

Driving improvement

Case studies from eight independent hospitals



JUNE 2019

Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can



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Foreword



Professor Ted Baker
Chief Inspector of Hospitals

Independent acute hospitals play an important part in our health and care system, looking after people who fund their own care and on behalf of the NHS.

Most of these hospitals are providing high-quality care to their patients.

In our report, *State of Care in Independent Acute Hospitals*, we described some of the characteristics of independent hospitals rated as good and outstanding. These hospitals were responsive, with patients having prompt access to treatment and short referral times; staff were caring and highly skilled, and patients received a good continuity of care. These hospitals also had strong, visible leaders; good engagement with staff, people who use services and the wider community; and focused on providing patient-centred care.

However, where hospitals were not doing so well, we noted common failings including poor governance arrangements; poor performance in terms of auditing, reporting and benchmarking outcomes; and a poor safety culture with a lack of learning from incidents and incident reporting.

For this report, we visited eight hospitals that had improved their ratings to hear, in their own words, how they have driven improvement for people who use their services.

We wanted to hear from people in these hospitals about the steps they had taken – specifically what leaders had done and the effect of those actions on staff and patients. To do this, we visited and interviewed a range of people from each hospital, including senior leaders, clinical and administrative staff, patients and Medical Advisory Committee (MAC) chairs.

We found that the most important aspect of these improvement journeys was a better approach to leadership, creating cultures that are not

hierarchical and where staff feel free to speak up and be heard. Engaging staff in the improvement work and creating a vision focused on safety and quality of care that everyone was part of was essential for success.

Strong, visible leaders, an open and honest approach to reporting and learning from incidents, and involving staff in the improvement journey are common themes that we have found across the hospitals featured in this report.

We also heard how as part of the improvement process, lessons learned were shared across hospitals in the same group, and of how corporate support provided extra people and finances to back up local teams.

There is no doubt that people working in these hospitals care deeply about the services they provide and the care they give. We saw staff rally together to use CQC inspection reports as a tool to drive improvements.

Some of the hospitals had recognised the need for improvement and started on that journey before the inspection. In those cases, the reports helped them to prioritise actions. For all the hospitals, quality improvement has become a fundamental part of what they do.

These case studies reinforce our view above of the characteristics of good and outstanding providers.

I would like to thank everybody connected with the featured hospitals for the time and help they have given us in producing this publication.



Professor Ted Baker
Chief Inspector of Hospitals

“We found that the most important aspect of these improvement journeys was a better approach to leadership, creating cultures that are not hierarchical and where staff feel free to speak up and be heard.”



Foreword from Independent Healthcare Providers Network



David Hare
Chief Executive
Independent Healthcare
Providers Network

The independent acute healthcare sector in England is a critical contributor to supporting the health and wellbeing of the population, with almost two million NHS and private patient journeys every year. The vast majority of these patients receive very high-quality care with 19 independent acute hospitals rated as outstanding and almost 80% rated as good or outstanding by the Care Quality Commission (CQC).

However, as with any system there is always room for improvement.

The independent acute sector aspires to give every single patient that it treats the best possible care and to achieve this consistency a process of continual learning is critical.

This is why *Driving improvement: Case studies from eight independent hospitals* is such a valuable document.

Each organisation that has contributed case studies to this document has proven their determination to improve.

Made possible by providers' willingness to be open and reflective both with themselves and with external stakeholders, it highlights what has been done to improve in the hospital and sometimes between hospitals that are part of a corporate group. Covering key themes including leadership, culture, communication, learning, staffing, and patient and public engagement, it expresses in clear terms the journey that these organisations have gone on and provides a lodestar for others to follow.

It also makes clear the critical importance of CQC's inspection process and their focus both on providing a thorough assessment of standards of care while also recognising that it has a vital role to play in the provider improvement journey.

Safety and quality of care is ultimately the responsibility of the healthcare provider itself and this report illustrates how central this is to the independent acute sector, with clinical and managerial staff at all levels taking ownership for driving change. Learning from others and sharing best practice is also vital. And through documents like this and through Independent Healthcare Provider Network sponsored industry-wide events and resources, being the best is the aspiration for all.

A handwritten signature in black ink, appearing to read 'David Hare', with a stylized flourish at the end.

David Hare
Chief Executive
Independent Healthcare Providers Network



Key themes

The hospitals featured in this publication all shared common themes in their improvement journeys. We hope that these themes will help to inspire other hospitals to start and maintain their own improvement journey to provide safe care and treatment.

Leadership

Strong, visible, local leadership is needed to drive improvement. Most of the hospitals featured made changes to leadership teams, or the way that leadership teams worked at the start of their improvement journey. For example, at BMI Southend Private Hospital, the new Executive Director prioritised improving the leadership structure and recruited two new senior people, a theatre manager and director of clinical services, to help support staff and to enable improvement.

Where leaders had been distant from staff, operating from behind closed doors, they became more visible. As the Executive Director at BMI The Duchy Hospital noted, “it was important to show that the new senior management team were visible, approachable and open to feedback and ideas. Culturally, we had to turn the bus round and that was all about ensuring the right leadership style”.

Leadership also needs to be inclusive, with senior leaders bringing more people into discussions about changes and improvements. It also needs to be open to challenge, but at the same time being clear about the vision for the hospital.

Leaders must also make sure that there are clear governance processes that support reporting and learning, and provide assurance that risks are identified and addressed.

Culture

The best way to change the culture of an organisation is to engage with staff. The hospitals featured in this publication had done this well. At Spire St Anthony's Hospital we heard how significant this was – early efforts to engage with staff had met with confusion, with the Head of Clinical Services saying, "I don't think people had been allowed to talk, some people even told me they were not allowed to speak to the matron; it was a big step-change, previously everything had been top-down. It took me a long while just to get people to call me by my name."

Creating a positive culture meant working to make sure that there was a 'whole hospital' approach. Leaders at Mount Stuart Hospital said they tackled the issue of departments working in silos to help them take more control of issues, so that they could take decisions and make improvements.

Enabling teams to work more closely also helps to tackle a blame culture. We heard from a member of staff at Oaklands Hospital that there was a divide between departments, "it was always someone else's fault... That happens less now. People appreciate each other more and they feel safer in their jobs."

A positive culture means creating opportunities for staff to contribute to all aspects of the hospital. At The Harley Street Clinic, we heard that "staff are being empowered, a culture is being created where managers are not feared, to create an open forum for staff".

Communications

Making sure that teams across the hospital can communicate with their own members and with other teams is vitally important. Several of the hospitals we spoke with introduced a daily meeting for teams to come together. At Spire St Anthony's Hospital we were told about the daily hospital-wide 'huddle', "We... have a hospital huddle at 9am. We meet to discuss patients, admissions, staffing levels and how many numbers for overnight."

BMI hospitals have a daily 'communications cell meeting'. At The Manor Hospital attendees included non-clinical staff such as engineering, housekeeping, catering and reception. They also look at issues from the perspective of CQC's five key questions, and highlight the names of staff who have "gone above and beyond". At Oaklands Hospital, the huddle is followed by a heads of departments meeting.

At Spire Wellesley Hospital we were told that there are now key communication channels between different departments. Handovers and huddles have increased. Managers also hold more one-to-ones with their team members. The hospital also uses notice boards to communicate information throughout the hospital.

Staff forums and 'open door' approaches encourage and enable communications at several hospitals.

"It was important to show that the new senior management team were visible, approachable and open to feedback and ideas. Culturally, we had to turn the bus round and that was all about ensuring the right leadership style"

Debbie Dobbs,
Executive director,
BMI The Duchy Hospital

“We look at things differently now. We ask ourselves, could we be doing this better, what could we do to improve things and how can we make that happen?”

**Ward Manager,
BMI The Duchy Hospital**

Learning

Failure to learn from incidents or share learning is a common issue with under-performing hospitals.

At The Manor Hospital, staff receive a leaflet with their pay slips highlighting incidents and what has been done in response. This is good practice as it also shows how issues raised by staff have been followed up. The executive director arranges a monthly free lunch for all staff, with a different theme each month. And Mount Stuart Hospital puts on regular ‘bite-sized’ learning opportunities for staff in working time.

Corporate teams are supporting the hospitals to make sure that clinical audits are carried out and that robust risk registers are in place.

We also heard how staff from hospitals who had achieved improvements shared learning with other hospitals in the group, for example by giving presentations at regional events.

Effective self-reflection helps learning, and at BMI The Duchy Hospital we were told by a member of staff that, “we look at things differently now. We ask ourselves, could we be doing this better, what could we do to improve things and how can we make that happen?”

