

# East and North Hertfordshire NHS Trust

## Inspection report

Lister Hospital, Coreys Mill Lane  
Stevenage  
Hertfordshire  
SG1 4AB  
Tel: 01438314333  
www.enherts-tr.nhs.uk

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

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall 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?

Requires improvement 

Are resources used productively?

Requires improvement 

### Combined quality and resource rating

Requires improvement 

# Summary of findings

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

## Background to the trust

East and North Hertfordshire NHS trust was established in 2000 and provides acute services and children's community services. The trust serves a population of approximately 600,000 people across east and north Hertfordshire as well as parts of south Bedfordshire. It is not a foundation trust.

The trust has four main locations; Lister Hospital, Queen Elizabeth II Hospital (QEII), Hertford County Hospital and Mount Vernon Cancer Centre (MVCC - operates out of facilities leased from a different NHS foundation trust), as well as community children's and young people's service and two renal units based in Bedford and Harlow. Services include urgent and emergency care, medical care (including older people's care), surgery, maternity and gynaecology, critical care, services for children and young people, end of life care, outpatients and diagnostic imaging.

The trust also provides tertiary cancer services for a population of approximately 2,000,000 in Hertfordshire, Bedfordshire, North-West London and parts of the Thames Valley at MVCC. MVCC is one of the country's main five cancer treatment centres and provides specialist radiotherapy and chemotherapy services. Services include medical care, radiotherapy and outpatients.

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

The trust is structured under five clinical divisions:

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

Each clinical division has a triumvirate leadership team comprising of a divisional director, a divisional chair and a head of nursing.

As of May 2019, the trust employs just under 5300 staff. This includes 1,600 nursing and midwifery staff, 1,200 administrative and clerical staff and 794 medical and dental staff.

The trust is emerging from a period of financial challenge, and for 2018-19 missed its control total by c£8.3m. For 2019-20 its planned income is £454.1m, and is working to break-even after the receipt of Provider Support and Financial Recovery Funding ("PSF" and "FRF".) Capital expenditure is constrained and fire safety and essential backlog maintenance have been prioritised within the revised Sustainability and Transformation partnership ("STP") capital plan of c£10m. At the time of the inspection the trust was said to be on track to achieve its control total of break-even.

The trust receives referrals from four clinical commissioning groups (CCGs). Most of the trust's referrals (60%) come from the East and North Hertfordshire CCG. In addition, 23% of the trust's referrals are from specialised commissioning for access to cancer and renal services, for example.

Our last published report for this trust was in July 2018 following on from an inspection using our methodology where we rated the trust as requires improvement overall.

# Summary of findings

## Overall summary

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

## What this trust does

East and North Hertfordshire NHS Trust provides acute, specialist and community services at six locations throughout Hertfordshire and Bedfordshire.

## 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.

We inspected 10 of the acute services provided by this trust as part of our continual checks on the safety and quality of healthcare services. Also because at our last inspection two core services were rated as inadequate overall and we needed to check that improvements had been made.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, responsive and well-led as requires improvement, effective and caring were rated as good.
- We rated eight of the trust's services as requires improvement and two as good. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- Not all services controlled infection risks well and medicines were not consistently managed well across the trust. These were similar to concerns we found at our previous inspection. Whilst the trust had taken some actions to make improvements, these were yet to be embedded.
- The trust had made improvements to their governance systems and structures which were yet to be embedded across all areas

# Summary of findings

- Significant changes in leadership at various levels meant that there was a lack of pace in embedding new processes and practices.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RWH/reports](http://www.cqc.org.uk/provider/RWH/reports).

## Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- Surgery was rated as inadequate for safe. The service still did not control infection risk well and staff did not consistently follow infection prevention and control policies.
- We rated five of the core services we inspected as requires improvement for safe. Records were not always stored consistently and the design, maintenance and use of facilities did not always keep people safe. There were high medical and nursing staff vacancies in some services.
- The trust did not ensure that all services consistently used systems and processes to safely prescribe, administer and record medicines.

## Are services effective?

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

- We found improvements in surgery and the urgent care centre.
- Services were now using evidence-based guidance to deliver care and treatment.
- Pain relief was monitored and managed in line with national guidance and teams mostly used results from internal; and external audits to improve patient outcomes.
- Outpatients was not rated in line with our methodology.

## Are services caring?

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

- All core services we inspected were rated as good.
- Staff continued to deliver compassionate care and treated patients and their loved ones with respect and dignity.
- Patients that we spoke with told us that staff had been caring and treated them with kindness.

## Are services responsive?

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

- Outpatient services at Queen Elizabeth II Hospital and Mount Vernon Cancer Centre were rated as requires improvement. Although the trust had implemented a number of actions to improve performance in specific areas; patients could not always access initial treatment and assessment in a timely manner. This was a particular concern for patients awaiting initial treatment for cancers.
- In end of life care the trust had not ensured that patients individual needs were being met and patients were being given the opportunity to choose their preferred place of death or care.

## Are services well-led?

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

# Summary of findings

- We rated eight of the trust's core services we inspected as requires improvements for being well-led.
- Leaders had developed effective governance processes; however these were still being embedded.
- Leaders had the skills and abilities to run the trust and services. However, there had been significant change in the leadership teams in the 12 months prior to our inspection. Whilst they understood the priorities and issues the trust and services faced, plans were still being developed to manage them effectively and consistently across the organisation.
- Leaders at all levels worked hard to be visible and approachable; however, staff at some locations felt that leaders were not always visible and accessible.
- Surgery rating for well-led improved from inadequate to requires improvement. This was because leaders were working hard to drive necessary improvements that were sustainable.

However,

- The trust had made some improvements since our last inspection. This included supporting teams to make changes using quality improvement methodology. It was evident that the trust was committed to making improvements that were sustainable and ensured quality care.

## Use of resources

We rated Use of Resources as requires improvement because whilst the NHS trust is performing well in some areas, there are other areas where further work is needed to enable it to provide high quality, efficient and sustainable care for patients.

Please see the separate use of resources report for details of the assessment. The report is published on our website at [www.cqc.org.uk/provider/RWH/Reports](http://www.cqc.org.uk/provider/RWH/Reports).

## Combined quality and resources

This is the first time we have given a combined quality and resources rating for this trust. We rated it as requires improvement because:

- We rated safe, responsive and well-led as requires improvement, effective and caring were rated as good.
- We rated eight of the trust's services as requires improvement and two as good. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- Not all services controlled infection risks well and medicines were not consistently managed well across the trust. These were similar to concerns we found at our previous inspection. Whilst the trust had taken some actions to make improvements, these were yet to be embedded.
- The trust had made improvements to their governance systems and structures which were yet to be embedded across all areas
- Significant changes in leadership at various levels meant that there was a lack of pace in embedding new processes and practices.
- The trust was rated Requires Improvement for use of resources. Full details of the assessment can be found on the following pages.

# Summary of findings

## Ratings tables

The ratings tables in our full report 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.

## Outstanding practice

We found examples of outstanding practice in children and young people's services at Lister Hospital and in radiotherapy services at Mount Vernon Cancer Centre.

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

## Areas for improvement

We found areas for improvement including 33 breaches of legal requirements that the trust must put right. We found 65 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued four requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of four legal requirements at a trust-wide level and 29 in six core services.

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

## What happens next

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

## Outstanding practice

We found the following outstanding practice:

### Lister Hospital

- In children and young people's services the play team regularly attended adult wards such as palliative care wards or the critical care unit, to assist children whose parents were acutely unwell or at the end of their lives.
- Staff from adult and children and young people's services jointly saw young people with diabetes or epilepsy from the age of 14 before the child moved to adult services.
- Transitional services were highly responsive to the individual needs of young people and had tailored their services to meet the needs of all children and especially those with protected characteristics in line with the Equality Act 2010.

### Mount Vernon Cancer Centre

# Summary of findings

- The service had pilot schemes in place to improve access. This included a head and neck rapid access pilot scheme. All patients who were deemed to be a category one patient, (most urgent) underwent a new pathway where the service had worked to ensure quicker access to CT scanning. This had reduced the referral to treatment time for this set of patients from 50 to 17 days.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

We told the trust that it must take action to bring services into line with 33 legal requirements. This action related to seven services.

