needs of local people and made it easy to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. Managers ensured performance was in line with national guidance by monitoring and improving initial assessment and treatment times.

Urgent and emergency services

- The trust had implemented changes across the leadership and governance structure strengthening local leadership. Staff felt supported, respected and valued in their role. They understood the service's vision and values which were the same as the trust and these were patient focussed. Staff were committed to improving services and worked well as a team.

However:

- The service did not carry out local audits to consider the effectiveness of the service they were providing or enable improvements to be identified and implemented.

Is the service safe?

Good ● ↑↑

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

- The service provided mandatory training in key skills including the intermediate level of life support training to all staff and made sure everyone completed it.
- 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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Requires improvement ● →←

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

- Staff did not always monitor the effectiveness of care and treatment.

Urgent and emergency services

However:

- The service provided some care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Patients could access oral hydration and nutrition, but this was not routinely offered.
- Staff generally assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Nurses and support staff worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Should it be required, they knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, and took account of their individual needs, although their privacy and dignity was not always respected.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- Our rating of responsive improved. We rated it as good because:
- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Urgent and emergency services

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Complaint responses were sometimes longer than guidance within the trust policy.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● ↑↑

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had an understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Watford General Hospital

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Key facts and figures

Watford General Hospital is the trusts headquarters and the centre of most emergency and elective services. Emergency services include an adult and children's emergency department, acute admissions services for surgical and medical patients, intensive care unit and stroke services. Elective services include inpatient surgical beds, day case procedures (within all specialities) and a full range of diagnostic imaging and outpatient services. Watford General Hospital also provides women's and children's services including neonatal services.

Summary of services at Watford General Hospital

Requires improvement ● → ←

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

- Urgent and emergency care services remained as requires improvement for safe and responsive. Whilst there had been a number of initiatives introduced to improve access and flow, performance was still worse than the England average. Some safety practices were not embedded throughout the department such as consistent equipment checks.
- In surgery, patients could not always access care and treatment in a timely manner. Despite a plan in place to improve performance, referral to treatment times were generally lower than the England average and significantly worse in some areas.

However:

- We also found that teams across all core services were collaborating in quality improvement projects to improve service delivery. There was evidence that this was having a positive impact on quality of care, however, this was yet to be embedded.

Urgent and emergency services

Requires improvement   

Key facts and figures

Details of emergency departments and other urgent and emergency care services

- Watford General Hospital: Emergency department, including the children's emergency department
- St Albans City Hospital: Minor injuries unit
- Hemel Hempstead Hospital: Urgent care centre

(Source: Routine Provider Information Request (RPIR) – Sites tab)

The trust's urgent and emergency care service is delivered across all three of their sites:

- The emergency department is located at Watford General Hospital. This has a nine bedded resus department which accepts both trauma and stroke patients; an eight bedded (plus chairs) clinical decision unit; a minors area run by dedicated emergency nurse practitioners (ENPs), including triage by a registered nurse; a five space senior team rapid assessment and treatment (STARR) area (plus chairs); a 22 bedded majors area; plus a mental health room and chair area.
- The trust's children's emergency department is adjacent to their adult emergency department. This has a dedicated paediatric resuscitation area and paediatric assessment unit. The service benefits from both paediatric ENPs and emergency paediatricians.
- At Hemel Hempstead Hospital, the trust has an urgent treatment centre which is supported by both GPs and ENPs. It runs from 8am to 10pm seven days a week, offering radiology services during these times.
- At St Albans City Hospital, the trust has an ENP-led minor injuries unit which runs from 9am to 8pm seven days a week, offering radiology services during these times.

(Source: Acute Routine Provider Information Request (RPIR) – Acute context tab)

The emergency department, including the children's emergency department were managed within the division of emergency medicine. The last CQC inspection of the emergency department at Watford General Hospital was in November 2018 when the service was rated as requires improvement overall. Safe and Responsive were rated as requires improvement. The remaining three key questions of effective, caring, and well led were rated as good.