Staffing

A recurring problem in the early reports for some of the hospitals was the over-reliance on agency staff to fill gaps on rotas. Hospitals have taken steps to increase the number of permanent staff by holding recruitment days and using staff networks to encourage applications. But national staff shortages and the location of some hospitals has made this difficult. One response has been to aim for regular bank and agency staff, who go through an induction. At Mount Stuart Hospital, we were told that agency and bank staff always work alongside contracted staff to make sure that they are supported.

Engaging with patients and the public

Independent hospitals generally struggled to involve patients and the public in their work, because of the episodic nature of the care and treatment they provide. But where they had succeeded it had proved beneficial for the hospital. For example, The Manor Hospital revived its patient group and was building up community relations, including links with a local school’s sixth form. Mount Stuart Hospital facilitated a focus group of former patients to suggest developments. Many of the hospitals we spoke with had made improvements the way that they handled complaints and provided feedback to patients.



Engaging with CQC

The hospitals featured in this publication used their CQC inspection reports to help shape improvement action plans. Even in those cases where the report was initially felt to be harsh – “shocked” and “disappointed” were common reactions – on reflection most people understood why the hospital had been given the rating and why it needed to improve.

At BMI The Duchy Hospital we were told that they used the report as a starting point for improvement; “We framed the action plan around CQC requirement notices, then used additional feedback from staff to build a wider understanding of what needed to change.”



Mount Stuart Hospital

October 2018

Rated as good

March 2017

Rated as requires improvement

Mount Stuart Hospital in Devon is part of the Ramsay Hospital Group. It treats NHS and privately-funded adult patients. The hospital has two core services, outpatient services and surgery. It has three main operating theatres, a minor surgery unit that is JAG (Joint Advisory Group) accredited, radiology, 26 inpatient beds and 12 ambulatory care spaces.

Reaction to the rating

Mount Stuart Hospital faced a combination of issues that led to it being rated as requires improvement, says Jeanette Mercer, Registered Manager and Hospital Director.

Before the inspection, the hospital had carried out a refurbishment programme and, at the same time, the hospital's matron was on long-term sick leave and an interim matron provided cover for two days a week. The engineer leading the refurbishment work was also off sick. At the time of this inspection the new matron had only been in post for approximately one month.

As the Registered Manager, Jeanette managed these issues alongside her own role. She says these played an instrumental part in why things had slipped.

But the rating was still a shock. "We felt certain areas rang true, but others were quite harsh", she says. "But we could see things such as audits and risk assessments that our matron would have kept on top of had slipped."

Jasek Szymanski, Head of Clinical Services (Matron) says, “In hindsight, as much as we were stung, we would probably admit that the rating was fair. Where it did sting us was that we didn’t get the report until six months after the inspection, so by that point we’d already made improvements. There were positives – I was very pleased about the good rating for caring, because that is something we do exceedingly well.”

Mr Subramanian Narayanan, Chair of the Medical Advisory Committee (MAC), says the rating was disappointing to staff because, “we all work very hard. But it was not surprising as there had been a lot of changes. We’d had a great matron, but she had been unwell and on sick leave, so without leadership things tend to flounder. Having a matron who can oversee the nursing team is key.”

Approach to improvement

“From the regulatory breach perspective, we knew what we had to target”, says Jasek. Recruiting a matron was key. “Now things are so much better and more robust with a full team and a better structure.”

Those changes also included taking a different approach to managing the outpatient department. At the time of the inspection, the outpatient manager was a nurse who spent 80 % of her time working clinically, leaving little time to carry out administrative tasks. The role is now non-clinical, so the post holder would have responsibility for coordinating quality improvement initiatives and to help the matron with audits. The new post-holder also helped with CQC’s action plan.

“We didn’t have such a big action plan after the latest inspection. We learned our lesson to focus on the ‘should dos’ and not every single negative statement.”

Appointing a quality improvement coordinator also helped to drive improvements.

The hospital addressed specific issues from the report such as how they recorded risks, how staff learnt from incidents, the frequent use of agency staff, and the way in which they carried out clinical audits.

Jasek says the hospital collated its own risk register. “It was like one that I’d used before. I like to think we lead from the front on risk registers. We will pick up trends through the register and through my monthly governance report.”

New and strengthened meetings and briefings enable staff to cascade learning across the hospital. “In the past”, says Business Administration Manager Joanne Flackett, “we may have only talked about our own department. But now we share issues across the hospital so that everyone learns.” Learning from complaints has also improved as outcomes from complaint investigations are now copied to ward managers so that they can take lessons learned forward.

The hospital has introduced realistic resuscitation scenarios and a new corporate learning space. The matron introduced ‘bite-sized’ training sessions in work time – usually lasting about an hour.

Improving medicines management

The hospital carried out audits on prescribing, controlled drugs, and medicines management, and a newsletter went out to staff to highlight areas for improvement. The pharmacist is working with the matron to develop areas where improvements still need to be made, including adhering to hospital policy around the use of unlicensed medicines. The pharmacist found an innovative way to introduce the new Ramsay drug chart and has also worked with the matron to introduce a new standardised drug administration chart for day case take home medication.

Mr Subramanian Narayanan, Chair of the Medical Advisory Committee (MAC) says, “Previously we had second-hand information, now the pharmacist is at our meetings, it helps to make sure we improve our knowledge about treatments and helps us to reassure patients.”

“Receiving the rating produced a real culture shift...Rather than thinking, ‘CQC is on site, let’s make the effort to be extraordinary for a day, or for that week’, it was ‘let’s always operate at that higher bar.’ Every day we are now confident that we are doing that.”

**Emma Procter,
Operations Manager and
Decontamination Lead**

Despite the challenge to reduce the number of agency staff due to a national shortage of some skills, Registered Manager Jeanette says that Mount Stuart Hospital has a “loyal corps of bank staff”. Agency and bank staff now always work alongside contracted staff to make sure that they are supported.

Leadership and culture

The leaders at the hospital supported each department to take ownership of different aspects of the action plan. The leadership team also nominated leads for areas such as infection control and health and safety. The leads had protected time to develop improvement actions.

Jasek established a new monthly meeting for clinical heads and leads. He wanted to make sure that the important issues were getting “airtime”. He called it heads and leads because there were “lots of nominal clinical leads who are not heads of department, so I wanted to make sure the meeting was inclusive.”

That meeting always includes a focus on one or two incidents and updates on policy and information, for example NICE guidelines.

Jeanette also introduced a 9am briefing. “This brings together reps from all departments and looks back at the previous day, considers issues and shares concerns. We now include items on positive things that have happened, and we’ve introduced a ‘Speaking up for Safety’ slot.”

This inclusive style of leadership has led to a shift in culture. Operations Manager and Decontamination Lead Ema Proctor says, “Receiving the rating produced a real culture shift that was for the best for all teams... Rather than thinking, ‘CQC is on site, let’s make the effort to be extraordinary for a day, or for that week’, it was ‘let’s always operate at that higher bar.’ Every day we are now confident that we are doing that.”

“There’s been a lot of work to empower people”, says Jasek. “When I joined, I saw that departments worked in silos and they didn’t take control of issues. That’s something we worked hard on to make them see that they can make decisions and make improvements. Giving staff ownership of the action plan has helped that.”

And it’s also about recognising success. “If there’s a comment about any individual member of staff, they get a certificate – it’s important to share the positives,” says Jeanette.

The leadership team also keeps in touch with issues around the hospital by visiting the wards and communal areas.

Vision

CQC’s first report commented on the lack of vision and strategy for the hospital. “We worked hard on this”, says Jasek. “All clinical heads and leads contributed. There’s been a lot of emphasis on re-energising it. We have developed a set of ‘why are we here’ mission statements for each clinical department – five or six things saying what we are doing, why we are doing it and what we are hoping to achieve.”

Understanding the vision and the mission statements are now a part of staff performance and development reviews.

The hospital adopted the six Cs (care, compassion, competence, communication, courage, commitment) as the basic underlying principles to guide their work. While these are group wide 'Cs', Jasek says that Mount Stuart Hospital has made them more personal to the hospital. Jo Flackett notes that these were built into the insight training for the senior leadership team and shared in printed form with all departments.

Engagement

The hospital has an Engagement and Innovation group which reviews scores from staff, patient and consultant surveys, and suggestions for improvements. There is now more staff engagement with social events, networking and fundraising. A focus group of former patients has made suggestions about developments in the hospital.

Ema Proctor says that staff are also invited to identify new training needs and can deliver training sessions themselves. Staff have also helped with emerging issues, such as the EU General Data Protection Regulations (GDPR).

