

East and North Hertfordshire NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley.

This trust has four main locations; Lister Hospital, Queen Elizabeth II Hospital (QEII), Hertford County Hospital and Mount Vernon Cancer Centre Hospital (MVCC), as well as five renal units, and a community childrens and young people's service. The trust concluded its "Our Changing Hospital" programme in 2015, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Hertford County Hospital provides outpatient and diagnostic services. The Mount Vernon Cancer Centre provides tertiary radiotherapy and local chemotherapy services. The cancer centre operates out of facilities leased from Hillingdon Hospitals NHS Foundation Trust.

We carried out this inspection as part of our comprehensive inspection programme, which took place on trust sites during 20 to 23 October 2015. We undertook three unannounced inspections on 31 October, 6 and 11 November 2015.

Overall, we rated East and North Hertfordshire NHS Trust as requiring improvement with four of the five key questions which we always rate as being requires improvement (safe, effective, responsive and well led). Caring was rated as good.

Overall, we rated Lister Hospital, QEII and MVCC as requiring improvement and rated Hertford County Hospital and the community children's and young people service as good. We inspected, but did not rate, the Bedford and Harlow renal units.

The main concern at the Lister related to the urgent and emergency care service which we rated as inadequate. Four of the other seven core services we inspected were rated as requiring improvement. Three services were rated as good: surgery, critical care and outpatients.

At the Mount Vernon Cancer Centre, we rated the medical care service as inadequate and two of the other four core services we inspected were rated as requiring improvement. Two services were rated as good: radiotherapy and outpatients.

Overall we have judged the services at the trust as good for caring. In most areas patients were treated with dignity and respect and were provided with appropriate emotional support. We found caring in the community children's and young people's service and in chemotherapy at MVCC to be outstanding. However, caring required improvement in one area – the urgent and emergency care service at the Lister site where patients were not always treated with dignity and respect.

Improvements were needed to ensure that services were safe, effective, and responsive to people's needs and for being well-led.

Our key findings were as follows:

- Most staff we spoke to were friendly and welcoming.
- The trust had undergone an extensive change programme staff told us although this had been unsettling they thought it had been well managed
- The trust board were a stable team and the CEO particularly was seen by staff as highly visible and approachable
- In most areas staff interactions with patients were positive and showed compassion and empathy. However, the privacy and dignity of patients in the emergency department at Lister Hospital was not always respected.
- Feedback from patients was generally very positive.
- We found that there were governance systems in place to escalate issues and risks to the trust board. However the effectiveness of these processes varied between divisions.
- In some areas staff did not always report incidents.

Summary of findings

- In some areas patient's records such as observation and fluid balance charts were not always correctly completed.
- The triage system within the emergency department at Lister Hospital was not sufficient to protect patients from harm or allow staff to identify those with the highest acuity. Urgent action was taken to address this following it being brought to the trust's attention.
- The emergency department did not consistently meet the four hour target for referral, discharge or admission of patients in the emergency department.
- Medicines were not always stored and handled safely in some areas we brought to the attention of the trust who took immediate action to address our concerns.
- Action identified as required following investigation of serious incidents on Bluebell ward were not being addressed in a timely or sustainable manner to ensure children were protected from avoidable harm. We brought this to the trust's attention and the trust took urgent actions to address this.
- There was lack of understanding of the Mental Capacity Act (MCA) amongst some nursing staff.
- Generally there was a good standard of cleanliness. However, the condition of the estate in some areas made effective cleaning a challenge.
- There were a number of areas where the older estate needed improving. The trust was aware of this and was assessing areas of greatest risk.
- The environment at MVCC had not been well maintained and was in need of updating.
- The trust was very proactive in engaging with the local community and had exceptional engagement with young people.
- Safeguarding systems were in place to ensure vulnerable adults and children were protected from abuse
- Nurse staffing levels were variable during the days of the inspection, although in almost all areas, patients' needs were being met.
- Medical staffing was generally appropriate.

- Working towards providing a seven day service was evident in most areas.
- Pain assessment and management was effective in most areas.
- Most patients' nutritional needs were assessed effectively and met.

The Chief Executive and executive team demonstrated a good understanding of the challenges the trust faced, along with the commitment to address them and took decisive action in some areas immediately following the inspection.

To address the areas of poor practice, the trust needs to make significant improvements.

Importantly, the trust **MUST:**

- Ensure all required records are completed in accordance with trust policy, including assessments, nutritional and hydration charts and observation records.
- Ensure there are effective governance systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients including the timely investigation of incidents and sharing any lessons to be learned.
- Ensure effective systems are in place to ensure that the triage process accurately measures patient need and priority in the emergency department.
- Ensure that the triage process in maternity operates consistently and effectively in prioritising patient needs and that this is monitored.
- Ensure that all staff in all services complete their mandatory training in line with trust requirements.
- Ensure that patients who require urgent transfer from MVCC have their needs met to ensure their safety and that there is an effective process in place to handover continuing treatment.
- Ensure there is oversight and monitoring of all transfers.

We saw several areas of outstanding practice including:

- The trust's diabetes team won a prestigious national "Quality in Care Diabetes" award in the best inpatient care initiative category.

Summary of findings

- Following negotiations with the CCG the trust developed an outreach team to deliver seven day, proactive ward rounds specifically targeting high-risk patients. This included the delivery of a comprehensive set of interventions which included smoking cessation and structured education programmes for both the respiratory and diabetic services.
- The day surgery unit had been awarded the Purple Star, which is a recognised award to a service for improving health care for people with learning disabilities. We saw patients with learning disabilities and their relative receiving high levels of outstanding care.
- The ophthalmology department had implemented a minor injuries service. Patients could be referred directly from accident and emergency, their GP or opticians to be seen on the same day.
- Ophthalmology nurses had undertaken specific training to enable them to carry out intravitreal
- The Lister Robotic Urological Fellowship is an accredited and recognized robotic urological training fellowship programme in the UK by the Royal College of Surgeons of England and British Association of Urological Surgeons. This technique is thought to have significantly reduced positive margin rate during robotic prostatectomy and improved patient functional outcome.
- We saw some examples of excellence within the maternity service. The foetal medicine service run by three consultants as well as a specialist sonographer and screening coordinator is one example; the unit offers some services above the requirements of a typical district general hospital such as invasive procedures and diagnostic tests. The unit has its own counselling room away from the main clinic and continues to offer counselling postnatally.
- The service also offered management of hyperemesis on the day ward in maternity to minimise admission.
- The radiotherapy service provides IMRT (Intensity Modulated Radiotherapy) to a higher percentage of patients than the England average. The service provided a good range in IGRT (Image Guided Radiotherapy). Together these are indicators of a high quality radiotherapy service.
- The radiotherapy service had a strong reputation nationally as a major contributor to clinical trials.
- The radiotherapy service was accredited to the ISO 9001 quality standard.
- The cancer centre is one of the top ten centres in the country for research and innovation.
- Care shown to patients undergoing chemotherapy and the community children's and young people's service was outstanding.
- Effective multidisciplinary working was evident throughout all departments.
- All staff were proud to work for MVCC and many described it as a special place to work.
- The children's community nursing (CCN) service, children's continuing care (CCC) the specialist health visitors (HV,) community paediatrics and the school nursing service were identified as being creative and innovative in finding solutions to the complex care and support needs of CYP.
- Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who use the service, parents and stakeholders was continually positive about the way staff treated people. National audits for CYP in diabetes and epilepsy scored highly (100% for epilepsy and the fourth highest in the country for diabetes) for patient experience.
- Parents said staff did everything they possibly could to support the child and the family which exceeded their expectations. Parents told us staff went the "extra mile" and gave examples of how staff had actively supported their child and the family throughout the care episode.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to East and North Hertfordshire NHS Trust

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley. There are approximately 696 beds at the Lister Hospital Site and at the Mount Vernon Cancer Centre there are 45 beds and a 12 bedded hospice. The trust has a turnover of approximately £375m and 5,290 staff are employed by the trust, representing around 4,540 whole time equivalent posts. The trust is not a foundation trust.

