

Hinchingbrooke Health Care NHS Trust

Quality Report

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

Ratings

Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Inadequate 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Inadequate 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection which included an announced inspection visit between the 16 and 18 September 2014 and subsequent unannounced inspection visits on 21 and 28 September. We carried out this comprehensive inspection of the acute core services provided by the trust as part of Care Quality Commission's (CQC) new approach to hospital inspection.

Hinchingbrooke Hospital is an established 304 bed general hospital, which provides healthcare services to North Cambridge and Peterborough. The trust provides a comprehensive range of acute and obstetrics services, but does not provide inpatient paediatric care, as this is provided within the location by a different trust. The trust is the only privately-managed NHS trust in the country, being managed by Circle since 2012. The Trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health. This approach empowers all members of staff to take accountability and responsibility for the planning and implementing of a high quality service.

Prior to undertaking this inspection we spoke with stakeholders and reviewed the information we held about the trust. Hinchingbrooke Health Care NHS Trust had been identified as low risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was in band 6, which is the lowest band.

The hospital was first built in the 1980s. It was the first trust in the country to be managed by an independent healthcare company, Circle, which occurred in February 2012. It is led by a multidisciplinary team of clinical and non-clinical executives partnered with a non-executive Trust Board. However we found that the trust was predominantly medically led but a new director of nursing had been appointed four months prior to our visit and was beginning to address the input of nursing within the hospital.

We found significant areas of concern during our inspection visit which we raised with the chief executive, director of nursing, head of midwifery and the chief operating officer of the trust and the next day with the NHS Trust Development Authority. We were concerned about patients safety and referred a number of patients

to the Local Authority safeguarding team. Since the inspection the Trust Development Authority have given the trust significant support to address the issues raised in this report. CQC served a letter which informed the trust of the nature of our concerns in order that action could be taken in a timely manner. CQC also requested further information from the trust as we considered taking urgent action to reduce the number of beds available on Apple Tree Ward. However the trust took the decision to reduce the number of beds as part of their action plan and so this regulatory action was therefore not necessary. The matter has been kept under review and the CQC has undertaken two unannounced inspections, attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014 and held two follow up meetings with the trust to ensure that action have been taken.

The comprehensive inspections result in a trust being assigned a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each core service receives an individual rating, which, in turn, informs an overall trust rating. The inspection found that overall; the trust has a rating of 'inadequate'.

Our key findings were as follows:

- We found many instances of staff wishing to care for patients in the best way, but unable to raise concerns or prevent service demands from severely impinging on the quality and kindness of care for patients. In both maternity and critical care we noted good care, focused on patients' needs, meeting national standards.
- The provision of care on Apple Tree Ward, a medical ward, was inadequate and there were risks to patient safety. This required urgent action to address the concerns of the inspection team.
- There was a lack of paediatric cover within the A&E department and theatres that meant that the care of children in these departments was, at times, increasing potential risks to patient safety.
- The senior management team of the trust are well known within the hospital; however, the values and beliefs of the trust were not embedded, nor were staff engaged or empowered to raise concerns by taking

Summary of findings

responsibility to 'Stop the Line'. Stop the line is a process which empowers all members of staff to raise immediate concerns when they believe that patient safety is being compromised. Initiating a "Stop the Line" facilitates management support to the area identified and action to address the issue.

- There was a lack of knowledge around Adult Safeguarding procedures, Mental Capacity Act and Deprivation of Liberty processes.
- A response to call bells in a number of areas, in Juniper Ward, Apple Tree ward and the Reablement Unit for example, was so poor that two patients of the 53 we spoke to in the medical and surgical areas stated that they had been told to soil themselves. A further one patient advised that they had soiled themselves whilst awaiting assistance. We brought this to the attention of the trust and they investigated. However neither CQC nor the trust could corroborate these claims.
- Risk assessments were not always reflective of the needs of patients in surgery and medical wards. This was evidenced by review of 46 sets of notes of which 19 were found to have incomplete information or review.
- Infection control practices were not always complied with in A&E Apple Tree ward, Cherry Tree ward, Walnut ward and in the Treatment Centre.
- Medicines, including controlled drugs, were not always stored or administered appropriately in A&E, Juniper ward, Apple Tree ward or Cherry Tree ward.