There is good engagement with the clinical commissioning group and with the local hospital trust, with regular meetings to discuss shared issues and test ideas. Mount Stuart Hospital has also recently agreed a secondment agreement for staff from Torbay Hospital to come and work at Mount Stuart Hospital.

Sustaining and improving care

Jasek says that he wants Mount Stuart Hospital to be the first Ramsay hospital to be rated as outstanding. "We are not resting on our laurels. We now have a drive to keep improving. We revisit actions we've closed on the action plan to assure ourselves that we are still on track."

Jeanette comments that, "While we were on the journey of embedding the action plan, we recognised that when you are a small organisation, solving problems must become part of the day job, so we also started our journey to outstanding – and made sure we have good evidence of the impact of the changes we are making."

Explaining new GDPR regulations

The Operational Manager and Health and Safety Coordinator at Mount Stuart Hospital produced a leaflet to explain new data protection requirements and the EU General Data Protection Regulations (GDPR). Operations Manager and Decontamination Lead, Ema Proctor, says the leaflet has been shared with all hospitals in the Ramsay group. "We made it an easy to read guide for all levels, so people could understand what their responsibilities are."



BMI Southend Private Hospital

December 2018

Rated as good

January 2017

Rated as requires improvement

BMI Southend Private Hospital in Essex provides day surgery and outpatient services with a focus on ophthalmic surgery. There are no overnight beds. It also provides minor orthopaedic and dermatology surgery and cosmetic procedures. The hospital has two operating theatres, a ward and recovery area, and an outpatient department. The hospital serves both privately insured and NHS patients.

Reaction to the rating

Caroline Ellis, Ward and Ambulatory Care Lead in Outpatients sums up the mood after the requires improvement report was published, “We were upset and deflated. But we were focused and determined to make things different.”

Terry Copping, Executive Director reflects that it was “a harsh report, but fair”. Terry accepted there were many areas that needed work, but he was also keen to build on the positives, for example the compassion and commitment of the staff.

Approach to improvement

Right from the beginning, the hospital engaged and involved all staff, encouraging them to reflect on what could be improved. Caroline recalls that, “people rose to the challenge”. She found the inspection process to be an opportunity to “strip things back and pull them apart to go forward and change”.

BMI group supported the hospital's improvement with regular visits to advise staff and give them the opportunity to visit other BMI hospitals to learn from them, as well as support mock CQC inspections and regular audits.

A crucial first step was building the senior leadership team. Before being rated as requires improvement, there was no clear leadership structure. Soon after Terry joined the hospital in early 2017, he prioritised improving the structure and recruited two new senior staff members – a theatre manager and a director of clinical services – to help support staff and to build in improvements together.

With a team and structure in place, the hospital had a good platform from which to address the issues identified in the inspection report. One of these was improving the risk management process and putting a risk register in place. The hospital also decided to stop providing services that require a general anaesthetic. This reduced the level of risk associated with each procedure.

Staff were trained in risk management procedures, for example around checking medical equipment and completing surgical checklists. A BMI tool, 'Riskman', has also helped the hospital to monitor risks and identify trends from staff comments and complaints. "It is very reassuring to know that everything is in place to make the patient journey comfortable," says Adam Sierakowski, Consultant Surgeon. "The risk protocol is in place and pre-assessment is very good."

With a more spacious and better organised environment, the hospital started a refurbishment programme that included a new IT system, new chairs and lighting in the reception area, and upgrades to the theatre and wards to accommodate more patients.

Culture and staff engagement

The hospital's approach to improvement was centred around staff development and empowerment. Terry explains, "We wanted to develop the people who are working here. Everyone serves a really big purpose for the organisation and each person is valued."

Staff were given ownership and support to make changes in their areas. "We felt empowered to do what we needed to improve – they really listened and took on points of view and trialled things", explains Caroline, Ward and Ambulatory Care Lead in Outpatients. One example was a new patient information booklet. Staff had identified that there were multiple calls asking questions after operations. To address this, staff had worked together to develop a booklet that answered the most frequently asked questions. It has helped to reduce post-surgery queries by more than half and provides much better support for patients.

As it is a small hospital, the 35-strong team need to have a good basic understanding of all areas. The hospital decided to train reception staff in key aspects of clinical and non-clinical patient care, such as resuscitation, and to develop a clear process for working on reception that anyone can pick up and use. This was a CQC recommendation and has improved the confidence of staff and the experience for patients. Donna Carter, Head

The Continuity of Care Pocketbook

BMI group have produced a short and simple booklet, the 'Continuity of Care Pocketbook'. The booklet has been distributed to all staff in BMI hospitals. It contains the basic information on patient care for all staff to reference. Topics include hand hygiene, personal protective equipment risk assessments, the Mental Capacity Act 2005, and a reminder of CQC's key lines of enquiry. Staff at BMI Southend Private Hospital praised the booklet as helpful for building confidence in dealing with patients, particularly for non-clinical staff.



Receptionist explains that morale on reception has improved and, “the pathway is smoother as we can chat and explain everything to patients”.

As the date for the next inspection came around, Terry and his management team felt supported by CQC. “We spoke in advance about what we could expect. On the day, the inspectors were very nice and made staff feel at ease.”

Communication

At the time of the first inspection, communication between teams had not been consistent. Since then, the hospital introduced a daily communications meeting (“comms cell”). This initiative is encouraged across BMI hospitals. Terry recalls, “At my very first comms cell, I noticed that staff were going unheard, so this gave us an opportunity to give the staff a chance to voice concerns daily. Since then, things have changed.”

All staff now meet each morning to discuss updates, such as which patients are coming in that day, which clinics are running, any risks, and staff absences. “It brings people together and helps them to talk more,” reflects Donna Carter.

In the local area, the hospital has worked to make sure that there is regular communication between the hospital and the local trust. Both organisations use some of the same doctors, so this information-sharing can help solve any issues quickly. The hospital also arranged for the local clinical commissioning group (CCG) to hold their meetings at the hospital. The result has been a good working relationship with the CCG, and a better understanding for CCG members about the patient experience.

Involving patients and the public

The hospital prides itself on getting to know patients and supporting them throughout their experience at the hospital. The improvements made to systems and procedures have freed up staff to be able to spend more time with patients before and after surgery. “It is one of those hospitals



“We’re here for the patient and we work well as a team together to do what we can.”

Kate Tegerdine-Cook,
Director of Clinical
Services

that feels like home,” Kate Tegerdine-Cook, Director of Clinical Services explains. “We’re here for the patient and we work well as a team together to do what we can.”

Andy Carter was a patient at the hospital in early 2018 and was pleased with his successful operation to correct a detached retina. He explains, “You go in with an amount of anxiety, but the way the staff welcomed me into the operating theatre really helped... It felt like you mattered. Like there was more to you than just your care.”

Head Receptionist Donna has observed that since the hospital has made improvements, patient feedback has also improved. She says: “We have always been caring, but now we are more efficiently caring.”

Looking ahead

The staff at BMI Southend Private Hospital have many plans to continue improving. A focus for the immediate future is to learn more from what patients think of their experience. Regular patient group events will take place where former patients will be invited to chat with staff about how they found their surgery and what could make things even better.

Staff training is also an important focus, with a desire to develop staff and to promote from inside the organisation where possible.

In the longer-term, the hospital aims to be rated as outstanding, while making sure that patient care is consistent. David Heaver, Clinical Services Manager for Theatres explains, “We want to grow, but to keep ensuring high-quality patient care. Maintaining good standards is not as easy as saying it. The important thing is to keep putting in that extra effort all the time.”

Digitising records to save space

One area of concern was the large number of medical records (25,000) that were based on site at BMI Southend Private Hospital. They were taking up valuable space and were not always easy to read or accessible. The team have now digitised them and there are only 4,000 records on site at any one time. A medical records officer has been recruited to manage and maintain the records.



Spire St Anthony's Hospital

February 2018

Rated as good

January 2017

Rated as requires improvement

Spire St Anthony's Hospital in Sutton, Greater London, is a 92-bed private hospital with an eight-bed intensive care unit. Facilities include six operating theatres, a cardiac catheter laboratory for cardiac procedures, and X-ray, outpatient and diagnostic facilities.

Reaction to the rating

Senior Staff Nurse and Freedom to Speak Up Guardian Jane Holloway admits that being rated as requires improvement overall was a blow to staff, but that she was very aware of the changes needed. "Morale was low when we got our first rating", she says, "it's taken a long time for staff to feel they're able to trust the management... difficulties with leadership and communication were clearly a big issue. There was a hierarchy between management and clinical staff, very much them and us. That needed to change."

