



Northampton General Hospital NHS Trust

November 2017

Rated as good

February/August 2017

Focused inspections

September 2014

Focused inspection
– evidence of
improvement

March 2014

Rated as requires
improvement

Northampton General Hospital NHS Trust (NGH) is an 800-bedded acute trust with one main hospital, Northampton General Hospital, and serves a population of around 350,000.

The trust had its first CQC comprehensive inspection in January 2014, which resulted in it being rated as requires improvement in March 2014. A focused inspection in September 2014 found evidence of improvement and, following further focused inspections in February and August 2017, the trust was rated as good in November 2017.

Reaction to the initial report/rating

While some staff were disappointed with being rated as requires improvement in 2014, the findings of the inspection did not come as a great surprise. Chief Executive Dr Sonia Swart had been in post for just three months when the inspection took place and was fully aware of the issues that needed to be addressed.

“The rating of requires improvement was the right rating”, she says. “I had been the trust’s Medical Director for six years when I took over formally as Chief Executive in October 2013, and I knew when I took on the role that my job was to make the hospital work better and get everyone on board to drive up quality.”

Jane Bradley, Deputy Director of Patient Safety and Quality Improvement agrees. “The CQC report wasn’t unexpected – it validated what we knew, but it also gave us a platform to say right, let’s get on with it. In many ways it was a call to arms and seemed to ignite a determination across the organisation to show we could be better and that we had the will and ability to get there.”

Quality improvement

Northampton General Hospital NHS Trust is the first trust in the UK to collaborate with a university to provide a postgraduate course in quality improvement (QI) and patient safety. The trust chose to collaborate with the University of Northampton to further strengthen the 'Working together' collaboration that was set up in 2014 to support research and QI cooperation between the two organisations.

“Partnership with the University offers a new and innovative approach for the trust to offer education at MSc level”, says Jane Bradley. She continues, “a major strength of this course is that students benefit from a programme centred on hospital-based quality improvement and mentorship from the hospital’s QI team, in addition to the usual student support offered by the university.”

Leadership

Before Sonia’s appointment, the trust had experienced a long period of instability at a senior level; there had been six chief executives in as many years, so building a senior team based on the trust values was important. It was also important to introduce a stability of message through sticking to the trust values and explaining what they mean to people.

At the time of the initial report Sonia was already visible as a leader. However, there was a conscious effort to extend this to the rest of the senior team and beyond to make sure everyone is visible, understand that they belong to Team NGH, and that behaviours and values are modelled throughout the trust.

Natalie Green, Associate Director of Nursing, Surgical Division, also highlights the appointment of a new Director of Nursing, Midwifery and Patient Services in 2015 as pivotal. “Having direction and a strong voice for nursing and midwifery at executive level has made all the difference. If you have someone at that senior level with such a clear vision for patients and staff, it filters down.”

Governance

Governance, which was highlighted as an area for improvement in the inspection report, was another priority for the trust. Sonia overhauled the governance systems, employing a Director of Corporate Development, Governance and Assurance, and revamping the managerial structure. The follow-up inspection noted that the trust had “leadership, governance and a culture that were used to drive and improve the delivery of quality person-centred care”.

But the road to improvement didn’t come without obstacles. Sonia cites system-wide pressures and a “pressure on people to give more, when they’re already giving every ounce they already have”, and admits that while one hospital alone cannot fix these system issues, it can try to mitigate them.

Cultural change

Sonia took a proactive and open approach to improvement. “If you know you’ve got a problem, best to talk about it”, she says, and her openness and honesty applied both internally and externally. Associate Director of Communications, Sally-Anne Watts recalls the decision to proactively brief the local media and staff when the first inspection report was published. “Sonia was of the view that we needed to own the problems and be clear with the media and our staff what the issues were, as well as what we were doing to address them.”

Internally, consistency, stability and visibility were key factors in the trust’s approach to improvement. Consistency means walking the walk, talking the talk, and asking questions. Sonia explains, “It’s not about what you say; it’s what you ask about, and everything should come back to what matters – for patients and for staff”.

Sonia believes that “everyone at the hospital has two jobs – to deliver care and to improve care” and that making staff feel valued is vital. One of her first actions as Chief Executive was to start a weekly blog to share what she’s been up to, to talk to staff and to invite their feedback. “The most open are junior staff,” explains Sonia. “As I walk around the hospital, I get stopped by porters,

admin staff, healthcare assistants – I think that’s about the trust that exists now.”

Working in a large trust, communication was also an important challenge to overcome. Sonia reflects, “I worry about people more than anything else. With a workforce of 5,000 it is impossible to speak to individuals all the time, and where you get a disconnect it’s often due to the messages being shared”. She adds, “What is important in trying to overcome these obstacles is sticking to the trust values and purpose; being open, honest and transparent and not shying away from the tough conversations to make people believe they can be excellent”.

In response to staff feedback, Sally-Anne and her team are developing the ‘Team NGH’ staff portal. The portal, which will be open to anyone with a trust email address, will give staff a channel of their own that they can use to share ideas and news.