The area served by the trust for acute hospital care covers a population of around 600,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire. The trust's main catchment is a mixture of urban and rural areas 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 trust concluded its "Our Changing Hospital" programme in 2015, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals. Additional £30m investment enabled the development of the new Queen Elizabeth II (QEII), to provide outpatient, diagnostic and antenatal services and a 24/7 urgent care centre; which opened in June 2015.

Hertford County Hospital provides outpatient and diagnostic services. The Mount Vernon Cancer Centre provides tertiary radiotherapy and local chemotherapy services. The trust owns the freehold for each of the

Lister, QEII and Hertford County. The cancer centre operates out of facilities leased from Hillingdon Hospitals NHS Foundation Trust. The trust is also a sub-regional service in renal medicine and urology and a provider of children's community services.

The trust has five clinical divisions: Medical, Surgical, Cancer, Women's and Children's and Clinical Support Services, each led by Divisional Director and Divisional Chair. These are supported by a corporate infrastructure. Therapy Services, Outpatient Pharmacy Services and Pathology Services are provided by different organisations.

The total number of beds across all trust sites (excluding Michael Sobel House, the trust's hospice) was 741 with:

- 629 General and acute beds
- 48 maternity beds (excluding assessment and delivery)
- 19 Critical care beds
- 45 Cancer centre beds

The trust employs 5,340 staff with:

- 760 Medical staff
- 1806 Nursing staff
- 2,779 Other staff.

The trust's revenue was £376 million with a deficit of £3 million.

Inspection history

Hertford County Hospital was inspected in 2010 and was found to be meeting all the essential standards of quality and safety reviewed.

Lister hospital was inspected on 8 October 2013, and was found compliant in all eight outcomes checked.

QEII hospital was inspected on 11 April 2014, and was found to be compliant in three outcomes checked.

Summary of findings

Our inspection team

The East and North Hertfordshire inspection was undertaken during the last week of October 2015.

Our inspection team was led by:

Chair: Professor Sir Norman Williams, MS, FRCS, FMed Sci, PPRCS.

Head of Hospital Inspections: Helen Richardson, Head of Hospital Inspections, Care Quality Commission.

The team included 17 CQC inspectors, 45 clinical specialists (including a medical director, safeguarding leads, clinical leaders, consultants, senior nurses, junior doctors, therapists, oncologists and radiographers) and three experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about the Hospital and asked other organisations to share what they knew about the hospital. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held listening events in Stevenage and Welwyn Garden City before the inspection, where people shared their views and experiences of services provided by East and North Herts NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme, which took place on trust sites during 20 to 23 October 2015. We undertook three unannounced inspections on 31 October, 6 and 11 November 2015.

We talked with patients and staff from all the departments and clinic areas.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the trust's hospitals and services.

What people who use the trust's services say

The Friends and Family Test (FFT) recommended rate overall for this trust FFT scores have consistently been above the England average.

The trust had very mixed results in the Cancer Patient Experience Survey. Out of 34 questions the trust scored in the top 20% of trusts for one question and in the bottom 20% of trusts for six questions

The trust came out as about the same as other trusts in the CQC Inpatient Survey in 2014.

The Patient-led assessments of the Care Environment (PLACE) scores for Cleanliness, Privacy, Dignity and Wellbeing and Facilities were the same as the England average in 2014, but the score for Food was worse than the England average.

The trust's performance across one of the four 2015 Patient Lead Assessments of the Care Environment (PLACE) indicators was higher than the England average (Cleanliness).

Summary of findings

The trust is generally seen as a good trust by stakeholders with effective engagement by the trust board and executive team.

Facts and data about this trust

This trust has four main locations; Lister Hospital, Queen Elizabeth II (QEII), Hertford County Hospital and Mount Vernon Cancer Centre Hospital, as well as five renal units, and a community children and young people's service. The trust concluded its "Our Changing Hospital" programme in 2015, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals.

The Lister is a 720-bed district general hospital in Stevenage. It offers general and specialist hospital services for people across much of Hertfordshire and south Bedfordshire and provides a full range of medical and surgical specialties. 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. There are specialist sub-regional services in urology and renal dialysis.

During January to December 2014, the QEII facilitated 162,278 outpatient appointments of which 40% were new appointments and 60% were follow up appointments (8% of appointments were not attended by patients). The QEII hospital also provides an urgent care centre (UCC) which is a nurse led unit open 24 hours a day seven days per week. Since opening the unit has had 18,867 attendances, with 5,904 of these being patients under the age of 16.

Hertford County Hospital provides a wide range of outpatients, ante/post-natal, diagnostic and therapeutic services to the people of south-east Hertfordshire. It is open Monday to Friday, except on bank holidays, between 8am and 6pm. During January to December 2014, the hospital facilitated 65,621 outpatient appointments of which 36% were new appointments and 64% were follow up appointments (9% of appointments were not attended by patients).

Mount Vernon Cancer Centre (MVCC) is part of East and North Herts NHS Trust and provides a specialist non-surgical cancer service. It is situated in Hillingdon,

Middlesex on a large site owned by Hillingdon NHS Trust and is some 33 miles from East and North Herts Trust's main hospital in Stevenage. It serves a wide area of 2 million people across Hertfordshire, Bedfordshire, Northwest London and parts of the Thames Valley.

Bedford Dialysis Unit is one of five satellite haemodialysis units provided by East and North Herts NHS Trust. The unit is situated on the eastern outskirts of Bedford on an industrial complex and consists of 16 beds. The service provides dialysis treatment for adult patients plus a nurse led nephrology clinic and a consultant led clinic. The Bedford Dialysis Unit has 16 stations and is one of five specialist referrals centres serving Hertfordshire and Bedfordshire.

Harlow Renal Unit is one of five satellite haemodialysis units provided by East and North Herts NHS Trust. The unit is situated within the Princess Alexandra Hospital and consists of 12 beds. The service provides dialysis treatment for adult patients plus a nurse led nephrology clinic and a consultant led clinic. The Harlow Renal Unit has 12 stations incorporating four isolation rooms and is one of five specialist referrals centres serving Hertfordshire and Essex.

There are 741 beds and 12 hospice beds in this trust.

The trust serves a population of approximately 600,000 people, from East and North Hertfordshire as well as parts of Bedfordshire.

The trust employs 5,340 staff.

The trust has an annual turnover of £376m, and in 2014/15 the deficit was £3m.

There were 122,668 A&E attendances at this trust between 2014/15 and 75,498 inpatient admissions. Of the inpatient admissions, 34,766 were elective and 40,732 were emergency. During 2014/15 there were 544,857 outpatient appointments.

Summary of findings


We rated the trust overall as Requiring Improvement with three sites being requiring improvement with the exception of Hertford County Hospital and the community children's and young peoples service which were good.

The trust board were seen as strong leaders who had delivered a significant change programme that completely reconfigured services in the 12 months prior to the inspection.