Alison Dickinson, now Group Clinical Director at Spire Healthcare recalls, "You can't underestimate the effect of a requires improvement rating across the whole team. The feeling is one of deep disappointment."

While recognising the feeling of discontent at the rating, Alison does acknowledge that the report was fair and provided a strong sense of direction in moving towards improvements, "The report definitely did help with the improvements... the inspection gave a new focus, a sense of direction and re-energised everyone to know what was needed to be rated as good rating next time."

Approach to improvement

The hospital used the first inspection report as a starting point and then sought further feedback from staff and patients to build a wider understanding of what needed to change. The hospital then drew up an action plan based on CQC's recommendations.

Alongside this, the hospital established a fresh senior leadership team, including recruiting a new Head of Clinical Services and Hospital Director. The hospital fostered an attitude of going 'back to basics'.

Solutions to the issues raised in the first CQC report were never going to be a "quick fix" according to Alison. But there needed to be a new emphasis on bringing staff onboard and providing a clear rationale for the new working practices.

"Perhaps the biggest thing I took home from the initial report was the importance of increasing staff empowerment and engagement", says Alison. "This not only helps to make sure that staff understand the changes needed to improve patient safety, but also allows them to challenge and share knowledge of best practice in nursing and clinical interventions."

The need for better communication also resonated with Hospital Director Bryan Harty. "We agreed a turnaround plan and shared it with everyone – we had to make sure that everybody fully understood what part they had to play in achieving the improvements we were aiming for," says Bryan.

A lack of "visible" governance was also something that Bryan had taken away from the 2016 CQC report. There was a need for an open, honest and accessible senior management team that was willing to listen to clinical staff.

"Previously we had been a hospital with lots of hierarchy; we have completely dismantled that," says Bryan. "As a leadership team, we have taken the time to understand people's roles and responsibilities, what resources and support they (staff) need in place to deliver optimal patient care." There is also much stronger links between the hospital and central leadership as well as the other hospitals in the Spire network. This means that information and best practice can be exchanged both ways.

Engaging and communicating with staff

A key factor in the improved overall rating of Spire St Anthony's Hospital is the effort and desire to foster a more collaborative working atmosphere.

Michele Millard, Head of Clinical Services, details how efforts to engage staff and seek opinions from a wider range of people had initially met with teething problems, "I don't think people had been allowed to talk, some people even told me that they were not allowed to speak to the matron; it was a big step-change, previously everything had been top-down. It took me a long while just to get people to call me by my name."

Intensive Treatment Unit (ITU) Sister Myriam Lawley was quick to notice the increased visibility of the governance team, as well as the new working practices that moved away from individuals working in a 'silo mentality' and instead enabled multidisciplinary working.



Working together to make quality centre stage

At Spire Healthcare, a central team of clinical specialists work closely with the dedicated teams in each hospital to drive and sustain improvements. "Our quality and safety culture is promoted throughout the business. Whether you are in a clinical or non-clinical role, everyone knows that quality and patient safety are our utmost priorities", says Alison Dickinson, Group Clinical Director. "Our Chief Executive Officer is quite clear that quality is centre stage".

“We agreed a turnaround plan and shared it with everyone – we had to make sure that everybody fully understood what part they had to play in achieving the improvements we were aiming for”

**Bryan Harty,
Hospital Director**

“We now have a hospital-wide huddle at 9am,” states Myriam. This is something which takes place at every Spire hospital across its UK network. “We meet to discuss patients, admissions, staffing levels and how many numbers for overnight.”

Head of Clinical Services Michele agrees that better quality and more frequent interaction between staff departments allowed potential problems to be identified early and increased time for problem solving.

“The first thing I did was to start the morning meetings. We reviewed every inpatient in the hospital. Who are we worried about? What concerns do we have? Where are the issues? Everybody attended these meetings, nurses, physios, the pharmacy staff, everybody. It was 20 minutes well spent, paying massive dividends on being organised. It enabled us to say, ‘actually I’ve got a staffing issue today,’ rather than waiting until later and getting into trouble.”

Culture and learning

Dan Rees-Jones, Operations Director at Spire, explains his assessment of the hospital immediately after Spire’s purchase of the building in 2014. “The building wasn’t up to Spire’s normal standards, we had quite a bit of work to do to improve the governance and to bring the patient back to the centre of focus. We set to work to make these changes almost immediately.”

Change in the physical construction of Spire St Anthony’s Hospital was soon forthcoming with a new building and an additional physiotherapy wing added, all done in full consultation with patients. Trying to change the culture of the hospital would be a more arduous task, as acknowledged by Michele. She told us:

“I think there is a different culture in every hospital but the more you communicate the better. However, the way you communicate is important too.”

To create a greater sense of teamwork and personal input, a series of regular meetings and staff forums were established. Not only could these meetings be used to gain greater clarity on the immediate needs of the hospital, but they could also be an opportunity for staff to raise issues and concerns.

Senior Staff Nurse Jane Holloway describes how this was a big cultural shift from previous practices: “It was about getting across the message that voicing concerns is not complaining, it’s actually helping to try and improve practices. It’s not about apportioning blame. It’s about asking, what can we learn from this?”

Looking forward

Receiving the original CQC report has proven a critical moment in turning around the quality of care at Spire St Anthony’s Hospital, prompting the necessary governance and procedural changes to “let staff fly.”

Michele explains, “From the moment I arrived it was clear that we had a dedicated and caring group of people that wanted to be part of a great

hospital, and deliver first class care. But they simply hadn't been given the tools to do that. We had to change that."

Patient, John Lodge, was also complementary about his experience of staff at Spire St Anthony's Hospital. "The staff have been extremely kind, caring and considerate" he says.

The staff have indicated that they want to aim to be rated as outstanding next time, which Alison sees as achievable. "I think we're still on a journey, continually learning from incidents and best practice. The pivotal moment was putting the leadership team in place – that is when we saw significant improvements," She says.

Part of Alison's group clinical role is making sure that best practice across the network is shared and replicated wherever possible. This includes findings and feedback from CQC inspections, so all the hospitals have a central oversight team working under Alison's guidance to make sure that learning is implemented.

Michelle Alwar, Critical Care Trainer and Sister, is optimistic about further improvements being made. She says, "The processes have been established, the groundwork is there. We just need to carry on with the plan put in place. I'd like the hospital to be rated as outstanding."



Creating meaningful meetings

Peter Williamson, Surgeon and Medical Advisory Committee (MAC) Chair, explains how the MAC changed for the better and benefitted the hospital as a whole, "The MAC is about providing advice to the hospital director. Before this it was just one individual and committee meetings were very rare".

"The changes turned the committee into an actual meaningful process rather than just a talking shop. It provided a forum to say, 'this is what I'm hearing on the floor.' It did help to have a listening hospital director who could push the agenda and take the comments onboard. The original CQC report was also very helpful in prioritising a to-do list and pushing for effective change, particularly on the patient safety side."



BMI The Duchy Hospital

September 2017

Rated as requires improvement

July 2017

Rated as inadequate

BMI The Duchy Hospital in Harrogate is run by BMI Healthcare. It has 27 inpatient beds and provides a range of surgical, outpatient and diagnostic imaging services to NHS and privately-funded patients.

Reaction to the rating

“Being rated as inadequate came as a big shock,” explains Lesley Grimshaw, Infection Prevention Lead. Gail Legg who joined as Ward Clinical Services Manager shortly after the inspection agrees, “The staff on the ward were all very upset when the report came out. I think they knew there were some cracks, but just didn’t believe those cracks were so deep, and it was extremely demoralising for them.”

Clare Bridge, Head of Department covering outpatients, physiotherapy and radiology was also initially devastated. “As a hospital we thought we were as prepared as we could have been for the inspection. The verbal feedback we had from CQC at the end of the visit highlighted issues, but to hear the final rating was heart-breaking.” But looking back, Clare believes inadequate was the right rating. “We’d had visits before but never anything on this scale and I don’t think we were expecting the level of scrutiny from CQC. I didn’t recognise it at the time, but now I can see how far we have come, and that back then we weren’t where we should have been.”

Approach to improvement

BMI The Duchy Hospital took action to address CQC’s findings before the final report and rating was confirmed.

“We used the draft report as a starting point. We framed the action plan around CQC requirement notices and then used additional feedback from

staff to build a wider understanding of what needed to change,” says Debbie Dobbs who was Interim Executive Director at the time.

The priority areas were safety and leadership, both of which had been rated as inadequate. As clinical lead, Jane led much of the work to improve safety, starting with a drive to embed the consistent use and recording of the World Health Organization (WHO) Safer Surgery checklist. She says, “We ran WHO safety check training sessions for the whole theatre team and we put posters up around the hospital to reinforce the key learning points. It was important to get everyone on board and to understand they had a valuable role in making sure that the checklist was carried out and fully documented.”