We carried out an unannounced inspection from 11 to 13 February 2020, during which we visited the emergency department located at Watford General Hospital. We visited the resus department, clinical decision unit; a minors area, the senior team rapid assessment and treatment (STARR) area, majors area; plus, a mental health room and chair area. We visited the children's emergency department, the paediatric resuscitation area and paediatric assessment unit.

We spoke with 60 members of staff including nurses, doctors, matrons, senior managers, healthcare assistants, pharmacists, allied health professionals, and administrative staff. We also spoke with 18 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 16 care records. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

The inspection team consisted of a lead inspector and two specialist advisors with emergency medicine backgrounds.

Urgent and emergency services

Summary of this service

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

- Staff completion of care records was variable in quality. Some records we looked had gaps, for example, missing entries, dates, signatures and important information such as weight.
- Staff did not always carry out daily safety checks of specialist equipment. For example, not all resus trolleys had recorded checks to ensure they were in date and ready to use in the event of an emergency. The entries on the trolley checklists were inconsistently completed.
- Staff in the resuscitation area sat on chairs that were torn which could present as an infection prevention control issue.
- Staff assessed patient's pain using a recognised tool however, did not always provide pain relief in line with individual needs and best practice.
- Medical staff had not kept up-to-date with their mandatory training. Medical staff were compliant in just two of the 15 mandatory training modules.
- Staff did not always store cleaning materials safely in line with national guidance.
- People could not always access the service when they needed it. Although a number of initiatives had been introduced to improve access and flow, the service was not meeting any of the national standards and consistently performing worse than the national average in some areas.

However;

- The service had enough staff to care for patients and keep them safe. Staff mostly had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them. They generally managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Urgent and emergency services

Is the service safe?

Requires improvement ● → ←

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

- Medical staff compliance for mandatory training was below the trust target.
- We found a small amount of seating in the resuscitation area which was visibly torn, posing a potential risk of infection.
- Daily checks on resuscitation equipment were not always recorded and staff did not always store cleaning materials covered by control of substances hazardous to health (COSHH) safely and in line with legislation.
- Records were not always clear, up-to-date or easily available to all staff providing care.
- There were gaps in the recording of patient weights and the controlled drug cupboard was not always locked.

However;

- The service provided training in most key skills including the highest level of life support training to all staff.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Although we found some concerns in staffing areas. The service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept secure records of patients care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff and visitors.

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Pain scores were not always recorded.
- Sepsis audits showed varied compliance in the administration of antibiotics.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Urgent and emergency services

Is the service responsive?

Requires improvement ● → ←

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

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Although it was easy for people to give feedback and raise concerns about care received through concerns and complaints. Complaints were not always responded to within the time scale outlined in trust policy.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Urgent and emergency services

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The IT systems were slow and not user friendly.

Medical care (including older people's care)

Good   

Key facts and figures

The medicine division oversees the care of 320 medical inpatient beds (this excludes acute admission units), the cardiac catheter laboratory and endoscopy services.

In October 2019, a pilot commenced at the trust whereby specialist consultants were integrated in front door management (managing patients presenting at urgent and emergency services), to review patients quickly and identify alternative pathways to admission. The division supported the frailty unit in ambulatory care (service aimed to identify patients with frailty as soon as possible, to improve outcomes, including reducing avoidable hospital admissions and supporting patients to be cared for in the community), and had been working in partnership with the Emergency Care Improvement Programme (ECIP) on back door flow and enhanced working with the discharge planning team and social care services. Weekly review meetings were in place for patients with long lengths of stay; this includes a work stream on discharge planning. Discharge assessment review teams are also in place for patients with a length of stay over 21 days, whereby they are reviewed on the ward by a clinical team.

The medicine division at the trust works in partnership with general practice and clinical commissioning group colleagues through integrated care transformation pathways and other partners. A series of integrated services were in place within respiratory, diabetes and rheumatology specialities. The trust provided a Joint Advisory Group (JAG) accredited endoscopy unit and provided the bowel scope screening programme.