MVCC has never been inspected by the Care Quality Commission before and was inspected on this occasion as a specialist stand-alone unit as part of the comprehensive inspection of East and North Herts NHS Trust. We inspected five core services, chemotherapy, radiotherapy, medicine, outpatients and end of life care.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>Overall we rated safety of the services in the trust as requiring improvement.</p> <p>Although there was robust systems in place to manage risks these were not always effectively implemented. Risks identified where not always acted upon in a timely manner and opportunities to prevent or minimize harm were missed and feedback was not always provided on incidents reported.</p> <p>Staff did not always report incidents appropriately, and learning from incidents was not always shared effectively.</p> <p>Some of the staff we spoke with did not know what duty of candour meant for them in practice.</p> <p>The triage system within the emergency department at Lister Hospital was not sufficient to protect patients from harm or allow staff to identify those with the highest acuity. Urgent action was taken to address this following it being brought to the trust's attention.</p> <p>Urgent transfers out of MVCC were not reported on the trust wide incident reporting system. There was no process in place to follow up these patients so the service was not sighted on whether the patient's cancer treatment had been maintained. The trust was unsighted on this risk.</p> <p>Infection control practices were not always followed. This was of particular concern within the emergency department at the Lister Hospital.</p> <p>In some areas, patient records lacked sufficient detail to ensure all aspects of their care were clear.</p> <p>Some patients were cared for on wards outside of their specialist care group, nursing staff told us they did not always feel equipped with the skills to care for these patients. We found that this group of patients were not always reviewed by a consultant when they should have been. However the trust took urgent action to address this.</p>	<p>Requires improvement</p> 

Summary of findings

We found poor medicines' management within the medical service which was brought to the attention of the trust who took immediate action to address our concerns. This resulted in the review of all medicine management procedures within the service with timely action plans.

Action identified as required following investigation of serious incidents on Bluebell ward were not being addressed in a timely or sustainable manner to ensure children were protected from avoidable harm. We brought this to the trust's attention and the trust took urgent actions to address this.

Mandatory training in some areas did not meet the trust's target.

Do Not Attempt Cardiopulmonary resuscitation forms were not always completed in accordance with trust procedures and national guidance.

Duty of Candour

- Generally there were processes in place to support the requirements of the duty of candour. However, some of the staff we spoke with at Lister Hospital and QEII did not know what duty of candour meant for them in practice.
- In the community C&YP service, nurses and doctors were able to describe how complaints and concerns were being managed which assured us they were implementing the principles of the Duty of Candour and kept families and children informed about how their concerns and complaints were being managed and outcomes were shared.
- The trust had a being open policy in place that outlined the expectations. However we found that there was not consistent understanding of this policy by all staff.

Safeguarding

- Overall, staff told us they felt confident reporting safeguarding concerns and were given support with this. Policies and procedures for safeguarding were in place and were being updated to reflect changes in national guidance.
- Staff were able to tell us how they would report concerns through the trust's procedures and they knew who they should contact.
- The trust met their target of having 92% of all staff completing the mandatory training on Safeguarding Children (Level 1). 92% of staff had completed Safeguarding Adults training. 92% and 89% of relevant staff had completed Safeguarding Children Level 2 and Level 3 training respectively.

Incidents

Summary of findings

- The trust reported 5,063 incidents in the period February 2014 to January 2015, with:
 - Eight deaths,
 - 32 severe harm incidents,
 - 157 moderate harm incidents,
 - 859 low harm incidents and
 - 4,007 classified as no harm incidents.
- The trust reported seven incidents per 100 admissions which was below the England average (of 9.4 incidents reported per 100 admissions).
- 102 serious incidents were reported in the period May 2015 to April 2015 with 50 being for pressures ulcers at grade three. Pressure ulcers made up the highest proportion of incidents reported (112 incidents).
- The trust had a campaign to reduce the number of serious pressure ulcers acquired within the hospital “Stop the Pressure” campaign.
- Throughout the inspection we found that most staff knew how to report incidents using the trust wide electronic system. However, staff did not always report incidents, and feedback was not always provided on incidents reported.
- There had been three “never events” reported in the trust between May 2014 and September 2015. A never event is defined as: “A serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers’.
- We found that these had been appropriately investigated, that the learning identified had been shared and actions had been taken to prevent an occurrence.
- Medical care services reported the greatest number of incidents, 53 serious incidents were reported through the National Reporting and Learning System (NRLS).
- The most frequently reported incident types were pressure ulcers, catheter urinary tract infections (C.UTI) and slip, trips and falls. The trust had introduced processes such as intentional rounding to minimise the risk to people who used the service.
- As a result of the number of falls related incidents, the trust had introduced a falls prevention plan. This included the use of slippers with rubber soles for patients at risk of falling. The August 2015 inpatient falls report showed this had reduced the level of patient falls by 50%.
- Two serious incidents occurred in the children’s services between May 2014 and April 2015; one was a child protection issue on an admitted child from home and the second was

Summary of findings

regarding care of a child. A further three serious incidents were reported on Bluebell Ward between June 2015 and October 2015. Root cause analyses were being completed at the time of the inspection for the three most recent serious incidents.

- Learning from these incidents had been identified. However, not all actions had yet been taken in a timely manner. We brought this to the trusts attention at the time of the inspection. On re-inspection one week later, we found the service had taken further actions to mitigate the current risks.

Staffing

- Medical staffing across the trust was appropriate for the services delivered and in line with relevant guidance.
- The trust had the same percentage of consultants as the England average (39%) and a slightly higher percentage of junior doctors (18% compared to the average of 15%).
- Nursing numbers were assessed using the national Safer Nursing Care Tool and National Institute of Health and Care Excellence (NICE) 2014 guideline.
- An overall vacancy rate for nursing staff was 15% at the time of inspection - higher than the average for the region which was at 10%.
- For nursing staff vacancies were at 12% in medicine, 16% in surgery, 8% in the women and children's division and 8% in cancer services.
- There were areas where vacancies were high, in the trust's board report for September 2015, 11 out of 12 medical care wards had nurse staffing vacancies ranging from 13% (Pirton ward) to 40% (AMU).
- Temporary staff were employed to cover vacancies and we saw that in most areas there were processes in place to ensure temporary staff had effective induction.
- This trust had a high use of agency staff with 9.7% reported in September 2015 and 3.8% of shifts filled by bank staff compared with the England average of 6.1%.
- Nurse staffing levels were variable during the days of the inspection, although in most wards, patients' needs were being met.
- Issues relating to high vacancies, staffing levels and the lack of skills and competencies to care for poorly children, along with the high level of clinical activity on Bluebell Ward were not being addressed in a timely way to ensure children were protected from avoidable harm. Following our inspection, the trust took urgent actions to address this.

Cleanliness, Infection Control

Summary of findings

- There were nine cases of Clostridium Difficile (c.difficile) at this trust between May 2014 and May 2015. There were five cases of Methicillin Resistant Staphylococcus Aureus (MRSA) and 17 cases of Methicillin Susceptible Staphylococcus Aureus (MSSA) within the same time period, with infection rates reducing over time.
- Data from the Patient Safety Thermometer showed that there were 11 falls, 35 pressure ulcers, and 48 Catheter acquired urinary tract infection levels (C.UTIs) between June 2014 and June 2015.
- Alcohol gel and hand washing facilities were available in all areas and easily accessible to staff and visitors.
- Personal protective equipment (PPE) was available throughout all departments but was not always used in accordance with the trust's infection control policy.
- We raised concerns with the trust in relation to poor infection control practice within the ED at Lister Hospital. We were provided with an improvement plan that showed the department intended to do twice weekly audits, challenge poor practice and ensure staff were aware of best practice.