Staffing levels and recruitment are an ongoing challenge. But the hospital is proactive in its approach, hosting recruitment days and using staff networks to encourage applications. Sharon Stewart, Regional Director of Clinical Services, believes a key enabler to improvement has been “getting the right people in the right positions – people that had the capabilities needed for their role.”

The hospital appointed a quality and risk coordinator to help strengthen governance processes and to make sure that the risk registers in each department were robust and being used effectively. This was a new role for BMI at the time, and one which is now in place in hospitals across the group. The hospital has also made other changes, including introducing regular audit days, a clearer safeguarding strategy, localised escalation policies, and a management on-call rota to support the clinical lead on call.

There have been marked changes to the hospital environment with a refurbishment of the inpatient and outpatient areas. “The patient environment has improved no end”, says Consultant Surgeon David Leinhardt. “There has been a complete transformation. It’s brighter, it’s cleaner, it’s safer and more welcoming – all of which has benefitted patients and staff.”

Engaging and communicating with staff

BMI The Duchy also focused on engaging with staff. Debbie made a conscious effort to open the channels of communication and try to create a supportive team environment. “One of the first small but very simple changes I made was to physically move all of the senior management team into a single joint office. It was important that staff saw us as one team and that we were viewed as approachable.”

To get to grips with the underlying issues, the senior team needed to hear what staff had to say, “We put in listening posts for staff – essentially an external team of people that were specifically there for staff to share concerns with. The uptake was limited so we also carried out lots of one-to-one conversations and went to each department to talk with staff and get their views,” says Debbie. The information they gathered was used to understand where improvements could be made, and it was all fed in to the action plan.

“The management team did a lot of listening,” explains David Leinhardt. Together they had significant strengths and they were able to listen to people’s concerns and act on them.” It was that approach that helped to

Activity awareness calendar

The hospital developed an activity calendar for 2019. It is displayed around the site and plots out key awareness days and national events that staff want to support. Internal activities are then planned around each day or event, led by staff on the ground. “It’s put together and updated with input from the whole staff team so that it reflects what is important to them,” says Jane, Director of Clinical Services. It’s a way of engaging with the staff and shows that we want and value their input, but a big part of it is also about promoting health, wellbeing and bringing an element of fun to work.”

“There has been a complete transformation. It’s brighter, it’s cleaner, it’s safer and more welcoming – all of which has benefitted patients and staff.”

David Leinhardt,
Consultant Surgeon

get staff on board and feel invested in the hospital’s future. Reflecting on the impact, Debbie recalls the gradual momentum in positivity from staff, “They began to feel valued and from that came a shared overriding desire for the hospital to improve and be the very best it could be.”

To ensure better communication with staff across the hospital, Debbie and Jane hold a “daily communications cell” meeting, which is attended by the senior team and a representative from every area of the hospital each morning. Jane says, “It is not a management meeting and every department is represented from facilities to theatre. It provides a forum to discuss incidents and issues, to look ahead to the next 48 hours to plan staffing and resources, but also to celebrate success.” Attendees take back the information discussed to colleagues in their teams. It is a BMI-wide initiative that has been put into practice to varying degrees by different hospitals but is now routine at BMI The Duchy Hospital.

Learning and culture

“People felt let down,” says Debbie. “As a result, it was important to show that the senior management team were visible, approachable and open to feedback and ideas. Culturally we had to turn the bus around and doing that was all about ensuring the right leadership style.”

“CQC’s report and the approach taken by the management team has united the hospital,” says Katy Mason, Surgical Care Practitioner. “Staff are empowered to drive improvements and free to input ideas – it has been a total change in mindset.” Angela Stacey, Theatre Healthcare Assistant agrees, “I think people are happier in their work here now. We’re fully supported and if you need to say something your viewpoint is always welcomed, and you are listened to.”

Reflecting on the changes she has seen in her time as Ward Manager, Gail says, “Everything has been tightened up and pulled together and it feels more cohesive. There is always room for improvement, but we look at things differently now. We ask ourselves could we be doing this better, what could we do to improve and how can we make that happen?”

Engaging with patients and the public

On the day the rating of inadequate was published, Debbie enlisted help from in the hospital and the wider BMI group to deliver the news to patients. Every patient entering the hospital that day was spoken to personally about the report findings and written communication was sent to others due in for treatment in the coming weeks.

“It was vital to make sure that we directly engaged with our patients and to be honest, I was blown away by their response,” says Debbie. “Some people were queuing up at the door to share their support and make it clear how much they disagreed with the rating. But, there were others who were concerned, and we needed to have open and honest conversations to show the work we were doing in response to the report.”

Looking ahead

Debbie says, "It was disappointing not to get a good at the re-inspection, but I understand that the changes need time to embed and we have to show CQC and others that the improvements are sustainable." At the time of writing Debbie was in her last week as Interim Executive Director and had spent the previous few weeks mentoring the newly appointed permanent Executive Director.

Jane is staying on as Director of Clinical Services and believes that the task now is to "build on the solid infrastructure that has been put in place and to continue to deliver on the improvement journey."



48-hour flash

The 48-hour flash is a form of communication introduced by BMI nationally. Sharon Stewart, BMI's Regional Director of Clinical Services explains, "Whenever there is an issue we want staff to be aware of, an email attachment goes out to all 59 hospitals across the BMI group outlining the key information and the quick check points for staff to ensure that the issue does not happen in their local area. It was recently used to alert all sites to CQC findings about Ionising Radiation (Medical Exposure) Regulations at one of BMI's hospitals." The email is sent to all executive directors and key senior staff in each hospital and is designed to be printed out and shared with all staff.



The Harley Street Clinic

January 2017

Rated as outstanding

July 2015

Rated as good

The Harley Street Clinic in London is part of HCA Healthcare UK. It has 103 beds and carries out a range of surgical procedures and provides medical and critical care to adults. The hospital also provides services to children and young people, does outpatient consultations and provides critical care services to children. At the time of the inspection the hospital was only providing care through insurance and for those who pay themselves.

Reaction to the rating

The leadership team and staff were disappointed with the original rating, but saw it as an opportunity to reflect and improve. Aida Yousefi, the Chief Executive Officer (CEO), says that the first inspection clarified what was expected of a registered manager and CEO and how she could support her teams.

After the first inspection, the leadership team arranged a meeting with all consultants. Everybody wanted to know what they could do to improve and make things better for patients and staff.

Nurse Quality Matron Tina Thornton, says, "I was part of the team that got the first draft of the inspection report. We did not know what to expect and were not sure about how CQC had interpreted the evidence that had been shared for the report."

All staff felt that "good was not good enough" and they wanted to be rated as outstanding.

The leadership team acted fast. They set up monthly governance meetings and arranged for their governance committee to feed into their medical advisory committee (MAC) to improve communication and information sharing. Aida also provided regular updates on her activities as a CEO.

The leadership team also worked to make it easier for patients and staff to share their feedback. This included carrying out leadership rounds and running an independent staff engagement survey to understand any issues.

The Harley Street Clinic also attained the MacMillan accredited association. The MacMillan accreditation is awarded to providers who show high standards of care and provide a suitable environment for people living with cancer.

CEO Aida says, "To continue to attract the best consultants and for the people using our services, we had to find a way to learn from our [CQC] inspections."

At the time of the first inspection, the leadership team felt evidencing and auditing were key issues. They knew that they provided high-quality care, but they did not measure it. The hospital also did not have a fully online auditing system. This meant that they could not extract all the data effectively - or showcase and evidence the full audit programme. In response to this, HCA Healthcare UK established an online quality system to audit and review the quality of services.

Tina says, "We were in the process of making a switch from paper to paperless at the time, so it was difficult to pull data together and share it with CQC. By the next inspection, we had embedded our new system and could show how we measured data."

Head of Clinical Services Chris Hague says, "We were in the process of learning CQC terminology, so we did not know how to sell ourselves best to show our work to CQC."

By the second inspection, the leadership team were more embedded, approachable, and visible. Being rated as outstanding in well-led came from focusing on building a strong executive team that spent more time with staff on the wards.

The Harley Street Clinic has longstanding leaders at all levels, many of whom started their career there. The leadership team now has a unified approach to improvement. The Harley Street Clinic has also grown its medical engagement by putting in place a now long-standing Chief Medical Director and Medical Governance Lead, both of whom have a vital clinical leadership role in setting the standards of what outstanding looks like for the hospital.