### Trust wide

- The trust must ensure that there are systems and processes operating effectively to safely store, prescribe, administer and record medicines across all core services. Regulation 12 (1)(2)(g).
- The trust must ensure that there are effective processes in place to ensure that there is enough suitable equipment and all equipment is fit for use. Regulation 12(1)(2)(e)(f).
- The trust must ensure that the premises used by the trust at Mount Vernon Cancer Centre are safe to use for their intended purpose and used in a safe way. Regulation 12 (1)(2)(d).
- The trust must ensure that audits are consistently conducted across all services to measure performance, identify areas for improvement and actions are monitored for effectiveness. Regulation 17 (1)(2)(a)(f).

### Lister Hospital

#### Surgery

- The trust must ensure that all staff complete mandatory training in key skills including the appropriate level of safeguarding training. Regulation 12 (1)(2)(c).
- The trust must ensure infection risks are managed and controlled. Regulation 12 (1)(2) (h)
- The trust must ensure there are processes in place to manage storage cupboards holding equipment which may be accessible to unauthorised personnel. Regulation 12 (1)(2) (d).
- The trust must ensure that staff carry out daily safety checks of specialist equipment including anaesthetic machines. Regulation 12 (1)(2) (e).
- The service must ensure that there are systems and processes in place to safely prescribe, administer and record medicines. Regulation 12 (1)(2)(g).
- The trust must ensure that there are processes and procedures in place to monitor, assess and improve the quality of its services. 17 (1)(2)(a)(b)(e)(f).
- The trust must ensure that records are stored securely. Regulation 17 (1)(2)(c).

#### Children and young people's services

- The trust must ensure that the premises used by the service are safe to use for their intended purpose and used in a safe way. Regulation 12 (1)(2)(d).

# Summary of findings

## End of life care

- The trust must ensure all internal audits are completed in line with national recommendations; including patients achieving their preferred place of death; rapid discharge; safe use of syringe pumps; referral to response times; advance care plans. Regulations 17 (1) (2)(a)(e)(f).
- The trust must ensure they improve the effectiveness of clinical governance systems processes for end of life care. Regulations 17 (1) (2)(a)(f)
- The trust must introduce systems and processes to proactively identify and address risks to the service. Regulations 17 (1) (2)(a)(b).

## Mount Vernon Cancer Centre

### Medical Care

- The trust must ensure there are effective systems in place to treat patients with neutropenic sepsis in line with guidance. Regulation 12 (1)(2)(a).(b).
- The trust must ensure that all medical staff have access to electronic patient systems to enable them to review patient details. Regulation 12 (1) (2).(i).
- The trust must ensure that all staff follow medicines management policies and procedures when administering, recording and storing medicines. Regulation 12 (1) (2).(g).
- The trust must ensure that environmental risk assessments, including ligature risk assessments, are completed and monitored to assess the risk of harm to vulnerable patients. Regulation 12 (1) (2).
- The trust must ensure that the design of the ward is secure, suitable for purpose for which they are being used, properly used and properly maintained. Regulation 15 (1)
- The trust must ensure that local governance arrangements are reviewed and updated to ensure the whole team are informed about performance, complaints, incidents, patient feedback, clinical issues, and audit results in a timely manner. Regulation 17 (1)(2)(a)(b)(e)(f).
- The trust must ensure that all incidents are reported and investigated. Regulation 17 (1)(2)(b).
- The trust must ensure that there are robust systems to identify potential patient safety risks and issues and action plans are implemented to reduce their impact. Regulation 17 (1)(2)(b).
- The trust must ensure that all clinical areas are adequately staffed to ensure safe patient care. Regulation 18 (1).
- The trust must ensure that there is adequate medical staffing of all grades to safely manage the service and there are processes in place to review medical cover requirements. Regulation 18 (1).
- The trust must ensure that all staff have received training specific to their roles and that all leads roles within the service are appropriately trained, including safeguarding and use of chaperones. Regulation 18 (2)(a)(b).

### Outpatients

- The trust must ensure that all necessary staff have access to records and information systems to enable them to review patient details. This includes investigation results from other providers. Regulation 12 (1) (2).(i).
- The trust must ensure that the premises used are safe to use for their intended purpose and used in a safe way. Regulation 12 (1)(2) (d).
- The trust must ensure that all reasonable steps are being taken to improve the quality of service, specifically in relation to access to treatment and waiting times. Regulation 17 (1)(2)(a) (f).

# Summary of findings

## Queen Elizabeth II Hospital

### Urgent and emergency services (urgent care centre)

- The trust must ensure that there is a clear process for initiating sepsis treatment when needed. Regulation 12 (1)(2).
- The trust must ensure that the governance arrangements are effective to support the delivery of services and that audit results are consistently used to improve the quality of the service. Regulation 17 (1)(2)(a)(b)(e)(f).

### Outpatients

- The trust must ensure that all reasonable steps are being taken to improve the quality of service, specifically in relation to access to treatment and waiting times. Regulation 17 (1)(2)(a) (f).
- The trust must ensure that records are available prior to patients being seen in outpatient clinic appointments 17(2)(c).

Action the trust SHOULD take to improve.

We told the trust that it should take action either because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

### Trust wide

- The trust should consider ways to improve response times to complaints. Regulation 16.

## Lister Hospital

### Surgery

- The trust should ensure that recovery staff hold the appropriate advance life support (ALS) training. Regulation 12.
- The trust should ensure that the lead anaesthetist with level 3 compliance in safeguarding is always present in theatres when a young person attends theatre. Regulation 13.
- The trust should ensure that all staff are aware of the risk assessment regarding the emergency call bells. Regulation 12.
- The trust should ensure that patients can access the service when they need it and receive the right care promptly. Regulation 12 and 17.
- The trust should ensure that there are processes in place to manage the laying up of sterile instruments within the theatre areas to minimise the risk of infection. Regulation 12.
- The trust should ensure there are processes in place to ensure continuous checks of anaesthetic machines. Regulation 12.
- The trust should ensure there are systems in place to ensure that products deemed as hazardous to health are kept within locked cupboards. Regulation 12.
- The trust should ensure that fluid balance and nutrition charts are completed appropriately. Regulation 17.
- The trust should ensure that there are sufficient staff to collect and take patients back to the ward. Regulation 18.

### Critical care

- The trust should ensure that equipment is stored within a suitable area. Regulation 12.
- The trust should consider how access from the theatre recovery department could be improved to maintain patient dignity and privacy. Regulation 9.

# Summary of findings

- The trust should consider ways to improve patient flow within the CCU to be in line with national standards and guidance.
- The trust should ensure that all CCU patients should have access to follow up clinics. Regulation 12.

## **Children and young people services**

- The trust should ensure a nationally recognised tool is used in identifying deteriorating patients in day case surgery. Regulation 12.
- The trust should ensure there are leaflets available in languages other than English. Regulation 17.
- The trust should investigate complaints in line with their complaints policy deadline. Regulation 17.

## **End of life care**

- The trust should ensure that training on the electronic palliative care coordination system (EPaCCS) is delivered to eligible staff. Regulation 12.
- The trust should consider ways to introduce an end of life care dashboard. Regulation 17.
- The trust should ensure staff update patient electronic records with an end of life care alert when appropriate. Regulation 12.
- The trust should ensure all incidents are reported on the trust electronic reporting system. Regulation 17.
- The trust should ensure learning from incidents and mortality and morbidity reviews is consistently shared from board to ward. Regulation 17.
- The trust should ensure follow up of audit outliers in appropriate forums and meetings, such as within the end of life care steering group. Regulation 17.
- The trust should ensure relevant staff are aware of audit outcomes and their ward/area's end of life care performance. Regulation 17.
- The trust should review training in end of life care and ensure staff working in areas where end of life care is delivered complete appropriate training. Regulation 12.
- The trust should ensure all eligible nurses receive training and are competent in the use of syringe drivers. Regulation 12.
- The trust should ensure all nursing staff receive an annual appraisal. Regulation 18.
- The trust should review the rapid discharge guidance and complete audits in line with national recommendations to ensure patient transfers are achieved within national standards. Regulation 17.