Environment and Equipment

- Wards and clinics we visited were generally well maintained and met the needs of patients using them.
- We examined the resuscitation trolleys located throughout the departments. The trolleys were secure and sealed. We found evidence that regular checks had been completed.
- All equipment had received portable appliance testing (PAT) to ensure it was safe for use in accordance with trust policy.
- Most equipment we checked was fit for purpose.
- Storage was a problem within Ashwell ward which made the area look cluttered and posed a risk in the evacuation of patients in the event of an emergency. We raised this with the trust, who took action to address this. We observed during our unannounced on 11 November 2015 that the area had been de-cluttered and there was a clear thoroughfare to the ward and patient bays.
- Due to the layout of the adult emergency department, patients sat within the initial waiting area were not visible by any staff within the department.
- We raised this with the trust as a risk to patient safety, who took immediate action.
- All areas visited appeared visibly clean. However, the building at MVCC was old and required updating and refurbishment with the fabric of the building being in a poor state of repair. There was generally a lack of space. Staff told us the building was cold

Summary of findings

in the winter. We saw windows that would not close properly. Although many of the hospital's facilities were housed in one main building, there were a number of essential services which were in different buildings, meaning patients had to go outside to access them.

Are services at this trust effective?

Summary

Overall we rated the effectiveness of the services in the trust as requires improvement.

There was limited awareness of Mental Capacity Assessments in some areas.

Only 30% of patients being treated at MVCC received antibiotics within two hours if they presented with suspected neutropenic sepsis. However, not all presented at MVCC, some were treated in other trusts.

There was evidence of local clinical audits and action required at ward level.

Patient outcomes were variable across the services.

Not all staff had had an annual appraisal.

There was not an effective system in place for clinical and operational formal supervision in all services.

There were effective systems in place to ensure that staff were registered to work with their professional body.

In the main, we saw good multidisciplinary working with good progress on the move to seven day working.

Evidence based care and treatment

- Generally patient's needs were assessed and care and treatment was delivered in line with legislation, standards and evidence based guidance.
- There were specific pathways and protocols for a range of conditions; these included heart failure, diabetes and respiratory conditions. We saw these were in line with national guidance.
- The trust had a pathway for patients with sepsis to enable early recognition of the sick patient, and prompt treatment and clinical stabilisation. We saw these were linked to national guidance.

Requires improvement



Summary of findings

- Services used national evidence based guidelines to establish and deliver the care and treatment they provided and had policies in place governing this but there was not always an effective system to ensure all policies and guidelines were reviewed to reflect current national guidance.
- Where staff participated in national and local audits, outcomes from audits had not consistently been used to make improvements in care in all areas.
- The trust had developed a care planning tool to replace the Liverpool Care Pathway (LCP) which had been withdrawn.
- Local guidance within both EDs at Lister Hospital was not always up to date or in line with the most current national guidelines.
- The trust participated in the National Hip Fracture Database (NHFD) is part of the national falls and fragility fracture audit programme. Between April 2014 and August 2015, 75% of patients with a fractured neck of femur had surgery within 24 hours of admission, which was the same as the national average. The length of stay in hospital was 16 days, which is in line with the national average.
- The Critical Care Unit (CCU) submitted data to the Intensive Care National Audit and Research Centre (ICNARC) an organisation reporting on performance and outcomes for intensive care patients nationally. There were also local audits planned or in progress on CCU regarding healthcare documentation, correct placement of nasogastric tubes and use of sedation and delirium. Action plans related to these audits were provided by the trust.
- In maternity, there was an audit plan in place to assess and monitor national guidelines as well as progress made with implementation of action plans since the previous audit. The process was well managed with concise audits and action plans, although we noted that the action agreed in one audit report had not been translated across to the action plan.
- The service had robust guidelines in place which made reference to national guidance as appropriate.
- The 2012/13 Paediatric Diabetes Audit showed the trust was achieving outcomes better than the national average.
- The trust had a replacement for the Liverpool Care Pathway (LCP): the Individual Care Plan for the dying person (ICP).
- There was a process in place to obtain rapid treatment for patients who were suspected of having neutropenic sepsis. There was a procedure in place to minimise chemotherapy

Summary of findings

being given via the incorrect route. Only 30% of patients who were suspected of having neutropenic sepsis received antibiotics within two hours of admission. However, not all these patient were admitted to MVCC.

Patient outcomes

- The Summary Hospital-level Mortality Indicator (SHMI) is a score that reports on mortality rates at trust-level across the NHS in England, using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures. We saw the figures for May 2015 were 112 patients against a threshold of less than 110 patients. The results were rag rated (red, amber, and green) and the trust had rated themselves as significantly elevated. We saw an action plan was in place regarding this risk.
- The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect. Between for the period July 2014 to June 2015 the HSMR for the Trust was 94.52 and significantly better than the national average. During that period, the weekday HSMR was 96.96 and the weekend HSMR was 90.60, both within the 'as expected range'.
- The trust had set a target of 93 and we saw the figures for 2014/15 was below the trust's target at 93. However, this was an increase from 2013/14 which showed an achieved target of 89. The hospital's patient's outcomes strategy for 2015/18 set out how the hospital would improve the Hospital Standardised Mortality Ratios (HSMR). The report outlined the trust's aim to improve HSMR by, for example, reviewing the mortality process by continuing and understanding the learning from identified failures.
- There were no mortality outliers at this trust in the May 2015 Care Quality Commission Intelligent Monitoring Report.
- We saw the Sentinel Stroke National Audit Programme (SSNAP) results for January 2015 to March 2015. The trust scored well in meeting physiotherapy and occupational therapy input and standards. The trust was banded in level "D", which is in line with the national average.
- The endoscopy department had been awarded Joint Advisory Group (JAG) accreditation. The accreditation process assessed

Summary of findings

the units' infrastructure, policies, operating procedures and audit arrangements, to ensure they met best practice guidelines. This meant that the endoscopy department was operating within this guidance.

- The trust took part in the 2013 Royal College of Emergency Medicine's audit on consultant sign-off (patients being reviewed by a consultant prior to discharge). The trust did not meet the 100% standard set by the college, and performed lower than other trusts for the majority of the indicator.
- The 2014/15 audit on Mental Health in the Emergency Department showed the trust only met one standard of the seven which looked at the availability of a dedicated assessment room for mental health patients.
- The surgical division took part in national audits, such as the elective surgery Patient Reported Outcome Measures (PROM) programme, and the National Joint Registry (NJR).

Overall the trust was aligned with the improvement seen nationally in Patient Reported Outcome Measures (PROMS). The results indicate that for the trust had improved the scores compared with the national average.

- The risk of readmission for elective surgery at Lister Hospital was higher than the England average between August 2014 and July 2015.
- At Lister Hospital, the risk of readmission for both elective and non-elective surgery was higher than the England average.
- Data from the Bowel Cancer Audit 2014 showed that the trust performed well in several indicators which included lymph node harvest (an indicator of the adequacy of surgery and pathological assessment) and the important outcome measure of adjusted 2-year mortality. For both of these indicators, the trust performance was within the top 10 nationally. The trust performed better than the national average in eight indicators and worse in nine.
- In the Bowel screening audit the trust scored well on one indicator, they were better than other trusts for patient seen by the Clinical Nurse Specialist, but worse than other trusts for reporting CT scans and discussing patients at Multi-Disciplinary meeting.
- Data from the National Emergency Laparotomy Audit 2015 showed the trust had mixed performance. The audit rates performance on a red-amber-green scale, where green is best. Two green results related to 'consultant presence in theatre', and 'final case ascertainment'. The trust scored red against two

Summary of findings

ratings, 'consultant surgeon review within 12 hours of emergency admission' and 'assessment by a Medical Consultant for the care of older people specialist in patients over 70 years'. The remaining seven measures scored amber.