We saw several areas of good practice including:

- In both maternity and critical care we noted good care, focused on patients' needs, meeting national standards.
- The paediatric specialist nurse in the emergency department was dynamic and motivated in supporting children and parents. This was seen through the engagement of children in the local community, in a project to develop an understanding of the hospital from a child's perspective, through the '999 club'.
- The support that the chaplaincy staff gave to patients and hospital staff was outstanding. The chaplain had a good relationship with the staff, and was considered one of the team. The number of initiatives set up by the chaplain to support patients was outstanding.

However, there were also areas of poor practice, where the trust needs to make improvements.

Importantly, the trust must:

- Ensure all patients health and safety is safeguarded, including ensuring that call bells are answered in order to meet patients' needs in respect of dignity, and patient's nutrition and hydration needs are adequately monitored and responded to.
- Ensure that staffing levels and skill mix on wards is reviewed and the high usage of agency and bank staff to ensure that numbers and competencies are appropriate to deliver the level of care Hinchingsbrooke Hospital requires.
- Ensure that the arrangements for the provision of services to children in A&E, operating theatres and outpatients areas provided by the trust, is reviewed to ensure that it meets their needs, and that staff have the appropriate support to raise issues on the service provision.
- Ensure records, including risk assessments, are completed, updated and reflective of the needs of patients.
- Ensure the care pathways, including paediatric pathways, in place are consistently followed by staff.
- Ensure an adequate skill mix in the emergency department and theatres to ensure that paediatric patients receive a service that meets their needs in a timely manner.
- Ensure that there are sufficient appropriately skilled nursing staff on medical and surgical wards to meet patients' needs in a timely manner.
- Ensure medicines are stored securely and administered correctly.
- Improve infection control measures in the Emergency department and medical wards to protect patients from infection through cross contamination.
- Ensure staff are trained in, and have knowledge of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).
- Ensure that patients are treated with dignity and respect.
- Ensure that all staff are adequately supported through appraisal, supervision and training to deliver care to patients.

Summary of findings

- Ensure pressure ulcer care is consistently provided in accordance with National Institute for Health and Care Excellence (NICE) guideline CG:179.
- Ensure that catheter and intravenous (IV) care is undertaken in accordance with best practice guidelines.
- Ensure patients are treated in accordance with the Mental Capacity Act 2005.
- Ensure that the staff to patient ratio is adjusted to reflect changing patient dependency.
- Review the 'Stop the Line' procedures and whistle blowing procedures, to improve and drive an open culture within the trust.
- Standardise and improve the dissemination of lessons learnt from incidents to support the improvement of the provision of high quality care for all patients.
- Ensure that all appropriate patients receive timely referral to the palliative care service.
- Ensure action is taken to improve the communication with patients, to ensure that they are involved in decision-making in relation to, their care treatment, and that these discussions are reflected in care plans.
- Review mechanisms for using feedback from patients, so that the quality of service improves.
- Take action to reduce the overburdensome administration processes when admitting patients into the acute assessment unit (AAU).
- Review intentional rounding checks to ensure that they cover requirements for meeting patient's nutrition and hydration needs.
- Involve patients in making decisions about their care in the A&E department.
- Review the training given to staff, and the environment provided, for having difficult discussions with patients.
- Review translation usage in A&E, to ensure that patients receive information appropriate to their needs.
- Provide adequate training on caring for patients living with dementia, to improve the service to patients living with dementia.
- Discontinue the practice of adapting day rooms in rehabilitation wards to use as additional inpatient bed spaces.
- Review the clinical pathways for termination of pregnancies in the acute medical area.
- Review the policy on moving patients late at night.
- Review the out-of-hours arrangements for diagnostic services, such as radiology and pathology, to ensure that patients receive a timely service.
- Review mechanisms for fast track discharge, so that terminally ill patients die in a place of their choice.

In addition, the trust should:

- Review the checking of resuscitation equipment in the A&E department, and across the trust, to ensure that it occurs as per policy.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Hinchingsbrooke Health Care NHS Trust

Hinchingsbrooke Hospital is an established 304 bed general hospital, which provides healthcare services to North Cambridge and Peterborough. The hospital provides a comprehensive range of acute and obstetrics services. The trust does not provide general inpatient paediatric care, as this is provided within the location by a different trust. However children are seen in the A&E department, operating theatres and in outpatients by Hinchingsbrooke Health Care NHS Trust staff. The trust is the only privately-managed NHS trust in the country, being managed by Circle since 2012. The Trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health. This approach is intended to empower all members of staff to take accountability and responsibility for the planning and implementing of a high quality service.