## **Outpatients**

- The trust should ensure local policies for invasive procedures are embedded and continue working towards national NatSSIPs and LocSSIPs implementation. Regulation 17.
- The trust should ensure that the lockable medical record trolleys arrive within a timely manner. Regulation 17

## **Mount Vernon Cancer Centre**

### **Medical Care**

- The trust should ensure that patients are reviewed by a consultant within 14 hours of admission. Regulation 12.
- The trust ensure that consultant led ward rounds are undertaken daily. Regulation 12.

# Summary of findings

- The trust should ensure that all staff are compliant with effective hand hygiene practices. Regulation 12.
- The trust should ensure that all substances that are subject to control of substances hazardous to health (COSHH) regulations are stored securely. Regulation 12.
- The trust should ensure that all observations of vital signs are completed on time. Regulation 12.
- The trust should ensure that all medical staff are up to date with basic life support and immediate life support training. Regulation 12.
- The trust should ensure that falls risk assessments include a lying and standing blood pressure. Regulation 12.
- The trust should ensure that all relevant staff have completed medicines management training. Regulation 12.
- The trust should ensure that a pathway to specialist mental health support is implemented and staff are aware of it. Regulation 12.
- The trust should ensure that there is a comprehensive action plan in place to improve discharge summaries being sent to GPs within nationally set timescales. Regulation 17.
- The trust should ensure that prescribing charts when not in use are stored securely. Regulation 17.
- The trust should ensure that staff have received training and are aware of the duty of candour regulations. Regulation 20.
- The trust should ensure that processes are in place to provide staff with regular clinical supervisions. Regulation 18.
- The trust should ensure that the layout of the ward is reviewed to support patients living with dementia. Regulation 12.
- The trust should ensure that staff are documenting that discharge planning is taking place. Regulation 17.

## Outpatients

- The trust should consider the provision of appropriate waiting areas to allow patients with complex needs to wait in quiet environment. Regulation 9.
- The trust should ensure that a review of the layout and environment is undertaken to improve access for patients with mobility problems and access to necessary equipment in an emergency. Regulation 12.
- The trust should consider ways to improve engagement with staff at all levels. Regulation 17.

## Radiotherapy

- The trust should ensure that staff receive training in awareness and communicating with patients living with dementia. Regulation 12.

## Queen Elizabeth II Hospital

### Urgent and emergency services (urgent care centre)

- The trust should ensure that action cards are available to provide guidance to staff in the event of a major incident and staff receive appropriate training. Regulation 17.
- The trust should ensure that all practicable steps have been taken to meet national guidance in regard to the environment to ensure the safety of children and young people accessing the service. Regulation 17.
- The trust should consider how the service can participate in relevant national clinical audits. Regulation 17.

## Outpatients

# Summary of findings

- The trust should ensure that seating in patient waiting areas is compliant with infection prevention and control standards. Regulation 12.
- The trust should ensure faults with the physical environment and premises are reported and fixed in a timely manner, including reported faults with the main entrance fire door. Regulation 12.
- The trust should ensure all emergency equipment is checked daily and documented. Regulation 12.
- The trust should ensure equipment is maintained and serviced within review dates. Regulation 17.
- The trust should ensure all consultants consistently follow the World Health Organisation five steps to safer surgery checklist for all surgical procedures carried out across the outpatient department. Regulation 12.
- The trust should ensure local policies for invasive procedures are embedded, and continue working towards national NatSSIPs and LocSSIPs implementation. Regulation 17.
- The trust should ensure ambient room temperatures where medications are stored are checked daily and documented. Regulation 12.
- The trust should ensure consent is recorded appropriately in patients' records. Regulation 11.
- The trust should ensure curtains are closed and patients are provided with sufficient privacy when having blood taken in the blood test department. Regulation 9.
- The trust should ensure patients and staff have access to a private quiet room for use when patients are distressed and require emotional support. Regulation 9.
- The trust should ensure clinic appointment slots are an appropriate length to provide a good patient experience. Regulation 9.
- The trust should ensure complaints are monitored and they are investigated and closed in a timely manner. Regulation 16.
- The trust should ensure staff are included in the development of the service vision and strategy, Regulation 17.

## 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 stayed the same. We rated it as requires improvement because:

- Two of the trust's locations and six core services were rated as requires improvement for well led.
- Although there had been some improvements made since our last inspection in March 2018. There remained areas of non-compliance in relation to medicines management and infection prevention and control.
- Most staff felt valued, respected and supported, however, there remained a mixed culture throughout the trust. Senior leaders acknowledged that the trust's previous 'grip and control' culture to manage finances had an impact on the culture of the organisation. The trust was working hard to improve the culture of the organisation and empower staff at all levels.

# Summary of findings

- Leaders had developed effective governance processes; however these were still being embedded.
- Leaders had the skills and abilities to run the trust and services. However, there had been significant change in the leadership team in the 12 months prior to our inspection. Whilst they understood the priorities and issues the trust and services faced, plans were still in development to manage them effectively and consistently across the organisation.
- Leaders at all levels worked hard to be visible and approachable; however, staff at some locations felt that leaders were not always visible and accessible.

However,

- Leaders supported staff to develop their skills and take on more senior roles. Staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust 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.
- Staff were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They mostly identified and escalated relevant risks and issues and identified actions to reduce their impact. 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.
- All staff were committed to continually learning and improving services. They were developing a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## 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 ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Lister Hospital	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Queen Elizabeth II Hospital	Requires improvement ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019
Mount Vernon Cancer Centre	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Hertford County Hospital	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall trust</b>	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Community	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall trust</b>	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

## Ratings for Lister Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Medical care (including older people's care)	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Surgery	Inadequate ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019
Critical care	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019
Maternity	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Services for children and young people	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
End of life care	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Outpatients	Good Dec 2019	N/A	Good Dec 2019	Good Dec 2019	Good Dec 2019	Good Dec 2019
<b>Overall*</b>	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

## Ratings for Queen Elizabeth II Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019
Outpatients	Requires improvement Dec 2019	N/A	Good Dec 2019	Requires improvement Dec 2019	Good Dec 2019	Requires improvement Dec 2019
<b>Overall*</b>	Requires improvement ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↑ Dec 2019	Requires improvement ↑ Dec 2019

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

## Ratings for Mount Vernon Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
End of life care	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Inadequate Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Outpatients	Good Dec 2019	N/A	Good Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019	Requires improvement Dec 2019
Chemotherapy	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Radiotherapy	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
<b>Overall*</b>	Requires improvement ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019

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

### Ratings for Hertford County Hospital

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

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

### Ratings for community health services

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

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

# Lister Hospital

Coreys Mill Lane  
Stevenage  
Hertfordshire  
SG1 4AB  
Tel: 01438314333  
www.enhersts-tr.nhs.uk

## Key facts and figures

Lister Hospital is a 730-bed district general hospital situated in Stevenage, Hertfordshire. The hospital provides a wide range of acute inpatient, outpatient, and minor treatment services, including an emergency department and maternity care, as well as regional and sub-regional services in renal medicine, urology, and plastic surgery. General wards are supported by critical care (intensive care and high dependency) and coronary care units, as well as pathology, radiology, and other diagnostic services.

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

During our inspection we spoke with members of staff and patients.

## Summary of services at Lister Hospital

**Requires improvement** ● → ←

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

- We rated safe, responsive and well-led as requires improvement, effective and caring were rated as good.
- We rated six of the services we inspected as requires improvement overall.
- The trust had taken action to address significant concerns highlighted at our previous inspection; however, these were yet to be embedded across the trust.

However,

- The overall rating for surgery, urgent and emergency care services and children and young people's services had improved.

# Surgery

Requires improvement  

## Key facts and figures

At the Lister Hospital site there are 12 surgical wards which are; 11B, 8AN, 8AS, 8BN, 8BS, 7BN, 7BS, 5AN, 5AS, 5BN, 5BS and Swift ward. In addition, there is a Surgical Assessment Unit (SAU) which has 10 bedded side rooms, eight ambulatory spaces and one clinic room.

There are 17 operating theatres which include a day surgery unit, treatment centre and main theatres. There is also a post anaesthetic care unit (PACU) which has 26 cubicles and a pre-operative assessment area. The trust also provides robotic urology surgery. ((Source: Routine Provider Information Request (RPIR) – Context acute).