- Data from the Lung Cancer Audit 2014 showed the trust was performing above the England average for example in percentage of patients discussed at MDT and percentage of patients receiving CT before bronchoscopy.
- The majority of outcomes were being met in the maternity and children and young people's services.
- The trust did not meet six of seven organisational standards in the National Care of the Dying Audit (NCDA) 2013/14. They showed a poor performance for care of the dying, continuing education, training and audit and formal feedback processes regarding bereaved relatives/friends views of care delivery. The trust met the standard for the prescription of medications for the five key symptoms at the end of life. The trust told us that on publication it was recognised that there had been significant errors made in the audit submission. As a result the trust Clinical Governance committee commissioned a report to further understand the true position and, following presentation, this report was escalated to the Risk and Quality committee in the Medical Director's report of July 2014 which stated 'The committee heard the outcome of the national audit where the trust scored 1 out of 7. This was a disappointing result but further analysis revealed an inaccurate data submission and the committee heard the reasons for this. Upon receiving the findings the Palliative Care Consultant undertook a review of the questions and indicated that the trust could have achieved 4-5 had the questions been answered appropriately.
- The trust met three of the ten clinical standards in the NCDA 2013/14.
- MVCC took part in local, trust and national audit programmes. Audits were undertaken of patients records each month were audited against compliance with assessment tools and care bundles. The hospital was meeting the 31 day target for treating patients who required chemotherapy and radiotherapy for most tumour types.

Competent Staff

- Generally, there were specific induction programmes for new staff. Staff that had attended the induction programme told us this was useful. The induction programme included orientation to the wards, specific training such as fire safety and manual handling as well as awareness of policies.

Summary of findings

- Some patients were cared for on medical speciality wards, where nursing staff did not always feel they had the appropriate skills to care for none specialist patients.
- There was not an effective system in place for clinical and operational formal supervision in all services.
- The trust records showed that appraisal levels were below the required target in most areas.
- The C&YP service had a range of detailed actions to carry out in both the short and longer term to improve staff competencies in managing highly dependent children and now

Multidisciplinary working

- The staff we spoke with reported good multi-disciplinary (MDT) working both internally and externally. Staff reported that medical and nursing/midwifery staff worked well together and that the MDT handovers took place regularly within services.
- We were told that external arrangements also worked well and that there were good communications and links with community nurses and midwives, GPs as well as social services, information was regularly received from social services regarding individuals specifying any support they may be receiving or may need.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Some nursing staff we spoke lacked an understanding of the Mental Capacity Act (MCA) and how to assess whether a patient had capacity to consent to or decline treatment.
- We found children's rights were protected and consent to care and treatment was obtained in line with the Children's Acts 1989 and 2004.
- Most staff understood the concept of Deprivation of Liberty Safeguards (DoLS).
- Mental capacity was not always assessed for patients who may lack capacity. Knowledge of staff was variable about the assessment and recording of mental capacity assessments.
- Not all Do Not Attempt Cardiopulmonary resuscitation forms were completed in accordance with trust procedures.

Are services at this trust caring?

Summary

Overall, we have judged the services at the trust as good for caring. In most areas, patients were treated with dignity and respect and were provided with appropriate emotional support.

Good



Summary of findings

We found caring in the community children's and young people's service and in chemotherapy at MVCC to be outstanding.

However caring required improvement in the urgent and emergency care service at the Lister site where patients were not always treated with dignity and respect.

Compassionate care

- The trust's Friends and Family Test performance was consistently better than the England Average between March 2014 and February 2015, although performance was decreased below the England average by 1.1% in December 2014.
- In the Cancer Patient Experience Survey 2013/14, performance at the trust was within the top 20% of trusts in answer to one question and in within the bottom 20% of trusts for six questions. The trust performed about the same as other trusts for the remaining 27 questions. The questions for which performance was in the top 20% of trusts were:
 - GP given enough information about patient's condition and treatment
 - The questions for which the trust's performance was in the bottom 20% of trusts were:
 - Patient thought they were seen as soon as possible
 - Hospital staff told patients they could get free prescriptions
 - Patient had confidence and trust in all doctors treating them
 - Doctors did not talk in front of patients as though they weren't there.
 - Staff definitely did everything to control side effects of chemotherapy
- The trust's performance across one of the four 2015 Patient Lead Assessments of the Care Environment (PLACE) indicators was higher than the England average (Cleanliness).
- PLACE performance at the trust was better for three measures in 2014 and 2015 when compared to 2013. (Cleanliness, Food and Facilities).
- Patients received compassionate care and were treated with dignity and respect in most areas. Patients and their relatives were positive about their experiences of care and kindness offered to them.
- Children and their parents and their carer's were consistently positive in their feedback about the care they received.
- At QEII, we observed patients in the main entrance to the hospital being supported by hospital volunteers, directing patients and escorting them to departments, in a kind, caring manner.

Summary of findings

- We observed good examples of caring and considerate staff during our inspection. However, we observed interactions between staff and patients in the emergency department where their privacy and dignity was not respected and where a patient with learning difficulties was ignored by reception staff.

Understanding and involvement of patients and those close to them

- The trust performed about the same as other trusts for nine out of the 12 questions of the CQC Inpatient Survey in 2014.
- The question around staff helping patients to eat meals was where the trust's performance was amongst the worst trusts in England.
- Patients told us that they were involved in decisions about their care and treatments and were given appropriate information.
- In the community C&YP service, children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who use the service, parents and stakeholders was continually positive about the way staff treated people.

Emotional support

- Staff understood the patients' emotional needs and spent time talking with them. Emotional support was provided by staff in their interactions with patients. Most patients were positive about their experience.
- Patients told us that staff were approachable and they were able to talk to them if they needed to.
- There was a spiritual care and chaplaincy team available to patients' families.
- Staff were sensitive to children's and families emotional needs.
- Generally, patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- In the chemotherapy service at MVCC, staff clearly understood the impact of the patient's care, treatment or condition had on their wellbeing and on those close to them and often went out of their way to ensure patient care went beyond their remit as healthcare professionals.
- The children's bereavement services provided empathetic and compassionate care to families.

Are services at this trust responsive? Summary

Requires improvement



Summary of findings

Overall, we rated the trust as requiring improvement for responsiveness.

There were frequent delays in patients being handed over from ambulance crews and some patients had long waits in ED due to lack of beds and delays in discharges throughout the hospital.

The emergency department did not consistently meet the four hour target to admit, refer or discharge and were generally performing worse than the England average.

Good initiatives were in place to improve care for those living with dementia; however, not all staff followed them in all services.

The trust did not collect information of the percentage of patients achieved dying in their preferred location. Without this information, the trust was unable to monitor if they were honouring patients' wishes and if work was needed to improve this.

Bed occupancy was high and the trust was working to improve the safety and timely discharge of patients. However, there were an increasing number of delayed transfers of care.

Working towards providing a seven day service was evident in most areas.

We found that outpatient and diagnostic services were generally responsive to the needs of patients who used the services.

Waiting times were within acceptable timescales, apart from at MVCC where long waits were commonplace.

Outpatient DNA (did not attend) rates were better than the average for trusts in England.

Clinic cancellations were below 2%. Patients were able to be seen quickly for urgent appointments if required.

Most staff showed an awareness for diversity and appropriate translation services were in place.

Service planning and delivery to meet the needs of local people

- The trust concluded its "Our Changing Hospital" programme in 2015, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one District General Hospitals.
- The new QEII hospital and Hertford County Hospital provide outpatient and diagnostic services. The Mount Vernon Cancer

Summary of findings

Centre (MVCC) provides tertiary radiotherapy and local chemotherapy services. The cancer centre operates out of facilities leased from Hillingdon Hospitals NHS Foundation Trust.