Simpson ward is located on the Hemel Hempstead site; it was transferred to the trust on 1 October 2019. Nursing leadership is provided by a full-time senior nurse. Beds are allocated to patients who meet pathway three of the South Warwickshire discharge to assess (DTA) model of care or meet flex criteria (point of care) when there is capacity and no pathway three patient identified.

The integrated discharge team had partnered with the medicine division and work closely with the flow manager to reduce length of stay.

The trust had 52,396 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 26,563 (50.7%), 514 (1.0%) were elective, and the remaining 25,319 (48.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 21,557 admissions
- Gastroenterology: 15,511 admissions
- Clinical haematology: 4,012 admissions

Medical care services were managed within the division of medicine. The last CQC inspection of the medical care service at Watford General Hospital was in November 2018 when the service was rated as good overall. Safe was rated as requires improvement. The remaining four key questions of effective, caring, responsive and well led were rated as good.

We carried out an unannounced inspection from 11 to 13 February 2020, during which we visited the acute admissions unit, medical assessment unit, ambulatory care, metabolic day unit, discharge lounge, endoscopy unit and 12 medical wards.

Medical care (including older people's care)

We spoke with 83 members of staff including nurses, doctors, matrons, senior managers, healthcare assistants, pharmacists, allied health professionals, and administrative staff. We also spoke with 21 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 19 care records including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

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

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff mostly had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Although the service provided mandatory training in key skills to all staff, not all medical staff completed it. Not all medical staff were up to date with safeguarding training. This was a concern we raised at our last inspection.
- Although most of the areas we visited were clean, we observed some wards which had not been cleaned regularly. Cleaning schedules were not always signed and dated to evidence regular cleaning took place. We found old cleaning schedules in the bathroom on Cassio ward which were dated April 2019.
- Cleaning materials that were covered by control of substances hazardous to health (COSHH) were not always locked and secured in line with legislation. We found sluices where COSHH material was stored were unlocked on some of the wards we visited.
- Although the service generally used systems and processes to safely prescribe, administer, record and store medicines, we found the indication and review dates for patients commenced on antibiotics was not always recorded

Medical care (including older people's care)

in charts we reviewed on the acute admissions unit (AAU). When antibiotics are prescribed, the indication and a review date should be recorded, to ensure antibiotics are not continued for any longer than is necessary. This was a concern raised at our last inspection. On AAU, patient weights were not always recorded on drug charts for venous thromboembolism prophylaxis. The anticoagulation and thromboprophylaxis policy states to adjust doses of medication based on patients' weights. We also observed some prescription charts with medications crossed off and not signed by doctors. It is good practice to sign and state the reason why medication was stopped.

Is the service safe?

Requires improvement ● → ←

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

- Although the service provided mandatory training in key skills to all staff, not all medical staff completed it.
- Not all medical staff were up to date with safeguarding training. This was a concern we raised at our last inspection.
- Although most of the areas we visited were clean, we observed some wards which had not been cleaned regularly. Cleaning schedules were not always signed and dated to evidence regular cleaning took place. We found old cleaning schedules in the bathroom on Cassio ward which were dated April 2019.
- Cleaning materials that were covered by control of substances hazardous to health (COSHH) were not always locked and secured in line with legislation. We found sluices where COSHH material was stored were unlocked on some of the wards we visited.
- Antibiotic prescriptions did not always include review dates and patients weights were not always recorded.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had attended training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They generally kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service generally used systems and processes to safely prescribe, administer, record and store medicines.

Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service planned for emergencies and staff understood their roles if one should happen.

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvement.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Performance in national outcome audits were variable.
- Medical staff compliance with mandatory Mental Capacity Act and Deprivation of Liberty Safeguard training was not in line with trust targets.

Is the service caring?

Good  → ←

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

Medical care (including older people's care)

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff mostly supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

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 stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Complaint response times were sometimes longer than guidance within the trust policy.

Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Medical care (including older people's care)

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Staff reported the trust's information technology systems were slow.