During the inspection we visited the following locations:

- Wards 5A, 5B, 7B, 8A, 8B, 11B, SAU, the pre-assessment unit, Swift ward and theatres two, three, eight and nine.

The trust had 34,346 surgical admissions from February 2018 to January 2019. Emergency admissions accounted for 12,845 (37.4%), 17,570 (51.2%) were day case, and the remaining 3,931 (11.4%) were elective. (Source: Hospital Episode Statistics).

During the inspection, we spoke with 24 staff of various grades, including consultants, matrons, clinical leads, ward managers, housekeepers, pharmacists, therapists, and doctors. We spoke with five patients and their families and observed care and treatment. We looked at 17 patients' medical records and eight medication charts.

We attended a multidisciplinary team meeting, a daily huddle and a staff handover.

The service was last inspected in March 2018. At that inspection, the surgical service was rated inadequate for the safe, responsive and well-led domains, and effective was rated as requires improvement. Caring was rated as good. The overall rating for the service was inadequate.

## Summary of this service

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

- We found that there had been some improvements in some areas since our last inspection. Responsive and well-led improved from inadequate to requires improvement and effective improved from requires improvement to good. However, safe remained as inadequate.
- The service did not have enough medical staff to care for patients and keep them safe. While staff had training in key skills, the service did not always ensure everyone completed them. Controlled infections risks were not managed well with staff not using equipment and control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Records were not always stored securely. The service did not manage the administration, storage and recording of medicines well. Staff did not always escalate the recorded temperature of stored medicines to maintain their safety.
- While leaders operated effective governance processes throughout the service it did not always use the systems to manage performance to improve the quality of its services. Outcomes with mitigating actions were not always completed to reduce or increase risk.

However,

# Surgery

- Staff understood how to protect patients from abuse. Staff assessed risks to patients and acted upon patients at risk of deterioration. 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.
- 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 role and responsibilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

## Is the service safe?

**Inadequate** ● → ←

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- While staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all staff had completed their training on how to recognise and report abuse although they knew how to apply it.
- The service did not always manage controlled infection risks well. Staff did not continually use equipment and control measures to protect patients, themselves and others from infection.
- The maintenance and use of facilities, premises and equipment did not always keep people safe. Staff did not always carry out daily safety checks of specialist equipment.
- Staff did not always complete and update risk assessments for each patient and remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service did not have 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.
- Records were not always stored securely.
- While the service managed patient safety incidents well staff did not always report all incidents that they should report. 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 did not use systems and processes to safely prescribe, administer and record medicines. Staff did not always escalate the recorded temperature of stored medicines to maintain their safety.

# Surgery

However,

- The service used systems to identify and prevent surgical site infections. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well.
- 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 records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- 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 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 patient's 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 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 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.

# Surgery

However,

- Staff did not fully and accurately complete patients' fluid and nutrition charts where needed.
- While staff monitored the effectiveness of care and treatment and used the findings to make improvements not all identified actions had an accompanying outcome which meant that we could not evidence the oversight of the progress made.

## 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. The response rate from the friends and family test was higher than the England average.
- 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.

## Is the service responsive?

**Requires improvement** ● ↑

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

- Although the service had made some improvements since our previous inspection, People could still not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

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?

**Requires improvement** ● ↑

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

# Surgery

- While leaders operated effective governance processes throughout the service and with partner organisations, it did not always have a systematic approach to continually improve the quality of its services. However, they had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and teams did not use systems to manage performance effectively. While they identified and escalated relevant risks and issues they did not identify actions to reduce their impact. There was no evidence the outcomes recorded, what mitigation actions had been completed or if the risk had reduced or increased.
- The service collected and analysed data but we did not see action to improve 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.
- While all staff were committed to continually learning and improving services we found inconsistencies in the continuous improvement of the service. They had a good understanding of quality improvement methods and the skills to use them but we did not find outcomes to measure these. Leaders encouraged innovation and participation in research.

However,

- 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 in 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 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.

# Critical care

Good   

## Key facts and figures

Critical care at the Lister hospital is a 20 bedded unit divided into three areas; north, central and south. Each bed space can admit level three patients and there is capacity for up to 14 level three patients. Additionally, there are two side rooms in north and four in central.

The critical care unit (CCU) is staffed with 1:1 nursing for level three patients and 1:2 for level two patients. There is a nurse in charge for each area and an overall nurse co-ordinator. There are two consultants on during the day (as well as one consultant for outreach). The unit is supported by allied health professionals such as dieticians, physiotherapists, occupational therapists and pharmacists.

Levels of Critical Care:

- Level One - Acute ward care with additional support from the outreach team.
- Level Two - Detailed observation or intervention for example post-operative patients, patients with a single failing organ system.
- Level Three - Advanced respiratory support.

The CCU cares for patients from multiple specialities including:

- Continuous veno-venous hemofiltration (CVVHDF) & Therapeutic Plasma Exchange.
- Complex Medical & Surgical patients.
- Vascular surgery/ obstetric/ trauma patients.
- Complex cardiac care pre and post ICD.

During the inspection, we spoke with 23 staff of various grades, including consultants, matrons' clinical leads, unit sisters, critical care nurses, outreach nurses, ward clerks, care support workers, therapists and housekeepers. We spoke with two patients and their families and observed care and treatment. We looked at 12 patient's medical records and 10 medication charts.

## 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.
- The service controlled infection risk well.
- Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. Safety incidents were managed well and learned lessons were learnt 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.

# Critical care

- 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 consistently 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 generally 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.

## 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. Nursing staff received and kept up to date with their mandatory training.
- 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.
- Staff completed and updated risk assessments for each patient and took action removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.
- 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 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. Patient notes were comprehensive, and all staff could access them easily. Individual nursing and medical records were paper based and written and managed in a way that kept patients safe.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe.

# Critical care

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. 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.

However,

- Moving and handling equipment was stored in the main entrance at CCU north, the area adjoined to the theatre recovery department. We saw that theatre staff frequently passed through the unlocked door to use the kitchen and sluice facilities in the unit.
- Staff generally followed systems and processes when safely prescribing, administering, recording and storing medicines. We noted that three medicine charts showed there had been only one signatory documented following the administration of intravenous medicines. Recommended guidance from the Nursing and Midwifery Council suggests that medication should be checked by two clinical staff to ensure maximum safety is achieved.

## 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 patient's subject to the Mental Health Act 1983. Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Patients were assessed, and a plan of care put in place on admission.
- 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 improvements and achieve good outcomes for patients. The service participated in all relevant national clinical audits.
- 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. Managers gave all new staff a full induction tailored to their role before they started work. There were competency packages for all clinical and non-clinical staff to be completed.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular multidisciplinary (MDT) meetings to discuss patients and improve their care. Effective multidisciplinary team working practices were in place. Relevant staff, teams and services were involved in assessing, planning and delivering patient's care and treatment.
- Key services were available seven days a week to support timely patient care. Staff on wards could call for support from the critical care outreach team (CCOT) seven days a week.

# Critical care

- Staff gave patients practical support and advice to lead healthier lives. The service had relevant information promoting healthy lifestyles and support on every unit.
- 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,

- The service performed below the national standards in national clinical outcome audits.

## Is the service caring?

Good   

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

- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were always discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff followed policy to keep patient care and treatment confidential.
- Staff always provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff gave patients and those close to them help, emotional support and advice when they needed it. In the unit there was a strong patient centred culture, staff offered support in a caring, respectful and supportive manner.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff made sure patients and those close to them understood their care and treatment. Staff consistently communicated with people so that they understood their care, treatment and condition.

## 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. Managers ensured that they understood the needs of the local population by gathering feedback from patients, relatives and staff.
- 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. Despite issues with access and flow due to bed pressures in the hospital, the CCU was responsive to emergency admissions.
- It was easy for patients and relatives 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.

# Critical care

However,

- Managers and staff worked to make sure patients did not stay longer than they needed to. However, this was not always achieved. The unit had a department policy outlining the required process to facilitate transfers within the hospital. However, due to the lack of patient beds within the hospital this was not always possible.
- The service did not always respond to complaints in a timely manner.

## 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 a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Services for children and young people

Good  

## Key facts and figures

Acute services for children and young people at the trust are provided at the Lister Hospital site on the following wards:

Bluebell Ward - a 20 bed general inpatient ward for patients aged 0-16 years with both medical and surgical conditions and is a POSCU Level 1 service.

