



Hinchingbrooke Hospital

August 2016

Rated as good and came out of special measures

January 2015

Rated as inadequate and went into special measures

Hinchingbrooke Hospital is a general hospital in Huntingdon, Cambridgeshire, with 210 beds. At the time of CQC's comprehensive inspection in September 2014, it was run by a private provider.

The private provider withdrew from the management franchise of the trust on 1 April 2015 and Hinchingbrooke returned to NHS management. On 1 April 2017, Hinchingbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust merged to form North West Anglia NHS Foundation Trust.

CQC carried out a comprehensive inspection in September 2014 and the trust was rated as inadequate and went into special measures in January 2015. A further inspection in January 2015 saw urgent and emergency care rated as inadequate and most other areas rated as requires improvement. The trust remained in special measures at this time. Following the return to NHS management, CQC carried out a focused inspection in October 2015 to monitor progress. CQC returned in May 2016 and rated the hospital as good in all five of the key questions in August 2016.

Reaction to initial report/rating

Hillary Daniels, former Non-Executive Director, joined the trust when it returned to NHS management. Hilary felt that the organisation did not recognise itself in the first CQC report when it was published. "There was a resistance to accept the validity of the report," she says.

When Deirdre Fowler joined the trust as Director of Nursing, she felt the inspection findings around the well-led question were of no surprise, although it took other board members some time to accept. Being rated

Good and beyond

The trust introduced new branding as an ambition to go further than a good rating and to achieve an outstanding rating. The branding helps to inspire staff across the trust and is strengthened by real life case studies around CQC's five key questions, which ran over a number of weeks.

CQC's quality framework is used at a high level to enable self-assessment and carry out a 'sense check' every quarter. This is in addition to the ward accreditation, which is based on CQC's key lines of enquiry, but instead the wards rate themselves 'bronze' to 'platinum'.

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Sue Fenson,
Associate Director of
Nursing

as inadequate for the caring key question had a devastating effect on morale. “The huge surprise was that we received an inadequate rating for caring,” she says. When Lance McCarthy, Chief Executive, joined the trust in September 2015, he found the staff “caring and compassionate” but agreed that the governance was inadequate and needed to change.

After the inspection in October 2015, the trust remained in special measures. The senior team found this difficult to explain to staff, but in retrospect, they felt it was helpful to continue to drive improvements and to be supported by NHS Improvement through an Improvement Director.

Leadership

When the new NHS board was put into place they agreed “to accept the report rather than question the validity of it”. The new board immediately changed its approach to challenging and reporting, taking measures such as including requirements from CQC's report in the board assurance framework.

The trust identified that a lack of consistency and strong leadership were key obstacles to improvement. The leadership and governance style before September 2015 did not promote a cohesive executive team. Therefore, a priority was to introduce new governance structures. NHS Improvement Director, Sue Holden, worked with the board and senior managers to enable them to work better as a team that was trusting, mutually respectful and open to challenge in a positive way.

The trust board agreed some clear and straightforward strategic objectives: to bring the trust out of special measures, improve financial viability, and ensure sustainability for the future. The senior leadership team also worked hard to be more visible and engaged with staff. Lance McCarthy made sure the trust had a clear focus on change and that staff at every level were involved in the improvement journey. They worked internally to launch their values and established their 'I care' campaign. Executives were allocated to each area and spent more time on wards, speaking to staff and holding one-to-one meetings.

Cultural change

“Being in special measures definitely had an effect on staffing and recruitment, which was difficult to overcome and meant we had to rely more on agency staff,” says Associate Director of Nursing, Sue Fenson. To tackle this, the trust led a large recruitment drive involving advertising differently by working with different agencies and using specific incentives. Carolyn Maguire, Quality Matron, spoke about how the trust also focused on a “growing our own” approach by supporting healthcare assistants to study for foundation degrees and become qualified.

Jo Haywood, Communications Manager, explained how the trust introduced a number of initiatives including the 'good and beyond' branding to help to inspire people to work towards being rated as good and eventually as outstanding. They also produced a 'Your Yellow Pages' for staff, which acts as a toolkit “giving staff all the information they need to do their job properly”.

The trust's internal communications team took a balanced approach by showcasing good practice and identifying what needed to be improved, as well as linking it to CQC's inspection report. "We supported people to have difficult conversations with staff, making sure everyone had the tools to do it," says Jo Haywood. When the trust was re-inspected and was rated as good, they celebrated this with staff. "We produced a postcard for all staff with an 'I care' pin badge, and invited all staff to a celebratory barbeque at the Annual General Meeting."