After being rated as good, The Harley Street Clinic built a culture that celebrated success and did not blame staff. Now, staff are proud of what they do and are not shy to show this. They feel part of an outstanding facility.

The culture of The Harley Street Clinic means that staff are never complacent and are always looking for improvements. By the second inspection, the facility had hired established new 'risk leads' to make sure that risk management across the facility was aligned and that the hospital investigated all risks and shared learning.

Support from HCA Healthcare UK

Lorraine Hughes, HCA International Limited Healthcare UK's Chief Nursing Executive says, "The corporate HCA UK team's role is to support all sites to deliver exceptional care. There are dedicated corporate teams that are helping to drive improvements and ensure that facilities maintain their quality marker.

"Analysis and performance metrics are available on the intranet, so it is available to everyone in the organisation. The team's activities range from supporting our nurses with information on incidents, risk assessments and patient timelines to leveraging advanced analytical techniques such as natural language processing to extract every improvement opportunity from our patient experience surveys, and machine learning to predict outcomes for our patients."

“There is so much to come next, it’s exhausting but exciting. We always want to continually improve.”

**Stuart James,
Medical Clinical
Governance Lead**



Leadership also implemented a strategy to “release nurses back into caring”. Chris added, “The culture changed, and nurses were more empowered. The organisational structure is also quite flat, so everyone has a voice now”.

Tina says, “Departments used to work in silos, but since the first report, they’ve come together to share learning about what they do well.”

Monette Gomez, Clinical Nurse Manager, says, “Staff are being empowered and there is now a culture where managers are not fearful of creating an open forum for staff.”

The hospital has also set up dedicated weeks where they encourage everyone to share learning around important themes. They include Empowerment Week, Patient First Week, Patient Safety Week, Human Factors Week, and Freedom to Speak Up Week.

Despite this activity, The Harley Street Clinic struggled to get patient feedback on areas for improvement. They find it difficult to gather patient views through traditional channels because like many other private hospitals, many of their patients pay for themselves through private medical insurance or private paediatric services for embassy patients.

The Harley Street Clinic celebrates positive feedback from patients. Staff also send the person that shared the feedback a card to say thank you. If a person raises a concern, it is reviewed and responded to.

Looking ahead

Stuart James, Medical Clinical Governance Lead, says, “There is so much to come next, it’s exhausting but exciting. We always want to continually improve.”

To make sure that The Harley Street Clinic maintains the outstanding rating, there is an embedded governance and assurance programme, including the way they use assurance platforms to make sure that the work aligns with CQC key lines of enquiry (KLOEs) and core service frameworks.

They have also started a Bupa breast cancer pathway in collaboration with other hospitals in HCA Healthcare UK. This means that patients will have more timely access to care. Patients will be able to see an HCA consultant within two working days of contacting Bupa, with all initial diagnostic tests completed in one appointment. For most patients, this will provide peace of mind on the same day. If a patient needs treatment, the hospital will provide it within 31 days of them calling Bupa – less than half the time set out in national targets.

Creating a new department structure will also allow The Harley Street Clinic and the rest of the HCA Healthcare UK facilities to maintain the momentum of providing outstanding care. Departments are looking at how they provide care across the group. Their focus is on standardising high-quality, safe care so that no matter where a patient is treated, there is consistency in the quality of the care they receive and their experience.

Departments will establish evidence-based patient pathways and protocols, and they will also discuss clinical governance processes. The expertise, insights and experiences of consultants will also guide commercial decisions about medical care, including what equipment to invest in, what

treatments to offer, and how they innovate and grow services to make sure HCA Healthcare UK is the choice of patients seeking high-quality medical care.

HCA Healthcare UK is also supporting all HCA nurses, including those at The Harley Street Clinic, to deliver better patient experience through investment in nursing. They have implemented a three-year plan, the HCA Healthcare UK nursing strategy, to develop nurses across the business and make sure that they are given the tools, skills and systems to deliver outstanding care. They have increased the number and types of training offered, including specialist training for nurses to make sure that they can respond to their diverse patient populations. Currently, The Harley Street Clinic supports nurses to carry out PhDs to ensure their clinical capacity in ITU, as well as in other areas. The site established seven clinical education leads who make sure that all nurses are completing relevant competencies and participate in clinical development.



Embedding a standardised assurance programme

Melissa Watson, HCA Healthcare UK's Director of Quality Review says, "To make sure that hospitals continue to evidence their quality through being rated as good and outstanding, we have embedded a standardised assurance programme. This includes using a self-rated assurance platform called HealthAssure that gives visibility and transparency across the group. We also run a peer-review programme."



Oaklands Hospital

December 2017

Rated as good

March 2017

Rated as inadequate

Oaklands Hospital in Salford, Greater Manchester, is part of Ramsay Health Care UK. The hospital has 17 inpatient beds. Facilities include three operating theatres and a designated endoscopy theatre, an inpatient ward, a day case unit and X-ray, outpatient and diagnostic facilities. Around 75% of its activity is NHS commissioned. The remaining 25% are patients who pay for themselves and privately insured patients.

Reaction to the rating

Everyone at the hospital remembers where they were when they found out about the rating.

"It was awful," says Kelly Dixon, a healthcare assistant. "We'd worked so hard, and then to have that said to you."

The rating came as a shock to everyone on site. But when they saw the report, they started to appreciate where things had gone wrong. Governance had been neglected and many staff had started to feel let down by the management team. They were demoralised and fearful of losing their jobs. They describe the media coverage as an "onslaught".

David Winters, Hospital Director, started his career with Ramsay at Oaklands Hospital, but was director of another site when the report published. He says, "I felt disappointed and upset for the staff. It didn't seem to reflect us as a company."

Approach to improvement

Vivienne Heckford, National Director of Clinical Services, describes how quickly the response began. They received feedback straight after the inspection and within eight days had their own 'turnaround' team on site, including interim clinical managers. The focus was on a series of internal and external reviews (for example, with the clinical commissioning group (CCG) and royal colleges) and action plans. They maintained a dialogue with CQC, supported staff and managed patient expectations.

As improvements began, David approached the Ramsay board to put himself forward to return to Oaklands Hospital. "After seeing the report, I felt I had what they needed, I could drive that culture change," he says.

When he arrived, his priority was to create an open and transparent atmosphere. He held a series of staff forums to hear views on how staff felt they could make Oaklands Hospital a great hospital again.

The Oaklands Hospital team felt that the improvements brought a focus on safety, training, increased staffing levels and what they saw as necessary changes in management. As Matt Lowe, Theatre Manager, says, "I realised the governance lead had the most important role in the hospital. That just hadn't been a focus before."

Vivienne highlights how this approach led to a new 'lessons learned' process. It has driven changes to policies and procedures in advanced life support, medicines management and safety.

Leadership and culture

Vivienne identified serious concerns as soon as the turnaround team arrived on site. "Staff had told CQC stuff they hadn't told us," she explains. "It was about culture more than anything else."

Introducing the Speaking Up for Safety programme has improved the organisation's way to capture concerns and act on them, encouraging people to speak out if they are worried – this has prevented serious incidents.

People now feel they have a way to express concerns without worrying that they might be penalised.

Safety is also a key aspect of the culture change for David Winters.

"If we're not safe, we might as well close the door," he says. He's raised the staff professionalism and accountability. Focusing on what they need to do their jobs well has earned staff trust and respect.

Matt says, "David and Sally [Head of Clinical Services] are always in theatres, checking what we're doing and asking how things are. It's the best support this place has ever had. We don't always agree with decisions, but we can challenge them. David isn't clinical, and he trusts our judgements."

Despite the latest rating and the expansion of the services, some feel that Oaklands Hospital will never be able to shake off being rated as inadequate. They were disappointed that the local media did not report on their improvements.

Introducing huddles

Oaklands Hospital introduced daily departmental meetings, or 'huddles' into the day-to-day activities. It proved to be popular with staff. Cath Massey, a nurse, says, "After the huddles the heads of department go up to their meeting. Any issues or things people need to be aware of go on the board in the staff canteen. That also goes into your emails. Everyone finds out more about what's going on."

“At the time we were struggling for staff. We had a lot of agency staff. They didn’t have the same interest or investment and we’d get let down a lot.”

**David Winters,
Hospital Director**

Communications

The Oaklands Hospital team say that communications improved from the moment the CQC inspection took place. Abby Cuffwright describes how the staff felt low morale and feared that the hospital would close, but that CQC was “open with us from the start, they reassured us that there was a future for Oaklands Hospital.”

David’s policy of having an open door has helped with this. Staff now feel more comfortable expressing their concerns and feel confident that they will be addressed.

Better communications have resulted in the teams growing closer.