Children's day services - this service provides care for patients aged 0-16 years requiring any day procedure including surgery and investigations. The service also provides nursing and support staff for all dedicated paediatric outpatient services provided at the Lister Hospital, QEII Hospital and Hertford Hospital sites.

Neonatal unit - a level 2 neonatal unit comprising of 30 cots and a transitional care unit. The cots are broken down into 20 special care cots, four ITU and six HDU with can be flexed.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

The trust had 9,374 spells from February 2018 to January 2019.

Emergency spells accounted for 82% (7,677 spells), 16% (1,510 spells) were day case spells, and the remaining 2% (187 spells) were elective.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure most staff 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 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 monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of children, young people and their families individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- 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.
- 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.

# Services for children and young people

However,

- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.

## Is the service safe?

**Requires improvement** ● → ←

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

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The service did not use safety thermometer results to improve safety. Staff collected safety information but did not always share it with staff, patients and visitors.

However,

- The service provided mandatory training in key skills to all staff and made sure most staff 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's control of infection risk was variable. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. 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 patient's 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.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed 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 and easily available to all staff providing 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 children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Good** ● → ←

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

# Services for children and young people

- 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 gave patients enough food and drink to meet their needs and improve their health. They used special feeding and 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 care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families 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 children, young people and their families 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 children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## 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 children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Services for children and young people

- 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 children and young people 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.

## 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 a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# End of life care

Requires improvement   

## Key facts and figures

End of life care at the trust is not provided by one service alone but is a trust-wide responsibility. The specialist palliative care team within cancer division support end of life care throughout the trust, targeting the areas of most need by providing education, raising awareness, and supporting the patient throughout their journey. The team include an end of life care education team, specialist nurses running a 7-day service, and consultant cover which is a joint appointment with the community (Isobel hospice) allowing the trust to collaborate more closely with the community.

We completed an announced inspection of the end of life care service on 23, 24 and 25 July 2019. This report refers to the inspection of end of life care at Lister Hospital. The inspection mainly considered patients whose death was imminent (expected within a few hours or days). It included those approaching the end of life and were likely to die within the next 12 months irrespective of underlying diagnosis. We inspected do not attempt cardio pulmonary resuscitation (DNACPR) forms, drug charts, checklists and nursing care records.

During our inspection we looked at end of life care for adults and visited various wards at Lister Hospital where patients received end of life care. We spoke to a representative sample of most teams involved in end of life care: bereavement team, chaplaincy, clinical director for end of life care, administrative staff, a palliative care consultant, clinical nurse specialists, end of life care discharge coordinators, end of life care champions, clinical support workers, mortuary staff, pharmacist, registered nurses and ward clerk. We observed interactions between the staff and patients and relatives in their care. We looked at policies and procedures and reviewed performance information about the care patients received at the end of their life at the trust.

## Summary of this service

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

- Not all computer systems were available to staff which meant there was an increased risk some patient information could be missed. Patient safety incidents were not managed well. Not all incidents were reported when required and the cascading of learning from incidents was not consistent.
- Not all audits were completed in accordance with the internal audit programme. Performance data was not captured in one place and not all staff were aware of their ward/specialty performance, or areas for improvement. Not all staff had the skills and experience to meet the needs of patients. The delivery of end of life care training across the hospital was inconsistent.
- It was not known if waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- Governance processes did not support consistent learning from the performance of the service. Although there was some discussion of incidents and risks in meetings, such as the end of life care steering group, information was sometimes missing, and escalation of issues was unclear. Systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were not effective. Risks to the service were not always identified or progressed.

However,

# End of life care

- 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided evidence based care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, 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.

## 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.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- 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. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and most were easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised incidents and near misses. Managers investigated incidents and, when things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.

However,

- During 2018/19 there were not enough nursing and support staff with the right qualifications, skills, training and experience which meant the delivery of end of life care training was inconsistent.
- The service did not manage patient safety incidents well. Staff did not always report them appropriately and lessons learned were not consistently shared with the whole team and the wider service.

# End of life care

- Not all computer systems were accessible by staff which meant there was an increased risk some patient information could not be viewed when required, for example, in the emergency department.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide care and treatment based on national guidance and best practice. Managers did not always check to make sure staff followed guidance. Not all internal audits were completed in accordance with the trust's agreed timetable.
- The service did not always use the findings from relevant national clinical audits to make improvements and achieve good outcomes for patients.
- The service did not make sure all staff were competent for their roles.

However,

- 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.
- The service monitored the effectiveness of care and treatment.
- 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 to help them live well until they died.
- 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.

# End of life care

- 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.

## Is the service responsive?

**Requires improvement** ● ↓

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

- It was not known if waiting times from referral to achievement of preferred place of care and death were in line with good practice. The service did not consistently audit the number of patients who reported and those who achieved their preferred place of death (PPD) or analyse why this may not have been achieved. The audit had not been completed for over two years, there was no assurance that patients achieving their PPD was in line with good practice.
- The trust had not completed any recent audits of fast track or rapid discharge patients at the end of their life. The service could not demonstrate that patients were able to access this service at the right time.

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?

**Requires improvement** ● → ←

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

- Leaders did not always manage priorities effectively.
- Leaders did not operate effective governance processes throughout the service and with partner organisations. There were not consistent discussions to support learning from the performance of the service.
- Leaders and teams did not use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements; the information systems were not integrated.

However,

# End of life care

- Leaders understood issues the service faced. They had the skills and abilities to run the service. 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.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet.
- The service had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Systems were secure and data or notifications were consistently submitted to external organisations as required. The service collected reliable data and analysed it.
- 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.

# Outpatients

Good ●

## Key facts and figures

The outpatients team provide nursing and administration support to the outpatient clinics based at Lister, Queen Elizabeth II (QEII) and Hertford County Hospitals. The trust also supports some community-based clinics. In addition, Mount Vernon Cancer Centre (MVCC) supports an outpatient service for the cancer services provided on that site.

(Source: Routine Provider Information Request (RPIR) – Context acute)

The trust had 611,317 first and follow up outpatient appointments from February 2018 to January 2019. The Lister saw 520,587 of these attendances for the same reporting period.

We inspected the service on 23 to 25 July 2019. We visited all the outpatient clinics taking place on those days in the outpatient department at Lister hospital.

The outpatients service at the Lister held clinics for, but not inclusive, rheumatology, urology, vascular, neurology and renal clinics.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8.30am to 5.30pm. There were some outpatient clinics provided on weekends. The outpatients' service is part of the clinical support services division. The current structure includes a divisional chair, a divisional director, and a head of nursing.

During the inspection, we spoke with 26 staff of various grades including nurses, pharmacists, consultants, junior doctors, clinical support workers, and reception staff. We spoke with 12 patients, observed care and treatment and looked at 10 patient's care records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the service.

The service was last inspected in 2015 as part of the outpatients and diagnostic imaging core service. At that inspection, it was rated good overall. This is the first inspection of outpatients as a core service independent of diagnostic imaging.

## Summary of this service

This is the first time we have inspected outpatients separately from diagnostic imaging so we cannot compare previous ratings. 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. The service controlled infection risk well. Staff mostly assessed risks to patients, acted on them and 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, 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.

# Outpatients

- 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.

## Is the service safe?

**Good** 

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. 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, 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 incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. 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.

However,

# Outpatients

- World Health Organisation safe surgery checklists were not used for invasive procedures in urology at the time of the inspection but were being developed.
- However, medical records were not stored securely within the clinics, they were awaiting delivery of lockable trolleys.

## Is the service effective?

We do not currently rate outpatients for effective. However, we found:

- 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.
- 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 generally 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.
- Some 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** ●

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 patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ●

# Outpatients

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 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.

## Is the service well-led?

**Good** 

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 aligned to the trust strategy. 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 a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Queen Elizabeth II Hospital

Howlands  
Welwyn Garden City  
Hertfordshire  
AL7 4HQ  
Tel: 01438314333  
www.enherts-tr.nhs.uk

## Key facts and figures

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

It provides outpatient, endoscopy, diagnostic and antenatal services, along with a 24/7 urgent care centre and pre-operative assessments. The diagnostic imaging department offers plain film radiography, computerised tomography (CT), magnetic resonance imaging (MRI), ultrasound, fluoroscopy and breast imaging.