Governance

The Executive team established a traditional divisional structure with a triumvirate management team. The Medicine Triumvirate was made up of the Associate Medical Director, Associate Director of Nursing and Assistant Director of Operations. Phil Holland, Assistant Director of Operations, spoke about how the changes implemented a new structure and clinical governance, and focused on how the trust managed business going forward. The Medicine Triumvirate works to a formal monthly agenda, which includes asking staff if they want to escalate any issues.

Through regular reviews and meetings to discuss outcomes such as mortality, the trust now has a much better understanding about learning from information. Suzanne Hamilton, Associate Medical Director for Medicine, points to the continued monitoring in the organisation, "We have invested in our audit department and assess ourselves against guidelines – there is now much more internal scrutiny".

Patient and public involvement

Supported by Healthwatch Cambridgeshire and Peterborough, the trust disbanded its patient experience group as it did not reflect the people it served. Community and voluntary sector groups were approached to help support expressions of interest, and the trust used an anonymous application process. Patient experience is now much more representative of the people who use the services. "We're beginning to gather data in the Friends and Family Test so that we can identify who we are not reaching and where people's satisfaction is lower – and whether there are key characteristics in common," says Director of Nursing, Deirdre Fowler.

Looking outwards

The Local Healthwatch and the Overview and Scrutiny Committee for Cambridgeshire both spoke about how their relationship with the trust developed as the trust started its improvement journey. At first, engagement had been limited, but this changed once the trust established a new leadership team.

Sandie Smith, Chief Executive of Healthwatch Cambridgeshire and Peterborough, told us how the new trust's board invited them to help gather patient experience. Together they decided the best approach was to hold several sessions in the hospital to ask patients for feedback, and to introduce quarterly liaison meetings. In October 2016, Healthwatch was invited to carry out a review of the A&E department, ambulatory care and

John's Campaign

The trust launched John's Campaign in October 2015. Carers of patients with severe disabilities or dementia receive a passport that allows them to have free or concession parking, a free meal, and a place to stay at the hospital. There is also an Admiral Nurse in acute services – a dementia nurse whose sole role is to care for carers.

"We supported people to have difficult conversations with staff, making sure everyone had the tools to do it"

**Jo Haywood,
Communications Manager**

Making the A&E department a nicer place for staff and patients

Developing the A&E department was a key area for improvement. The trust introduced weekly meetings with the Nurse in Charge and the leadership team now spends more face-to-face time with staff.

Structural changes have also helped, such as a partition wall in the A&E waiting room, which separates the appropriately decorated and furnished adult and children's waiting areas. The trust has also invested time and money in making care more appropriate for patients with dementia.

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Hillary Daniels, former Non-Executive Director

Acute Assessment Unit. “This provided another set of eyes and resulted in some very positive feedback,” says Quality Matron, Carolyn Maguire.

Kate Parker, Scrutiny Committee Officer for Cambridgeshire County Council, explained how the committee focused on their role to scrutinise care and leadership. Like Healthwatch, they agreed there was a degree of shock when Hinchingsbrooke went into special measures. Quarterly liaison meetings were set up, which gave an opportunity for the trust and the committee to have an open dialogue and helped the two organisations to form a more collaborative relationship.

CQC engagement

Hillary Daniels says the trust used its inspection report as a “catalyst for change”. One of these changes was to separate Operational Nursing from Quality Nursing. Sue Fenson, Associate Director of Nursing, told us that Quality Matrons focus on audits and other quality measures to gain a “helicopter view” of what is happening on the wards.

Lance McCarthy reflects that although the CQC report “only captures a moment in time,” he feels that going into special measures was an important step for the trust. He implemented a programme of improvement to help achieve ‘good and beyond’, and regularly returned to the report to check progress. Deirdre Fowler, Director of Nursing, felt that CQC’s Relationship Manager was open and supportive, and reflecting over time believes CQC has been a “genuine critical friend”.

Next on the improvement journey

Lance McCarthy reflected on how much the trust has achieved but felt strongly that in the wider context, hospitals cannot continue to work in silos. “I think there will be lots of change in quality improvement as a result of changing how hospitals are set up and how care is delivered with new models of care.”

At the time of writing this case study, the trust was about to merge with Peterborough and Stamford Hospital NHS Foundation Trust. The board acknowledged that the merger was necessary to build on their good rating and to enable them to provide sustainable high-quality hospital care for local people in a way that would not be achievable as a standalone organisation.

Hillary Daniels feels that the role of the board is to stay focused on patient care. “If we were continuing in our current setup, the question we would be asking ourselves now is ‘how do we move beyond good?’.”

For more information about Hinchingsbrooke Hospital, email communications.hinchingsbrooke@nhs.net.