“There was a divide between departments before,” says Joanne Chew, who works in stores. “It was always someone else’s fault, there was a bit of a blame culture. That happens less now. People appreciate each other more and they feel safer in their jobs.”

Engaging and communicating with staff

Everyone agrees that one of the biggest challenges at the time of being rated as inadequate was recruiting full-time staff. Roles were often filled by agency staff.

Nurse Cath Massey says, “At the time we were struggling for staff. We had a lot of agency staff. They didn’t have the same interest or investment and we’d get let down a lot.”

The amount of contracted staff has now increased. David believes the improvements at Oaklands Hospital have enabled them to recruit and retain high-calibre staff. He says, “We now have 37 contracted staff in theatres compared with four when I first arrived. People want to come and work here. Retention has also improved. We had a lot of turnover previously, but now people realise it’s a place they want to stay.”

As hospital director, David sees his role is to inspire his teams to provide the best care every single day. He was clear with staff as soon as he



arrived that Oaklands Hospital was a team and that working there “was about more than getting paid”. This meant they did lose some staff, but David accepts that “they didn’t want to be part of the team and Oaklands journey”.

Staff express high levels of satisfaction with the learning and development that’s available to them. They also see how this helps attract new staff.

“Training and development is fantastic here,” says Barry John Davies, Deputy Theatre Manager. And they have also noticed a change in the way it is approached.

“We used to be told to go on courses,” says Ashley, a healthcare assistant. “Now it’s linked to our performance and development review. It means that you enjoy it more.” Nurse Abby adds, “Time is made for training now, managers make sure that you get to carry out your training instead of other things becoming more important.”

Although the relationship between staff and management is now positive, David admits it’s been hard work getting here. He describes his biggest challenge in driving improvement as gaining staff’s trust.

“Some people just didn’t see how it would get better,” he says. “They had to work out whether they could trust me. And that takes time.” He says the key was to continually talk to them about the improvements, to change the weight of opinion.

Engaging with patients and the public

Vivienne describes the difficulties that Oaklands Hospital had in establishing patient representative groups. “Admissions are episode-based, people are generally in and out, most don’t have that ongoing relationship with us.”

Despite that, David and Sally regularly engage with the CCG and other local stakeholders to understand patient experiences. The CCG has carried out several quality reviews and commented on how different the hospital feels from the patient’s perspective.

For Vivienne, improvement for patients has come from focusing on their journey through the hospital. The hospital has examined patient flow and interactions with staff.

If the hospital receives any complaints or compliments, a member of the management team will contact the patient to understand more about their experience. If the hospital receives good feedback, staff receive an email with a shout-out to the people involved.

Some feel the improvements have resulted in patients receiving more consistent, better organised care. The hospital is now seeing more patients than ever before.

Opportunities in higher education

Everyone at Oaklands Hospital speaks with pride about two healthcare assistants who are being sponsored by Ramsay Health Care UK to attend university. For Vivienne and David, this is a key strategy in retaining quality staff as they have previously struggled to hold on to younger, ambitious people. They have also started an apprenticeship scheme so that, as Vivienne says, “We can grow our own”.



BMI The Manor Hospital

July 2018

Rated as good

April 2016

Rated as requires improvement

BMI The Manor Hospital in Bedford is operated by BMI Healthcare. The hospital is registered for 23 inpatient beds and it provides surgery, outpatient and diagnostic imaging services for adults only. About half the activity is for patients who pay for themselves and privately insured patients, with the other half commissioned by the NHS.

Reaction to the rating

“Gutted” is how Zoe Willett, director of clinical services, described her reaction to the hospital being rated as requires improvement.

She says, “The report came out of the blue. It came out some time after the inspection”. Staff felt the report was more explicit about some of the issues than the verbal feedback after the inspection.

BMI The Manor Hospital was one of the first BMI hospitals that CQC inspected under the ratings system. As a result, Zoe feels there hadn’t been a focus on the new inspection regime from a local or corporate perspective.

“Inspection had moved on and the hospital was caught on the back foot... there were no alarm bells,” she says. “Corporately, internal BMI audits had been passed OK. There had been no issues with CQC, few complaints, low number of clinical incidents. But the sea change in requirements had caught us by surprise.”

But there were positives. CQC rated the hospital as good for caring and there was positive feedback from people who used services.

Approach to improvement

Zoe says the hospital used the report to frame the action plan. Senior managers worked together as a team. According to Emma Groves, Clinical Lead – Ward, senior managers highlighted the areas that needed to improve and tasked line managers with making changes.

Laura Laciofano, operations manager, says, “The heads of department worked together as a team. One of our strengths as a team was that we’d all known each other and had a positive attitude. It was a challenge, but once we got over the disappointment we rolled our sleeves up and said let’s get on with it.”

CQC’s report had highlighted concerns about the staffing skill mix and the use of agency staff. Zoe says that they dealt with the issue straight away.

“We always have two registered nurses on duty 24/7”, but recruitment was (and is) a challenge. “We still use agency staff, but these are regular agency staff who have become part of our team.”

There is now flexible working for staff in departments with nurses working across all areas.

According to Laura, admin staff are also more flexible. Everyone is trained in the work of at least two departments and some people in as many as five. “This gives them a greater understanding of processes and how they fit together,” says Laura.

The report also noted unplanned late theatre list finishes. This meant that patients could sometimes be returned to the ward when there was not enough staff available to look after them. And there were concerns that the hospital did not follow national best practice guidelines in keeping track of swabs and needles.

Rachel Holloway was recruited as clinical services manager – theatre, following the 2015 inspection and the previous theatre manager’s resignation. Rachel reviewed what needed to happen in the theatre department. For Rachel, it was about “providing the right information and having simple processes”.

A new policy set out clear theatre times. On the next visit, inspectors saw that swab and needle counts were recorded on a white board in theatre, making it clear that instruments or swabs were clearly tracked to ensure patient safety during an operation.

Certainty over the timing of operations, meant that Rachel could promise staff more regular hours. This helped theatre staff retention and took pressure off ward staff.

Zoe says that the hospital also set up a resuscitation team. CQC’s second report had noted that each member of the team was allocated a specific role, such as leader, airway management, defibrillation, recorder and floater. This was in line with best practice guidance. Each member of the team carried a bleep, so they could be contacted immediately in the event of an emergency.

The Medical Advisory Committee (MAC) also helped to tighten processes around practising privileges. As Sarah, the MAC Chair says, it was about “being clearer about who does what, making sure that consultants were

Accreditation from Action for Hearing Loss

The hospital has achieved a ‘Louder than words’ accreditation from Action for Hearing Loss to support patients who were hard of hearing. It has introduced signing services for patients with hearing difficulties and had hearing loops installed at the main reception and a portable loop in the outpatient department.



“Change is difficult for most people, so we broke it down into what we could do now, in six months, and in 12 months.”

Rick Sanders,
Executive Director

performing the same procedures at BMI The Manor as they were for the NHS and making sure that due diligence was carried out at all times”.

There is now a better link between the local NHS trust and The Manor. This new process means that the trust’s medical director ‘signs off’ proposed work by consultants, making sure that they are carrying out work that is appropriate to their experience.

Leadership and culture

Between CQC inspections, there had been several changes of executive director. BMI recognised the need to have someone with the right experience to bring a consistent approach. As a result, the company appointed experienced leader Rick Sanders in April 2017 as executive director.

Rick says, “One of my primary roles was to make sure we were compliant in all areas. Zoe and her team had struggled to get the resources from the centre to get certain aspects of the hospital changed.”

Rick was also able to provide support and reassurance and give staff the confidence to implement improvements.

According to Emma, some staff had previously felt that they “couldn’t speak up”, but now the hospital is “now more open, with more visible senior staff”. She says the executive team engages with staff. The senior management team also has an open-door policy.

The company supported Rick in making changes and in getting the investment needed to improve the fabric of the building and equipment. “Corporately, we got everything we asked for,” says Rick.

To drive improvement, Rick says that it was important to embed a culture of safe and well-led throughout the organisation.

“Operational profit does not trump good quality [care for patients],” says Rick. It was about pulling together where previously there had been silos.

“We made the hospital work as a collective,” says Rick. “Change is difficult for most people, so we broke it down into what we could do now, in six months, and in 12 months.”

Engaging and communicating with staff

Breaking down the silos meant having more opportunities for people to connect. There are now staff forums and a regular Monday lunchtime meeting for heads of departments, where colleagues share and resolve common issues.

Emma Groves notes that the executive director’s passion for change had a positive impact. “When you get engagement and support from senior management and from outside, you feel valued and confident.”