The urgent care centre comprises of a nurse-led service and a co-located GP-led minor illness service. The GP service is from an external provider, commissioned by the local CCG. The UCC is designed to treat adults and children over one year of age with minor illnesses and injuries and does not admit patients.

## Summary of services at Queen Elizabeth II Hospital

**Requires improvement** ● ↑

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

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

- There had been significant improvements in the Urgent Care Centre (UCC) and the rating had improved from inadequate to requires improvement. The leaders of the service had made a number of changes to improve the quality of services.
- Whilst there were significant improvements in the UCC we found that there had been a decline in safety practices in outpatient services and patients could not always access care and treatment when they needed it.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

### Details of emergency departments and other urgent and emergency care services

- The QEII Hospital Urgent Care Centre
- Lister Hospital Emergency Department

There is an urgent care centre (UCC) based at the Queen Elizabeth II (QEII) Hospital. The service operates 24 hours a day 365 days a year. It provides 'urgent unscheduled care' needs for adults, young people and children of all ages.

The service provides face to face clinical assessment and treatment for NHS patients who have urgent minor injury / illness that are non-life-threatening and are assessed as not needing the facilities and resources of an emergency department, or intensive or specialist care. The service is provided without the need for an appointment and services also include diagnostic testing and radiology (onsite between the hours of 8am to 11pm and at Lister Hospital outside of these hours). Minor injuries are treated by clinical staff employed by East and North Hertfordshire NHS trust and minor illnesses are treated by GPs from another organisation. We did not inspect the GP services on this occasion.

A consultant- led emergency department is provided at Lister Hospital in Stevenage. Most of the clinical staff rotate from the emergency department and most of their training and development takes place there.

41,020 patients attended the UCC during the year ending June 2019. Children aged 17 years or under represented 29% of patients. Staff employed by East and North Hertfordshire NHS trust treated 42% of patients and GPs treated 58%.

The last inspection of the UCC was in March 2018 and it was rated inadequate for safe and well-led, requires improvement for effective, and good for caring and responsive. The service was rated as inadequate overall. We carried out this inspection of urgent and emergency care services provided at the QEII hospital from 23 July to 25 July 2019. We spoke with three patients, their families and 14 members of staff, including receptionists, all levels of clinical staff and managers. We observed care and treatment and reviewed 17 patient records. We also reviewed the trust's performance data and looked at trust policies.

## Summary of this service

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

- We rated safe and well-led as requires improvement. Effective, caring and responsive were rated as good.
- Leaders were starting to operate effective governance processes, throughout the service and with partner organisations; however, this was not yet embedded. Staff were not always clear about their roles and accountabilities.
- The service was starting to develop processes and systems to improve the quality of services through audit and triangulation of other quality indicators; however, this was yet to be embedded.
- The service had made some improvements to the assessment processes since our last inspection. However, evidence provided by the trust demonstrated that staff were not always acting appropriately to escalate deteriorating patients.

# Urgent and emergency services

- Although the service had made improvements in training staff in the recognition of sepsis, there was a lack of clarity around the treatment for patients with suspected sepsis. A lack of formalised processes meant that there was a risk that life-saving treatment would be delayed.
- The design, maintenance and use of facilities and premises mostly met national guidance to keep patients safe. However, the children's waiting area was still not completely separate from adults in the main waiting area. The service had made some adjustments since our last inspection; however, we were not assured that all reasonable steps had been taken to minimise the potential risks.
- The service had a vision for what it wanted to achieve but the new leadership team had not had time to convert the vision to a strategy.

However,

- The service had enough 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 had reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- 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 now made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that generally 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. People could access the service when they needed it.
- Leaders had the skills and abilities to run the service. They understood 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 was now having regular opportunities to meet, discuss and learn from the performance of the service.
- 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.

## Is the service safe?

**Requires improvement** ● ↑

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

- The service had made some improvements to the assessment processes since our last inspection. However, evidence provided by the trust demonstrated that staff were not always acting appropriately to escalate deteriorating patients.
- Although the service had made some improvements in training staff in the recognition of sepsis, there was a lack of clarity around the treatment for patients with suspected sepsis. A lack of formalised process meant that there was a risk that life-saving treatment would be delayed.

# Urgent and emergency services

- The design, maintenance and use of facilities and premises still did not always meet national guidance to keep patients safe. The children's waiting area was still not completely separate from adults in the main waiting area. The service had made some adjustments; however, we were not assured that all reasonable steps had been taken to minimise the potential risks.

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. Staff managed clinical waste well.
- The service had enough 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 had reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- 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?

**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.
- 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.
- 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.

However,

- Whilst the service had now started to monitor the effectiveness of care and treatment. They were still developing ways to use the findings and make improvements.

# Urgent and emergency services

- The service still did not participate in national audits relevant to them.

## 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.

## 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.
- 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?

**Requires improvement** ● ↑

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

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

- Leaders were starting to operate effective governance processes, throughout the service and with partner organisations; however, this was not yet embedded. Staff were not always clear about their roles and accountabilities; however, the service was now having regular opportunities to meet, discuss and learn from the performance of the service.
- The service had a vision for what it wanted to achieve but the new leadership team had not had time to convert the vision to a strategy.

# Urgent and emergency services

- The service could not always collect reliable data in order to analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated although they were secure.
- Although the Service Specification for the UCC stated that it would receive appropriate patients from a major incident, the centre was not included in the trust's major incident plan.

However,

- Leaders had the skills and abilities to run the service. They understood 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.
- 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 and teams used systems to manage performance effectively.
- Leaders and staff actively and openly engaged with patients, staff, 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 were developing a good understanding of quality improvement methods. The service had made a number of improvements since our previous inspection.

# Outpatients

Requires improvement 

## Key facts and figures

Outpatient services provided by the trust are located at three sites: Lister, Queen Elizabeth II (QEII) and Hertford County Hospitals. The trust also support some community-based clinics. In addition, Mount Vernon Cancer Centre (MVCC) supports an outpatient service for the cancer services provided on that site. The service is managed by one management team based at the Lister Hospital, and forms part of the clinical support services (CSS) division. Information technology systems (IT) that support outpatient services across all three sites are provided at the Lister Hospital.

Due to leadership and medical staffing for the service being largely based at the Lister Hospital, there will be some similarities in information across all outpatient reports. The trust provided some information at a divisional level and therefore, not service specific. The report will clearly indicate where this occurs.

The outpatient department at the Queen Elizabeth II Hospital is located over three floors. Blood tests and fracture clinics are located on the ground floor, with specialist clinical departments for ears, nose and throat (ENT), ophthalmology and oral surgery and orthodontics located on the first floor. Also located on the first floor are general outpatient clinic areas A and B, which run a speciality based clinics such as gastroenterology, gynaecology, and dermatology. Breast clinics and a separate children's outpatient department are located on the second floor. Some children were seen in general outpatient clinics dependent on specialty including trauma and orthopaedics.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8.30am to 5.30pm. There were no outpatient clinics provided on weekends. The outpatients' service is part of the clinical support services division. The current structure includes a divisional chair, a divisional director, a head of nursing.

During our announced inspection from 23 to 25 July 2019 we visited clinics and departments including ophthalmology, oral surgery and orthodontics, fracture clinic, phlebotomy, ENT, rheumatology, gastroenterology, gynaecology, dermatology, breast clinic, and the children's outpatient department.

We spoke with 11 patients or their relatives, observed patient care and treatment and looked at eight patient care records. We spoke with 25 members of staff, including doctors, department managers, nurses, health care assistants, and administrative staff. We also considered the environment and held focus groups attended by trust staff prior to the inspection and reviewed the trust's outpatient performance data.

The inspection team consisted of an inspector. Outpatients was previously inspected in October 2015 as part of the outpatients and diagnostic imaging core service, and was rated good for safe, caring, responsive and well-led. We did not rate effective. The overall rating was good. This is the first inspection of outpatients as a core service independent of diagnostic imaging.