Improving safety

The trust’s focus on quality improvement and reducing harm has led directly to improved outcomes for patients. The past three years has seen a significant reduction in pressure ulcers, as well as much improved NHS Safety Thermometer scores. Reflecting on the improvements, Debbie Shanahan, Associate Director of Nursing, Women and Children, credits the adoption of a more clinically-led approach “which fully recognised the capabilities of staff and fostered a shared approach to making things better.”

Quality improvement is an integral part of the trust’s ambition to provide the ‘Best Possible Care.’ The trust’s dedicated Quality Improvement (QI) team have a ‘bottom up’ approach, supporting frontline staff to put forward quality improvement project proposals and then coaching them throughout the implementation. Dr Bengisu Bassoy, Paediatric Registrar, worked with the QI team to introduce a paediatric jaundice clinic, which has helped to significantly reduce the time that children with jaundice wait to see a doctor.

There have also been some significant improvements within the Emergency Department. “At the time of the first inspection in 2014 staff in the department felt like incidents would happen and it was out of their control, and the rest of the hospital saw A&E as a problem,” says Sonia. “Now it’s a very different situation – it’s a department where people are fiercely proud, safety focused, and always trying to make improvements.”

As well as re-designing the department, a new triage system ensures that every patient is assessed quickly and moved to the right area or ward. Deborah Needham, Chief Operating Officer said: “Previously patients arriving at A&E would be waiting in the waiting room or corridor. Now we’ve introduced the First Intervention and Treatment (FIT) triage system, patients are generally seen and assessed and given a treatment plan quickly. The trust’s time to treatment is now one of best in the East Midlands.”

Patient and public involvement

Local retired GP and former shadow governor, Dr Robin Kelso, acts as a patient representative on several hospital groups and committees. He too has been pleased to see the trust’s progress. Through his involvement in the trust’s ‘Patient and carers experience and engagement group’ he has seen a marked reduction in patient and carer complaints and believes this

Best possible care wards

In 2016, the trust introduced a ward accreditation programme. Each inpatient ward is assessed by the quality matrons, who look at 15 standards, across all five CQC domains using CQC’s key lines of enquiry. Wards are RAG rated as a result. A red rating means that the ward has failed on some standards and must produce an action plan. They will then be re-assessed within eight weeks. An amber rated ward will be reassessed in three months, and a ward rated green has met the majority of standards and will be reassessed in six months. Wards achieving three consecutive green ratings attain a blue rating in recognition of “best possible care” and must put together a portfolio for the board that other ward staff can also access.

Ward manager, Stacey Cheney runs the first ward to be rated blue. She believes that the programme has had multiple benefits both for patients and staff. “The accreditation system really makes staff feel valued and that their work and efforts are getting noticed. It also means that learning can be shared across wards and that standards are improving and patients are getting better care.”

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**Dr Minas Minassian,
Divisional Director –
Clinical Support Services**



is partly a result of improved communication. between the trust and the local population. “Ninety-five per cent of the people I talk to locally tell me that the clinical staff are wonderful but that there are still issues with administration.”

Sonia believes that it is “absolutely the right principle to invite patients to be a part of improvement.” The trust has carried out a number of different pilot projects aimed at seeking real-time feedback from patients and staff in order to improve care. One project involved patients writing comments and suggestions on a board to enable staff to take immediate action. This work continues and Sonia is keen to further explore how real-time feedback can be used to directly improve patient outcomes.

Patient engagement is also facilitated via social media and through working with local Healthwatch and the trusts own patient networks. Sonia says, “We work with Healthwatch and the networks we have established for different specialities. For example, the diabetes group and the stroke group – made up of people with direct experience of our services. Networks are incredibly valuable as source of feedback particularly when we are considering making changes.”

CQC engagement

Phil Terry, CQC inspection manager has been incredibly impressed with the progress made by the trust. He says, “The leadership team are fully committed to staff engagement and driving improvement through quality improvement initiatives led from the ‘shop floor’. To enable such a positive transformational cultural change within three years, while the trust – like all trusts – has been under such continued pressure, is commendable.”

What’s next on the improvement journey

The improvement journey is not over for Northampton General Hospital. While Sonia acknowledges the continuing challenges in Northamptonshire, she recognises that there are still many amazing things to focus on and for people to be proud of.

A ‘heroes board’ was introduced last winter to highlight staff who had gone above and beyond. The next big campaign will focus on respect and support in order to further embed the trust values, and foster a culture of inclusion and openness. During this campaign there will be bespoke training available for staff at all levels, aimed at helping staff understand how their behaviour matters to and impacts on both colleagues and patients alike.

Sonia also highlights that there is more work to do on helping people within the trust to understand both the national picture and what is happening in the local system, and their role in this and how they can help take things forward.

There is a shared ambition to get the trust to outstanding. Work is underway to establish what the trust needs to do to get from good to outstanding, where the gaps are and how they can make sure everything has been taken to the next level. As Dr Minas Minassian, Divisional Director – Clinical Support Services puts it, “[Outstanding] isn’t in the bag, and we can’t claim it is – it will take a lot of hard work. Whether we get it or not, we won’t give up”.