- The trust worked with commissioners to plan and meet the needs of patients. In January and February 2015, the trust met with stakeholders, staff members and the community to gain their perspectives, views and ideas for future activity. From these meeting they developed a sustainability plan, and a Sustainability Development Committee that was responsible for setting and delivering goals, such as establishing partnership with local and national organisations.
- The treatment centre was also a relatively new building and the facilities and premises were appropriate for the services. The building was easily accessible and had lifts and disabled toilets. The flow of patients throughout the centre ensured that theatre patients and out-patients were segregated.
- Both Lister and QEII had medically led ambulatory care units five days per week. There was no nurse led ambulatory unit at the Lister (although there is at the weekends at QEII). Ambulatory care units (ACU) provide a facility where patients could be admitted via several different routes, including GPs. Staff told us the ACU was helping to meet the needs of patients in the community who required medical intervention without the needs to be admitted to the hospital.
- The trust's hospital discharge team worked closely with many different professionals, including doctors and nurses, therapists and the community teams such as the rehabilitation team and the stroke team to improve discharge arrangements.
- The stroke unit at Lister hospital had a weekday 9am to 5pm service for patients who may have suffered a transient ischaemic attack (TIA) or "mini stroke." A TIA causes a temporary disruption in the blood supply to part of the brain. The out of hours and weekend service was provided by Luton Hospital as they ran a 24 hour, seven day a week service.
- Further work was needed to ensure there were more dedicated services for children and young people. Children and young people could be seen on different sites and different clinics and some children were operated on in facilities that were not child friendly.
- The trust told us the Specialist Palliative Care Team covering Lister Hospital and Mount Vernon Cancer Centre had received 1879 referrals between April 2014 and March 2015. 949 were patients with cancer and 413 were patients without cancer. The

Summary of findings

trust told us that Lister hospital SPCT received 1132 referrals to their team between 2014 and 2015. This was a substantial increase of referrals as the team received 734 referrals in the previous year.

- The trust did not collect information of the percentage of patients dying in their preferred location. Without this information, the trust was unable to monitor if they were honouring patients' wishes and if work was needed to improve this. The trust did operate a rapid discharge process for those patients that wished to return home.

Meeting people's individual needs

- The elderly care wards had adapted their surroundings to support people living with dementia. For example, there were high contrast facilities in the washrooms such as red toilet seats and hand rails. We saw this was in compliance with the King's Funds (2010) recommendations. The King's Fund (2010) programme was commissioned by the Department of Health to support the implantation of the national dementia strategy.
- The dementia nurse said there had been advances made around dementia care within the service. This included the dementia pathway which was about to be rolled out across the trust. Also there were plans to develop an enhanced dementia care team with a dementia champion on every ward.
- The hospital used yellow wristbands to identify a patient living with dementia. However, staff within the AMU told us that yellow wrist bands were not restricted to those patients with a known diagnosis of dementia. Patients presenting with for example; concussion were given a yellow wristband. Staff said this was to ensure they were aware the patient may be "at risk".
- The trust had introduced dementia care bundles with holistic assessments for people living with dementia. Staff said that the trust had introduced the "This is Me" passport for people with dementia. "This is Me" is a tool for people living with dementia that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. However, none of the records read on the medical wards had this passport completed. This meant that staff may not have the relevant information to meet patient's individual needs.
- All wards had appropriate signs in place so that patients would know which member of staff were their named nurse and/or doctor.
- The trust had developed a policy for supporting patients with learning disabilities; the policy was developed in September 2015.

Summary of findings

- There was a health liaison team who could be contacted if staff required help or advice in supporting patients with disabilities and a clear pathway to follow.
- Interpreter services were available An interpreter could be booked to attend appointments or inpatient services if necessary; a telephone service was also available. The staff we spoke with reported that interpreter services were rarely needed but that this worked well when required.
- Information leaflets were predominantly in English but we were told they could be translated into other languages if necessary.
- Staff said they were able to accommodate all patients' cultural needs with regard to their diet. We saw a list of foods which could be ordered to support these patients.

Access and flow

- This trust largely exceeded the Referral to Treatment (RTT) standard for non-admitted patients for the time period January 2015 to June 2015 where the trust performance was above the England average.
- In the last quarter of 2014/15, 97% of cancer patients were seen by a specialist within two weeks of an urgent GP referral, which is above the operational standard of 93%
- There were frequent delays in patients being handed over from ambulance crews and some patients had long waits in ED.
- Attendances to the ED at Lister Hospital had increased by 8.5% in the first six months of 2014/15 compared with 2013/14.
- The Department of Health target for emergency departments is to admit, transfer or discharge 95% of patients within four hours of arrival at ED. Between August 2014 and March 2015, the department had failed to meet the standard and was generally performing worse than the England average. The average between these months was 91%.
- The data for August 2015, showed worsening performance on the four hour waiting time standard with 87% performance compared to the England average of 95%.
- The department had met the national target for two months (April and June 2015) since October 2014.
- The trust had an ED improvement plan in place with a series of action to address the capacity and flow issues within the department, which included altering the way ambulance patients are handed over, improving registrar presence in the Darting area and improving escalation processes.
- Bed occupancy in the hospital for the medical services averaged 97%.
- The trust was working to improve the safety and timely discharge of patients. However, there were an increasing

Summary of findings

number of delayed transfers of care. The main cause of delays was the provision of community services, especially care home places, to meet patients' ongoing needs. The trust was engaged with partner organisations in managing these delays to minimise the impact on individual patients and on the service overall.

- The maternity department was often very busy and staff told us they could be stretched at times. We were told that a new triage system had recently been put in place, but that this was not always working as intended.
- Further work was needed to ensure there were more dedicated services for children and young people. Children and young people could be seen on different sites and different clinics and some children were operated on in facilities that were not child friendly.
- We found that outpatient and diagnostic services were responsive to the needs of patients who used the services. Waiting times were within acceptable timescales, with outpatient DNA (did not attend) rates better than the average for trusts in England. Clinic cancellations were below 2%. Patients were able to be seen quickly for urgent appointments if required.
- The proportion of clinics where the patient did not attend was below the England average of 6% between January 2014 and December 2014.
- Service wide, the 18-week referral-to-treatment performance was better than the England average up until January 2015. In January 2015, the performance fell below average and the national standard of 95% to 91%; however the latest data shows the trust has exceeded the England average and standard at 96%.
- Two week and 62-day cancer waiting times were in line with national average.
- Figures supplied by trust indicated the two week referral performance for urgent/cancer referrals were better than the national average at 97 to 98%.
- 31-day cancer waiting times were slightly below England average at 97% since October 2013.
- At MVCC, there was almost always long queues in the outpatients department and for patients requiring phlebotomy.

Learning from complaints and concerns

- Systems and processes were in place to advise patients and relatives how to make a complaint. Information about how to make a complaint was displayed in all services.

Summary of findings

- Staff were generally aware of their responsibilities to support patients wishing to formally complain. Complaints were managed within the department by the senior team. They were reviewed at the clinical governance and risk management meetings and themes were shared amongst senior staff.
- We saw 'you said, we did' notices within services which addressed themes in complaints and what had been done to rectify issues.

Are services at this trust well-led?

Summary

Overall we rated leadership at the trust as requiring improvement.

We found that in eight of the 17 core services we rated that leadership required improvement, in nine of the core services it was good and in one (Urgent and Emergency services at the Lister Site), it was inadequate.

The trust had undergone an extensive change programme "Our Changing Hospitals" staff told us although this had been unsettling they thought it had been well managed.

Results from the NHS Staff Survey in 2014 showed that the trust performed similar to other trust in 18 questions and was in the bottom 20% of trusts for the remaining 13 questions. There were no areas of the survey that showed significant improvement from 2013.

The trust had developed a strategy to lead their approach to care delivery from 2015 to 2020. This was not yet well embedded and knowledge amongst staff was limited. There was no detailed cancer strategy in place to support the development of services at MVCC. The trust had a well-developed set of values (called PIVOT) that was recognised by most staff.