Rachel commends the leadership for being family friendly, with “teams that work well together to maintain the business and a healthy work-life balance”.

Rick arranges a monthly free lunch for all staff with a different theme each month. As clinical services manager, Rachel Holloway, puts it, “All the little things that made a difference didn’t happen in the past.”

The positive example set by senior managers, she says, enabled line managers to take more initiative. Or as Emma Groves puts it, “It was like a spring clean, giving us the impetus to do things ourselves.”

There is now a good culture of reporting incidents. “Nobody is afraid to say anything”, adds Emma Groves.

Communications

A lot of effort has gone into improving communication across the hospital. The hospital introduced a daily ‘communications cell meeting’ to improve safety, staff engagement, communication, and multidisciplinary team working. The senior management team and a representative attended from each clinical and non-clinical area, such as engineering, catering, housekeeping and reception. The attendees discuss a brief overview of the day’s activity, staffing, incidents, complaints, medical alerts and potential risks. The issues discussed are relevant to CQC’s five domains (safe, effective, caring, responsive, well-led) as well as highlighting the names of people who have gone “above and beyond”.

A leaflet now goes out with payslips to highlight incidents and what had been done as a result. Zoe says this “shows staff that things were followed up when they reported incidents”. The newsletter also features ‘thank you’ comments to staff.

Engaging with patients and the public

The hospital has revived its patient group forum to make sure that the views of people using services feed into developments.

Jim Burke, a recent patient, is a member of the group. He says, “I had a positive experience at The Manor, so I joined the forum to help improve services and help build people up for the good work they are doing.

“My experience is of a good and efficient hospital. On the day of my operation I had been seen by nursing staff, my consultant, a physiotherapist, the anaesthetist and catering staff within half an hour of coming to the hospital. I have confidence that BMI The Manor will maintain standards.”

BMI The Manor has also built up community relations. “We are based in a small village”, says Rick. “It is important for us to be good neighbours. The hospital has linked up with a local sixth form who supply art for the hospital walls.”

Overall, the culture of the hospital has changed. As Zoe says, “Now, it’s not about getting ready for inspection, it’s about embedding a culture that encapsulates an open and honest culture and being willing to learn from mistakes.”

Sarah Parkes, Head of Quality and Improvement for BMI, says inspections have led to a lot more direct communication with CQC and an acknowledgement that regulators are a useful resource. It is about embedding quality.

“We don’t prepare for inspections,” says Sarah, “we are prepared for them. This is our business as usual. Inspectors have every right to walk in [at any time]”.

Going back to basics

Sarah Parkes says the company has “gone back to basics” to make sure the right policies are in place.

“Lessons from incidents now go out in a consistent format, highlighting notable practice and actions for improvement. There is also a new quality improvement framework and reporting lines have been streamlined and refined.”

The company has changed its approach to clinical audits. Before, these were reported in to head office, to a small group of people. Now audits are more clearly owned by locations who are responsible for reviewing results and developing action plans, which head office reviews.

All staff have had the opportunity to contribute to company-wide work to review values and purpose.



Spire Wellesley Hospital

September 2018

Rated as good

December 2016

Rated as requires improvement

Spire Wellesley Hospital in Southend-on-Sea, Essex, is run by Spire Healthcare plc. It has 46 beds and provides care to patients with private medical insurance, those who pay for themselves and patients who are referred through NHS contracts, including children and young people. Services offered include acute healthcare, day care, inpatient and outpatient care.

Reaction to the rating

Clinical governance manager, Nadine Land, described the inspection process as “challenging” and felt that the hospital could have been better prepared. Nadine commented that the period immediately following the inspection was “tough for everyone involved”.

Paediatric lead nurse, Michael Boland, recalled that the frontline staff at the hospital found it hard not to take the rating personally. Patient satisfaction scores at the hospital had been consistently high. This made it harder for some staff to accept the rating, knowing that patients they had cared for were happy with the care they had received.

Approach to improvement

Following the rating, the team at Spire Wellesley Hospital made changes immediately, using the report to write an action plan. Michael says that everyone had the same attitude toward change.

“It was a case of accepting the report, not being in denial,” says Michael.

“There was a dip in morale after the inspection, but it picked up really quickly once improvements started being made,” recalls Gina Farrow, senior radiographer and Freedom to Speak Up Guardian.

The concerns about children and young people’s services were so serious that the hospital made the temporary decision to suspend treatment in this unit until safeguarding procedures were in place.

Antony Greer, Medical Advisory Committee (MAC) chair, wholeheartedly supported the decision to stop treatment in the paediatric unit and describes the hospital as having a “real culture of honesty”.

Change in leadership

Having worked in Spire Healthcare hospitals across the country for many years, hospital director, Alison Green, was surprised when she arrived to begin her role in Spire Wellesley Hospital in April 2018. Alison felt that “it did not feel like a requires improvement hospital” and she says the team at the hospital “very much embraced the challenge”.

In the 2016 inspection report, the service is described as having a lack of effective governance and oversight at senior management level. However, Alison’s appointment, as well as the return of Matron Sandra Harrington-Brain, have been integral to the changes that continue to be made at Spire Wellesley Hospital.

After five years away from Spire, the company asked Sandra to return to the hospital to help with its improvement journey. Taking a pragmatic approach, Sandra set up a ‘CQC improvement group’ that was open to staff at all levels and was a place where they could update on their progress, share ideas and discuss concerns.

Housekeeper and host, Mark Stimpson, began working at the hospital in early 2017. He describes the support he has received as “there from the top-down”. Mark feels that the changes in leadership have made a huge impact on the performance of the hospital and that the senior management team is very visible, describing Alison as “always having an open door”.

Communication

Daily team ‘huddles’ – a feature of every Spire hospital – now take place across the hospital, and there is an open line of communication from the top-down. Antony Greer describes Alison and Sandra as being “fantastic in the way they disseminate information”. It was clear that staff at all levels feel informed on what is happening not only at the hospital, but also across the whole business.

Cancer services manager, Sarah Parfitt, explains that there are now key communication channels between different departments; handovers, huddles and ‘one-to-ones’ have increased in frequency and made a huge difference. Sarah adds that morning and evening huddle information sheets are now scanned into the system and securely stored to keep a record of what has happened in her department.

Communication between departments is strengthened by noticeboards throughout the hospital and regularly updated to make sure that all staff have the latest information and feel informed.

Transforming processes to improve safety

After receiving the report, departments across the service began implementing new plans and procedures, to make sure that patients were safe and cared for at every step of their journey.

Resus and critical care lead, Dawn McDonald, explained how she transformed the process for checking resuscitation trollies – and changed the frequency of these checks from monthly to weekly, to make sure that they were always as they should be. Introducing sealed bags to the trollies also reduced the time it took to carry out the check from 40 minutes to seven. This led to compliance with trolley checks rising from 80% to 100%. Dawn and her team are proud of this simple change that has transformed a vital process in patient care.

Establishing a central office for the management team

Alison Green recalls that when she arrived at the hospital, one of the first things she noticed was that the management offices were positioned in a corridor behind a closed door. She says, “That’s not how you run a hospital.” This was one of the first things that Alison changed and now the senior management team rotate to a central office where they are visible to frontline staff for support and guidance.

Corporate support

Spire’s ‘clinical review’ process, a mock CQC-style inspection carried out by a central team, has been a huge support to the team at Spire Wellesley Hospital. Paul Tuley, Operations manager, has worked in private hospitals across London and he describes the support from the corporate team as the best he has ever seen. He adds, “No other private healthcare company has a support team like Spire has with its central clinical team.”

The clinical review process has given the Wellesley team additional resource to create robust action plans that are constantly being added to and learned from. Inspections are now seen as a positive thing and not something to be afraid of – the culture of improvement is continually gathering momentum.

Spire also sends regular ‘flash alerts’ to highlight instances of both good practice and situations that have occurred. This information is shared across the entire national network of Spire hospitals and other sites provide their learnings too.

Looking forward

Alison Green is confident in the governance structure now in place at Spire Wellesley Hospital. Speaking of the determination of everyone at the hospital, she says, “If an issue happens in a bed, it gets to the board, and this information is cascaded to all of the hospital as well as across our network.

“What needs to be acknowledged is the time and effort the teams have put into this journey – this takes personal sacrifice and their time. The team here is happy to do this as they want the best for the patients and the hospital.”

Spire Wellesley Hospital is not going to stop at being rated good and Michael Boland, paediatric lead nurse, says he is aiming for Wellesley to be rated outstanding in “at least one key question” in the next CQC inspection. Overall, the team at Wellesley is continuously striving to improve and provide the best service possible, knowing that their patients are at the heart of everything they do.

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