Surgery

Good   

Key facts and figures

Watford General Hospital has eight operating theatres, including three for women's and children's services. Five main operating theatres cover general surgery, trauma, and orthopaedics. Theatre one was dedicated for orthopaedic trauma operations. Theatre five was dedicated for 24 hour emergency surgery in line with national recommendations. The theatre suite comprises of five theatres and the post operation recovery area. The hospital has six surgical inpatient wards (Cleves, Flaunden, Langley, Letchmore, Ridge and Elizabeth) with a total of 132 beds (please note, this figure was supplied after our inspection, data submitted prior to inspection demonstrated 120 beds in surgery), a preassessment 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 specialties they provide are:

- Trauma and orthopaedics
- Ophthalmology
- Ear, nose and throat (ENT)
- Oral surgery and orthodontics
- Urology
- General surgery including breast, vascular, upper gastrointestinal and colorectal surgery
- Pain

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.

St Albans Hospital provides the majority of planned surgery in West Hertfordshire. There are six theatres, 40 elective surgery beds and 24-day case trolleys. We did not visit St Albans hospital for this inspection.

(Source: Acute Routine Provider Information Request (RPIR) – Acute context tab)

The trust had 27,173 surgical admissions from September 2018 to August 2019. Emergency admissions accounted for 7,053 (26.0%), 15,864 (58.4%) were day case, and the remaining 4,256 (15.7%) were elective.

(Source: Hospital Episode Statistics)

During our unannounced inspection on 11 to 13 February 2020, we visited all areas providing surgery services at the hospital, spoke with eight patients or their relatives, observed patient care and treatment and looked at 12 patient care records. We spoke with 50 members of staff including nurses, doctors, surgeons, therapists, healthcare assistants, theatre staff, ward managers, ward clerks, matrons, and senior managers. We also considered the environment and reviewed the trust's surgery performance data. Surgery was previously inspected in October and November 2018 and was rated good for safe, effective, caring and well-led, and required improvement for responsive. The overall rating was good.

Surgery

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients and acted on them. They generally managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- Medical staff did not always keep up to date with their mandatory training.
- The service did not always control infection risk well. On several occasions we saw theatre staff did not wash their hands post pre-operative assessment.
- The design, maintenance and use of facilities, premises and equipment could not always keep people safe. However, the service had well advanced plans to refurbish their main operating theatres and a theatre development plan was now at the enabling stage.
- Staff did not always keep good care records. Resuscitation and treatment escalation plan records we checked were not always complete and certain information was not always easy to locate in order. Some speciality notes were not easily located within patient records.
- Staff did not always support patients to make best decisions about their care. Mental capacity assessment (MCA) forms we checked were incomplete for four patients that lacked capacity. The 'best interests' decision (BID) factors' side of the form was only completed on one of these.
- People could not always access the service when they needed it. Some surgical specialties had long waits for treatment. This was due to capacity issues in theatres. We saw delayed theatre start times due to last minute theatre changes for an emergency case and a patient with multiple cancellations. Theatre utilisation measures for touch time missed trust target by at least 10%.

Surgery

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service's medical staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept records of patients' care and treatment. Records were clear, up-to-date, and stored securely. The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Medical staff compliance with mandatory training was not in line with trust targets.
- Effective hand hygiene was not always completed.
- DNACPR and treatment escalation plan (TEP) records were not always detailed and some speciality notes were not easily available.

Is the service effective?

Good   

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

Surgery

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make 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:

Surgery

- People could not always access the service when they needed it. Some surgical specialties had long waits for treatment. We saw delayed theatre start times due to last minute theatre changes for an emergency case and a patient with multiple cancellations. Theatre utilisation measures for touch time missed trust targets by at least 10%. All theatre utilisation targets were missed in December 2019.
- Complaint response times were sometimes longer than guidance within the trust policy.

However;

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However;

Surgery

- IT systems were often slow and unreliable.

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

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Mark Heath, Head of Hospital Inspections (Interim) led this inspection. An executive reviewer, Matthew Bryant, Director of Operations, supported our inspection of well-led for the trust overall.

The team included eight [further] inspectors, two executive reviewers and eight specialist advisers.

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