We found that there were governance systems in place to escalate issues and risks to the trust board. However the effectiveness of these processes varied between divisions.

We found risks within paediatric services had not been addressed or managed with pace.

We found standard of the divisional risk registers to be variable and we were not assured that there was always effective divisional ownership and scrutiny or corporate oversight of this.

Overall the trust board were a stable team and the CEO particularly was seen by staff as highly visible and approachable. Visibility amongst the rest of the board was reported as variable.

Requires improvement



Summary of findings

The trust was very proactive in engaging with the local community and had exceptional engagement with young people.

Vision and strategy

- The trust had recently gone through a significant change programme “Our Changing Hospitals” which resulted in reconfiguration of service’s across the hospital sites with a 150 million pound investment on the Lister site and a 30 million pound investment to the QE11 site with the new QE11 Hospital opening in June 2015, replacing the old hospital building and providing a focus on day and ambulatory care services.
- The trust had a vision to be amongst the best for patient safety and experience, financial sustainability and clinical outcomes.
- The trust had developed a strategy to lead their approach to care delivery from 2015 to 2020. This was not yet well embedded and knowledge amongst staff was variable.
- The trust had a well-developed set of values PIVOT that was recognised by most staff. These values were:
 - putting **P**atients first
 - striving for excellence and continuous **I**mprovement
 - **V**aluing Everybody
 - being **O**pen and honest
 - working as a **T**eam
- The leadership team could articulate their plans for the future of cancer services at MVCC. However, there was no detailed cancer strategy in place to support the development of services at MVCC and staff working within the service were not aware of future plans.
- A brief outline of the cancer centre’s objectives was provided for us to see after the inspection, dated June 2014, was not referred to during the inspection and did not contain what would be expected in a strategy document.
- Staff we spoke with, both clinical and managerial, during the inspection were not aware that there was a defined cancer strategy in place that detailed the actions to be taken in developing the service, or the part they and their team played in the development and improvement of the service.

Governance, risk management and quality measurement

- The trust had a committee and subcommittee structure to enable the board to be sighted on the issues within the trust and external impact factors.
- The Risk and Quality committee met regularly. This was chaired by a non- executive director and was attended by the executive leadership team. We attended a meeting of the committee whilst the inspection was in progress and found that it was well

Summary of findings

attended and that there was a good level of challenge from the non-executive directors. The meeting was very long and the papers for the meeting were very lengthy in excess of 300 pages. It was recognised that this needed addressing to ensure there was focus on the key issues that the committee needed to address.

- Members of the leadership team confirmed the commitment of the NEDs and commented that they were well prepared for meetings, having reviewed the reports beforehand and so were able to give strong challenges.
- In the main we found that there were governance systems in place to escalate issues and risks to the trust board. The effectiveness of these processes varied between divisions.
- There were processes in place to share learning and good oversight of quality metrics with well-developed information set particularly in relation to nursing indicators.
- There was good executive oversight of quality performance and this was a key part of the monthly meetings the executive held with the divisions.
- There had been investment in training of staff to undertake root cause analysis investigation of incidents with work on going in relation to human factors training.
- However, we found standard of the divisional risk registers to be variable and we were not assured that there was always effective divisional ownership and scrutiny or corporate oversight of this. We found the corporate risk register had some missing information and some areas of duplication.
- The leaders had not recognised the risks of transferring acutely unwell patients out of MVCC via an ambulance. Urgent transfers out of the hospital were not recorded formally.
- Although negotiations were ongoing with Hillingdon NHS Trust with regards to transferring the building to East and North Herts control and there were verbal plans for improvement. However, there was no firm plan in place to improve the building and environmental issues

Leadership of the trust

- The trust board were in the main a stable team. The Chief Executive Officer (CEO) had been in post for 13 years and was highly regarded by staff.
- At the time of the inspection there was one interim executive that of the Chief Operating Officer and the Chair of the trust had recently tendered his resignation at the end of his second term.
- The Chair had a clear understanding of the risks and opportunities for the trust and was very visible, known to staff and was well respected.

Summary of findings

- The non-executive directors had different backgrounds and there had been conscious decisions made to appoint people with certain areas of expertise. There was a good balance of those with clinical and non-clinical backgrounds with one of the non-executive directors taking a lead role for quality and safety.
- Many of the staff we spoke with felt the trust board provided good leadership both the Director Of Nursing and Medical Director were recognised as strong leaders.
- Visibility of the trust board was variable with the CEO being recognised as very visible and accessible by most of the staff we spoke with.
- The executive team were well respected by the broader board it was recognised that there was strong clinical leadership amongst the executive at the same time there was acknowledgment that there was a need to ensure all executives had an equal voice. However, there was not a defined strategy for cancer services at MVCC.
- There was recognition amongst board members that the given the degree and pace of change that the trust had experienced a style of leadership had been required to ensure this succeeded and that development of a more enabling style was now required and this was to be addressed through board development sessions.
- The trust structure was one of divisions with triumvirate leadership. Overall accountability was shared between the Divisional Chair and Divisional Director with input from the Nursing Services Manager.
- Leadership within some services needed improving particularly within urgent and emergency services and within medical care at MVCC where we found it to be inadequate.

Culture within the trust

- The trust had recently gone through a significant change programme, two thirds of wards had moved and over half the staff involved in the change with one third of staff in new roles.
- Although the scale of this change had impacted on staff most felt it had been necessary and although unsettling had been in the main well managed.
- The trust had developed a culture change programme and recognition programme called “ARC” standing for Accelerate, Refocus and Consolidate. Alongside this the trust had developed a staff health and wellbeing strategy with five key aims

Summary of findings

- Staff side representative we spoke with told us that there were good constructive relationships between staff side representatives and the executive, particularly the director of HR who was seen as highly visible and having a willingness to listen.
- Staff sickness levels in this trust as an average were at 3.6% just above the trust target of 3.5% below the national average at 4.0% and there was an average turnover rate of 13% across the trust in 2014/15 higher than the national average of 10%.
- The Trust had in place a whistle blowing policy and supported the Nursing Times' "Speak out Safely" campaign in encouraging any staff member who has a genuine patient safety concern to raise this within the organisation at the earliest opportunity.

Fit and Proper Persons

- The fit and persons requirement (FPPR) for directors was introduced in November 2014. It is a new regulation that intends to make sure senior directors are of good character and have the right qualifications and experience.
- The trust had appropriate systems and processes in place to ensure that all new and existing directors were and continued to be fit and proper persons. These had been approved by the trust board.
- The executive directors were able to demonstrate an understanding of the regulation.
- We looked at a selection of five executive directors' personnel files. We found evidence of appropriate checks were in place and found they all contained a signed self-declaration form.

Public engagement

- The results of the national Friends and Family Test for the trust showed 97% of respondents would recommend the trust. Overall the trust had a response rate of 46%.
- The trust had undertaken significant work to engage with young people. "The future is membership" scheme found innovative ways to engage with young people at all levels to not only promote wellbeing but to inform and build potential of a future workforce, this was seen as outstanding practice.
- A patient and carer experience strategy had been developed for 2015 to 2019 to replace the previous strategy which had delivered some of its aims but not all. The new strategy was underpinned by measurable ambition statements. However at the time of the inspection it was too early to establish its impact.

Summary of findings

- The trust was very proactive in engaging with the local community and had an active programme of engagement sessions and workshops.
- The trust had an established group of volunteers with over 600 people who supported both patients and visitors to the hospital in a variety of ways.