## Summary of this service

This is the first time we have inspected outpatients separately from diagnostic imaging so we cannot compare against previous ratings. We rated it as requires improvement because:

# Outpatients

- 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. The service controlled infection risk well. Staff mostly assessed risks to patients, acted on them and 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, 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.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

We rated it as requires improvement because:

- Equipment used by patients was not always clean. There were waiting room chairs across the department which were visibly soiled.
- Maintenance of equipment and the premises was not always completed. There were long delays in repairs being completed.
- Staff did not always complete and update risk assessments for each patient to remove or minimise risks. World Health Organisation safe surgery checklists were not used for invasive procedures in oral surgery and orthodontics.
- Patient records were not always available to all staff providing care. Staff across the service reported records were often missing for clinic sessions.
- The service did not always store medicines safely. Ambient room temperature checks were not recorded or monitored in areas where drugs were stored.

However,

- 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.

# Outpatients

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection, and kept the premises visibly clean.
- The design and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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.
- Staff kept detailed 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 and record medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. 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?

We do not currently rate outpatients for effective. However, we found:

We do not currently rate outpatients for effective. However, we found:

- 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. Patients had access to dietary advice when needed.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief when needed. They supported those unable to communicate using suitable assessment tools.
- Staff generally 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 through referrals to inpatient services.
- 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,

# Outpatients

- Outpatient clinics were not available seven days a week.
- Consent was not always documented in patients records.

## Is the service caring?

**Good** ●

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 patients, families and carers to understand their condition and make decisions about their care and treatment.

However,

- Staff in the breast clinic found it difficult to support distressed patients due to a shortage of private quiet rooms.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- There were frequent delays in the running of clinics and staff felt pressured to meet the demands of the service due to large waiting lists. Waiting times for cancer patients to start treatment were lower than the England average.
- The time taken to respond to complaints was not always in line with the trust target.

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.
- Most people could access the service when they needed it. 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.

## Is the service well-led?

**Good** ●

# Outpatients

We rated it as good because:

- Leaders had the skills and abilities to run the service. Local leaders understood and managed the priorities and issues the service faced and 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, 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 a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

However:

- There was limited visibility and engagement of senior leaders.
- The services' vision had not been developed with all relevant stakeholders. Staff were unaware of the local vision for the outpatients service.
- Action plans were not always comprehensive or fully completed

# Mount Vernon Cancer Centre

Rickmansworth Road  
Northwood  
Middlesex  
HA6 2RN  
Tel: 01438314333  
www.enherts-tr.nhs.uk

## Key facts and figures

Mount Vernon Cancer Centre (MVCC) is situated in Northwood, Middlesex on a large site owned by Hillingdon NHS Trust and is 33 miles from East and North Hertfordshire Trust's main hospital site, the Lister. The centre provides a specialist non-surgical cancer service, including tertiary radiotherapy and chemotherapy services.

There are 22 medical inpatient beds located on one ward, which cares for patients who require inpatient treatment because they are unwell during or following their radiotherapy or chemotherapy treatment. Since August 2018, the medical ward also provides end of life care following the closure of the on-site hospice, Michael Sobell House. The hospice contained an inpatient ward and a day centre. Inpatient services were transferred to Wards 10 and 11 at MVCC. Day centre services remained at the hospice. However, Michael Sobell House was due to be managed by a new provider in July 2019. Therefore, ENHT will no longer manage the hospice (inpatient or day centre services). End of life care will continue to be provided on the medical wards.

A supportive care unit opened in January 2018, and provides cancer treatments and adjuncts, such as blood transfusions on a day care basis. There is also an outpatient department and a radiotherapy centre.

At the time of our inspection, the trust was in collaboration with external stakeholders to determine the future of MVCC. It had been acknowledged that the complex estates agreement and proximity to the other locations in East and North Herts NHS Trust presented challenges which could be managed better by a more specialist acute NHS provider.

## Summary of services at Mount Vernon Cancer Centre

**Requires improvement**   

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

- We rated safe, responsive and well-led as requires improvement. Caring and effective were rated as good.
- We rated two of the services we inspected as requires improvement and one as good.
- The trust did not make sure the design, maintenance and use of facilities, premises and equipment kept people safe. However, this was challenging due to the complex nature of leasing the premises from another NHS Trust.
- Staff were passionate and committed to delivering quality care; however, the on-going uncertainty surrounding the future of MVCC had an impact on staff morale.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at the trust provides care and treatment at Lister Hospital and the Mount Vernon Cancer Centre (MVCC).

MVCC is part of East and North Hertfordshire NHS Trust (ENHT) and provides a specialist non-surgical cancer service. The cancer centre operates out of facilities leased from a neighbouring trust, which causes some complications regarding estates and environment maintenance. The centre is 33 miles from ENHT's main hospital in Stevenage. It serves a wide area of two million people across Hertfordshire, Bedfordshire, Northwest London and parts of the Thames Valley.

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

The centre provides specialist non-surgical cancer services including:

- Inpatient ward.
- Radiotherapy service.
- Chemotherapy suite.
- Nuclear medicine imaging.
- Outpatient therapy service.
- A supportive care unit – providing cancer treatments and adjuncts, such as blood transfusions on a day care basis.
- Michael Sobell House (hospice) closed in December 2018 and now end of life care beds provided on inpatient ward.

There are 33 inpatient beds providing care for patients who require inpatient treatment because they are unwell during or following their radiotherapy or chemotherapy treatment. In addition, some patients are admitted for their treatment if it is particularly arduous, or the patient is frail. The ward included a two-bed unit for patients who had undergone iodine therapy and were required to be isolated for a short period of time.

Following our last inspection in March 2018, the trust closed the on-site hospice to inpatients, Michael Sobell House, which provided end of life care for adults. The hospice contained an inpatient ward and a day centre. Inpatient services were transferred to Wards 10 and 11 at MVCC, therefore the ward now provides end of life care for adults.

The cancer centre was previously inspected by the Care Quality Commission as a specialist stand-alone unit in March 2018. We inspected three core services, medical care, end of life care and chemotherapy. Medical care was rated as requires improvement, although effective and caring were rated as good.

During the inspection, we checked nine patients' medical and nursing notes, and spoke with 16 members of staff, eight patients and four relatives.

# Medical care (including older people's care)

## Summary of this service

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

- Mandatory training was not up to date. The premises and equipment did not always keep people safe. Observations were not always completed on time. Patients' were not always treated for sepsis within an hour. Patients' were not reviewed by a consultant upon admission. There was not enough medical or nursing staff to keep people safe. Prescribing processes were not always followed. Not all incidents were reported.
- The service did not plan and provide care in a way that met the needs of local people. People could not always access the service when they needed it and receive the right care promptly.
- Not all staff were provided with regular opportunities to meet, discuss and learn from the performance of the service. The service did not always identify potential patient safety risks and issues and identify actions to reduce their impact. Continuous learning and improvement processes were not fully embedded.

However,

- Staff treated patients with compassion and kindness. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers.
- The service provided care and treatment based on national guidance. Staff gave patients enough food and drink. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets.
- The service did not make sure the design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff identified and acted upon patients at risk of deterioration. However, patients with suspected sepsis were not always treated within an hour. Observations of vital signs were not always completed on time and patients were not reviewed by a consultant within 14 hours of admission.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience. However, the ward had measures in place 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 staff a full induction.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Processes were not in place to regularly review staffing levels and skill mix. Locum staff had a full induction.

# Medical care (including older people's care)

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, we were not assured that discharge summaries were sent to GPs for all patients discharged.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses, however, we were not assured that all incidents were reported.

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.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks.
- 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** ● → ←

Our rating of effective stayed the same. We rated it as good 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 gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain, and generally 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 achieve good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance, however did not hold regular 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. However, patients were not reviewed by a consultant within nationally agreed timescales.
- Staff gave patients practical support and advice to lead healthier lives.

# Medical care (including older people's care)

- 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,

- Key services were not available seven days a week to support timely patient care.

## 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.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not plan and provide care in a way that met the needs of local people and the communities served. The service did not always work well with others in the wider system and local organisations to plan care.
- People could not always access the service when they needed it and receive the right care promptly. The service could not accept acutely unwell patients or those at risk of deterioration. Waiting times from referral to treatment and arrangements to admit and treat patients were not in line with national standards.

However,

- The service was inclusive and took account of patients' individual needs and preferences. Where possible, 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.

## Is the service well-led?

**Requires improvement** ● → ←

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

# Medical care (including older people's care)

- Leaders operated effective governance processes, throughout the service, however it was unclear how the processes interacted. Staff at all levels were clear about their roles and accountabilities. However, not all staff were provided with regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. The service had a risk register in place, however, the service did not always identify potential patient safety risks and issues and identify actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected data and analysed data. However, staff could not always obtain reliable data in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated, although they were secure.
- The service demonstrated a commitment to learning, however, continuous learning and improvement processes were not fully embedded.

However,

- 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, that was in the process of being developed with all relevant stakeholders. The vision and strategy was focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff we spoke to 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 and staff 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.

# Outpatients

Requires improvement ●

## Key facts and figures

The East and North Hertfordshire trust provide outpatient services at the Lister hospital, Queen Elizabeth II (QEII) hospital, Hertford County hospital, community based clinics and the Mount Vernon Cancer Centre.

The outpatients team provide nursing and administration support to the outpatient clinics based at Lister, Queen Elizabeth II (QEII) and Hertford County Hospitals. The trust also supports some community-based clinics. In addition, Mount Vernon Cancer Centre (MVCC) supports an outpatient service for the cancer services provided on that site.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

The trust had 611,317 first and follow up outpatient appointments from February 2018 to January 2019. Of these 75,291 appointments were at Mount Vernon Cancer Centre.

This report relates to outpatient services at the Mount Vernon Cancer Centre (MVCC). The outpatient team have their own management team that sits under the management structure of the cancer services division. At the time of the inspection they were managed separately from the outpatient team for the other trust hospitals, but in conjunction with the other cancer services at the MVCC. As MVCC also provide inpatient medical care, chemotherapy and radiotherapy, there will inevitably be some areas of duplication between the reports for medical services, radiotherapy services and outpatient services at MVCC.

We inspected the service on 30 July 2019 and 31 July 2019. We visited the all the outpatient clinics taking place on these days in the outpatient department.

During the inspection, we spoke with 26 staff of various grades including nurses, pharmacists, consultants, junior doctors, clinical support workers, reception staff and volunteers. We spoke with eight patients, observed care and treatment and looked at 13 patient's care records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the service.

The service was last inspected in 2015 as part of the outpatients and diagnostic imaging core service. At that inspection, it was rated good overall. This is the first inspection of outpatients as a core service independent of diagnostic imaging.

## Summary of this service

This is the first time we have inspected outpatients separately from diagnostic imaging so we cannot compare previous ratings. We rated it as requires improvement because:

This is the first time we have inspected outpatients separately from diagnostic imaging so we cannot compare previous ratings. We rated it as requires improvement because:

- The service did not always plan care to meet the needs of local people, People could not always access the service when they needed it and sometimes had long waits to see staff at appointments.
- Leaders did not always have the confidence of some staff and information systems did not enable staff to access the information they needed to manage patients and services well. Staff did not always feel respected, supported and valued. The service did not always engage well with staff and the community to plan and manage services.

# Outpatients

- Managers did not always monitor the effectiveness of the service. Outpatient services were not available seven days a week.

However,

- 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and 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 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.
- Staff took account of patients' individual needs and made it easy for people to give feedback.
- Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities and all staff were committed to improving services continually.
- Staff provided good care and treatment, ensured patients were able to eat and drink sufficiently, and gave them pain relief when they needed it. Staff were competent and 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.

## Is the service safe?

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. 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 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. 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

# Outpatients

- Patient safety incidents were managed well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- Waiting areas for patients using wheelchairs, were limited and at times wheelchairs compromised access to emergency equipment.
- Staff and managers identified the need for additional clinical nurse specialists to improve patient access and provide optimal levels of care and support for patients.
- Records were not always easily available to those providing care. Access to investigations that were undertaken at other hospitals such as the referring hospital were not always available when needed and timely access to the most up to date clinical information was not always available due to the time taken for outpatient letters to be typed.

## Is the service effective?

We do not rate the effective domain for outpatient services. However, we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients subject to the Mental Health Act 1983. However, managers did not always check to make sure staff followed guidance.
- Staff ensured patients were able to eat and drink enough to meet their needs and improve their health. Patients had access to dietary advice when needed.
- Staff assessed and monitored patients regularly to see if they were in pain and prescribed pain relief when needed.
- 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. However, decisions made at multi-disciplinary team meetings held in other trusts were not always evident in patient's records.
- Key services were available seven days a week to support timely patient care through referrals to inpatient services. However, outpatient clinics were not available seven days a week
- 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** 

# Outpatients

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 patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- The service did not always plan and provide 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.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were worse than national standards. The percentage of patients waiting over 62 days from urgent referral to first definitive treatment was above the England average and those waiting over 31 days from diagnosis to first definitive treatment was just above the England average. Patients also sometimes experienced extended waits when clinics ran late.
- The time taken to respond to complaints did not always meet the trust target.

However,

- The service worked with others in the wider system and local organisations to plan 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.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- Leaders did not always have the skills and abilities to run the service. Staff did not feel leaders always understood and managed the priorities and issues the service faced.
- Staff did not always feel respected, supported and valued. Some staff felt disempowered and unable to influence management decision making.
- Leaders operated governance processes, throughout the service and with partner organisations although there was limited evidence of their effectiveness.

# Outpatients

- Staff could not always obtain reliable data in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated, although they were secure.
- Leaders did not always fully engage with staff, equality groups and the public, to plan and manage services.
- The strategy for the service was not focused on the sustainability of the service, as the replacement of aging equipment had not been considered.

However:

- Leaders 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 was working with relevant stakeholders to develop an agreed strategy and action plan. The vision and strategy were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff 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 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.
- Leaders and staff actively and openly engaged with patients, to obtain their views on services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

# Radiotherapy

Good   

## Key facts and figures

The Mount Vernon Cancer Centre (MVCC) treats over 5,000 new patients each year with chemotherapy and radiotherapy. A population of over two million from North West London, Hertfordshire, South Bedfordshire, South Buckinghamshire, and East Berkshire, is served with staff visiting 15 district general hospitals within this catchment area. There are 33 inpatient beds which includes specialist palliative inpatient beds.

The MVCC currently has eight linear accelerators (of which eight treat patients at any one time), two CT simulators and a Cyberknife. The centre has brachytherapy equipment with active high dose rate (HDR) brachytherapy and seed implant programs including an open bore *Magnetic resonance imaging* (MRI) for radiotherapy planning.

Clinical research is a feature at MVCC. It is expected that all consultants should be research active contributing both to national and international studies as well as developing their own research interests. Current areas of research activity include the development of advanced radiotherapy planning for gastrointestinal (GI) tumours, immunotherapy for renal cancer and melanoma, novel radiotherapy techniques for prostate cancer and functional imaging for assessing response to chemotherapy and radiotherapy.

We inspected this service on 30 and 31 July 2019. We visited the linear accelerators, brachytherapy area, nuclear medicine and the planning area.

During the inspection we spoke with 21 members of staff including doctors, radiographers, medical physics experts, radiography assistants, radiography students and therapy assistants. We reviewed ten patients care records and spoke with four patients and two patient's relatives.

The service was last inspected in March 2016. At that inspection, it was rated good overall.

## 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and 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, 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.

# Radiotherapy

- 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.

## 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 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. However, the service had poor results in their hand hygiene audits and did not keep a log to demonstrate when equipment had been cleaned.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration. Staff used control measures to ensure that the right treatment dose was applied to each patient and monitored patients appropriately throughout treatment.
- The service had enough 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 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 made it publicly available.

## Is the service effective?

Our rating of effective stayed the same. We rated it as good 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.
- Patients had appropriate access to food and drink.

# Radiotherapy

- Staff assessed and monitored patients regularly to see if they were in 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.
- 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.

However:

- Medical staff were not always working effectively to ensure their input at MDT meetings.

## 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.

## 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 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.

However:

# Radiotherapy

- Clinical staff had not been trained in dementia care.

## 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.
- 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.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

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

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Fiona Allinson, Head of Hospitals Inspection supported by an inspection manager led this inspection. An executive reviewer, supported our inspection of well-led for the trust overall.

The team included 12 inspectors and 20 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.