Staff engagement

- The staff engagement score from the 2014 NHS staff survey was comparable to other trusts.
- The key findings in the 2014 National Staff Survey results showed that when compared to other acute Trusts, the Trust was:
 - Average in 5 Key Findings
 - Above average in 5 Key Findings
 - In the top 20% of acute Trusts for 1 Key Finding
 - Below average in 7 Key Findings
 - In the bottom 20% of acute Trusts for 11 Key Findings
- The areas the Trust were in the bottom 20% were as follows;
 - Percentage of staff working extra hours.
 - Percentage of staff suffering work related stress in last 12 months %.
 - Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months %.
 - Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell %.
- There were no areas of the survey that showed significant improvement from 2013.
- The trust was in the top 20% for staff feeling their role makes a difference to patients.
- The trust was above average for the new measure of staff agreeing that feedback from patients is used to inform decisions.
- There was recognition that the trust had been through a large scale change and although this had not been easy most staff we spoke with felt that this had been well managed
- During out focus groups and interviews many staff told us they felt listened too and part of the trust.
- We spoke with three staff side representatives, who told us there had been a focus on eliminating bully and harassment.

Summary of findings

- In the Survey of the General Medical Council (GMC) National Training Scheme, the trust performed in line with other organisation in most areas and worse than expected for two questions relating to induction and feedback. The trust had been in receipt of enhanced monitoring from the GMC.
- Most medical staff we spoke to told us they liked working at the trust and were positive about the recent changes.
- Staff told us visibility amongst the executive team was variable.
- Many of the staff we spoke with were particularly positive about the CEO, stating he was very visible, assessable and listened to staff, and that he was held in high esteem.
- Each year the trust held a Celebration of Excellence awards, marking the achievements and hard work of staff. This was seen in a positive light by staff.
- Appraisal rates across the trust were below the required level at 75% in November 2015.
- There were robust processes in place for medical revalidation and the trust was prepared for the implementation of nurse revalidation.

Innovation, improvement and sustainability

- “The future is membership” scheme found innovative ways to engage with young people at all levels. One scheme member had gone on to promote a SPEAK campaign designed to improve communication between clinicians and young people.
- The trust’s Diabetic Eye Screening Programme had performed well against all three key targets with the highest achieved percentage of uptake of screening in England (93%) and the joint second best achievement in England for issuing results within three weeks of screening.
- The trust recognised that there had been an underinvestment in Information Management and Technology and a strategy was being developed to address this.
- The trust had developed an environmental sustainability strategy for 2015 to 2020 at the time of the inspection it was too early to evaluate its impact.
- The trust recognised that financial stability was one of their key risks and had in place a cost reduction programme that was supported by a quality impact assessment process. The recent changes to services that was delivered as part of the “Our Changing Hospitals” programme was seen as a key driver in delivering a sustainable future.
- There were a number of areas where the older estate needed improving. The trust was aware of this and were assessing areas of greatest risk.

Summary of findings

- There were particular estates challenges at the MVCC, the site was not owned by the trust who recognised improvements to the environment were required. Action to address this had not been taken at the time of the inspection.

Overview of ratings

Our ratings for Lister Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires improvement	Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for QEII

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Hertford County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Our ratings for Mount Vernon Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
End of life care	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Chemotherapy	Good	Good	Outstanding	Requires improvement	Requires improvement	Requires improvement
Radiotherapy	Good	Good	Good	Good	Good	Good
Overall	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community health services for children, young people and families

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Overview of ratings

Our ratings for East and North Hertfordshire NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

2. We inspected but did not rate Bedford and Harlow Renal Units.

Outstanding practice and areas for improvement

Outstanding practice

- The trust's diabetes team won a prestigious national "Quality in Care Diabetes" award in the best inpatient care initiative category.
- Following negotiations with the CCG the trust developed an outreach team to deliver seven day, proactive ward rounds specifically targeting high-risk patients. This included the delivery of a comprehensive set of interventions which included smoking cessation and structured education programmes for the respiratory and diabetes services.
- The day surgery unit had been awarded the Purple Star, which is a recognised award to a service for improving health care for people with learning disabilities. We saw patients with learning disabilities and their relative receiving high levels of outstanding care.
- The ophthalmology department had implemented a minor injuries service. Patients could be referred directly from accident and emergency, their GP or opticians to be seen on the same day.
- Ophthalmology nurses had undertaken specific training to enable them to carry out intravitreal
- The Lister Robotic Urological Fellowship is an accredited and recognized robotic urological training fellowship programme in the UK by the Royal College of Surgeons of England and British Association of Urological Surgeons. This technique is thought to have significantly reduced positive margin rate during robotic prostatectomy and improved patient functional outcome.
- We saw some examples of excellence within the maternity service. The foetal medicine service run by three consultants as well as a specialist sonographer and screening coordinator is one example; the unit offers some services above the requirements of a typical district general hospital such as invasive procedures and diagnostic tests. The unit has its own counselling room away from the main clinic and continues to offer counselling postnatally.
- Another example being urogynaecology services, the Lister is expected to become an accredited provider for tertiary care in Hertfordshire.
- The service also offered management of hyperemesis on the day ward in maternity to minimise admission.
- The radiotherapy service provides IMRT (Intensity Modulated Radiotherapy) to a higher percentage of patients than the England average. The service provided a good range in IGRT (Image Guided Radiotherapy). Together these are indicators of a high quality radiotherapy service.
- The radiotherapy service had a strong reputation nationally as a major contributor to clinical trials.
- The radiotherapy service was accredited to the ISO 9001 quality standard.
- The cancer centre is one of the top ten centres in the country for research and innovation.
- Care shown to patients undergoing chemotherapy was outstanding.
- Effective multidisciplinary working was evident throughout all departments.
- All staff were proud to work for MVCC and many described it as a special place to work.
- The children's community nursing (CCN) service, children's continuing care (CCC) the specialist health visitors (HV,) community paediatrics and the school nursing service were identified as being creative and innovative in finding solutions to the complex care and support needs of CYP.
- Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who use the service, parents and stakeholders was continually positive about the way

Outstanding practice and areas for improvement

staff treated people. National audits for CYP in diabetes and epilepsy scored highly (100% for epilepsy and the fourth highest in the country for diabetes) for patient experience.

- Parents said staff did everything they possibly could to support the child and the family which exceeded

their expectations. Parents told us staff went the “extra mile” and gave examples of how staff had actively supported their child and the family throughout the care episode.

Areas for improvement

Action the trust **MUST** take to improve

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

- Ensure all required records are completed in accordance with trust policy, including assessments, nutritional and hydration charts and observation records.
- Ensure there are effective governance systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients including the timely investigation of incidents and sharing any lessons to be learned.
- Ensure effective systems are in place to ensure that the triage process accurately measures patient need and priority in both the emergency department and maternity services.
- Ensure that all staff in all services complete their mandatory training in line with trust requirements.
- Ensure that patients who require urgent transfer from MVCC have their needs met to ensure their safety and that there is an effective process in place to handover continuing treatment.
- Ensure there is oversight and monitoring of all transfers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The trust did not operate effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The trust did not operate effective systems designed to ensure that patients who required urgent transfer had their needs met to ensure their safety. There was no process in place to ensure their continuing treatment.</p> <p>To ensure effective triage processes are embedded within the emergency department and maternity service.</p>
Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <p>The trust did not have appropriate support, training, professional development, supervision and appraisal systems in place for all staff.</p> <p>The trust must ensure all staff have mandatory training in accordance with trust requirements.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good Governance</p>

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

The regulation was not being met because risks were not always identified and all mitigating actions taken in all services. Records were not always completed and stored in accordance with trust requirements.

The leaders had not recognised the risks of transferring acutely unwell patients out of the hospital via an ambulance. Urgent transfers out of the hospital were not recorded formally.