The average proportion of Black, Asian and minority ethnic (BAME) residents in Cambridgeshire (5.2%) is lower than that of England (14.6%). The deprivation index is lower than the national average, implying that this is not a deprived area. However, Peterborough has a higher BAME population and a higher deprivation index.

The Care Quality Commission (CQC) carried out a comprehensive inspection which included an announced inspection visit between the 16 and 18 September 2014 and subsequent unannounced inspection visits on 21 and 28 September and attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014. The trust had been identified as a low risk through CQC's intelligence monitoring

Our inspection team

Our inspection team was led by:

Chair: Dr Jonathan Fielden, Medical Director, University College London Hospitals

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: nine CQC inspectors, one medical director, a head of governance, six medical consultants, one junior doctor, six senior nurses, a student nurse, and two 'experts by experience'. (Experts by experience have personal experience of using or caring for someone who uses the type of service that we were inspecting.)

How we carried out this inspection

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

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

The announced inspection visit took place between the 16 and 18 September 2014, with subsequent unannounced inspection visits on 21 and 28 September and attended the Annual Public Meeting on 25 September 2014

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal

Summary of findings

College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a listening event on 16 September 2014, when people shared their views and experiences of Hinchingsbrooke Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

We carried out an announced inspection visit between 16 and 18 September 2014. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers and pharmacists. We also spoke with staff individually as requested. We carried out unannounced

visits on Sunday 21 September to Apple Tree Ward, attended the Annual Public Meeting [i.e. the Annual General Meeting] on 25 September 2014 and Saturday 28 September 2014 to the emergency department, Juniper and Apple Tree Wards. During these unannounced visits we spoke with staff, patients and relatives.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment at Hinchingsbrooke Hospital.

What people who use the trust's services say

The experience of patients using Hinchingsbrooke Hospital was mixed. The cancer patient's survey showed that patients were not always given the information they required, and that their pain was not always controlled well. However, the trust scored higher than the national average in respect of controlling the side effects of chemotherapy, being involved in decisions and treatment, and in getting advice about free prescriptions.

The NHS patient survey showed that the trust performed in line with other trusts surveyed across all areas. The number of complaints received by the trust continued to fall.

The listening event we held on 16 September was well attended by approximately 30 people. We heard mixed accounts of the care provided at the trust; however, a number of people flagged real concerns about call bell waiting times, culture, and privacy and dignity issues at the hospital. Two members of the inspection team attended a local Healthwatch event organised to reach people who may not attend the listening event. Again, we heard mixed accounts of care at the hospital, with people being able to name wards where care was good and where care was poor.

Facts and data about this trust

Beds

304 (260 General and acute, 38 Maternity and 6 Critical care)

Inpatient admissions

Outpatient attendances 93,000 (2012/13)

A+E attendances 38,813 (2013/14)

Births 2,193 births April 2013 March 2014

Deaths 493 (April 2013 – March 2014) 102 (April 2014 – June 2014)

Annual turnover £111.5m

Surplus (deficit) -£1m

Intelligent Monitoring

Elevated risk scores in well led 1

Risk score in well led 1

Total risk score 3

Individual risks/elevated risks

Summary of findings

- NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months (01-Sep-13 to 31-Dec-13)

By Domain

Safe

Never events (April 2013 -May 2014) 0

Serious incidents (STEIs) (April 2013- May 2014) 41

National reporting and learning system (NRLS) (April 2013- May 2014)

Deaths 5, Severe 31, Moderate 86 Total 122

Summary of findings

Effective:

HSMR: IM Indicator: No evidence of risk

SHMI: IM Indicator: No evidence of risk

Caring:

CQC inpatient survey 2013:

The trust scored average for all 10 sections.

- In Subsection 4: The hospital and ward the trust scored below average question 19. Did you feel threatened during your stay in hospital by other patients or visitors?

Cancer patient experience survey 2012/13:

Of all 68 questions the trust scored

- In the highest 20% of all Trusts for 6 questions
- In the lowest 20% of all Trusts for 8 questions

Summary of findings

Responsive:

Bed occupancy: In Q1 2014 the trusts average daily bed occupancy for all General and Acute beds was 82.7% which is less than both the England average of 89.5% and the 85% percent standard where it is suggested level of patient care would be affected.

length of stay:

April 2013 to March 2014

- Elective
 - Trust Average = 4 days
 - England Average = 4 days
- Non-Elective
 - Trust Average = 6 days
 - England Average = 7 days

A+E: 4 hour standard:

IM Indicator: Composite indicator: A&E waiting times more than 4 hours (05-Jan-14 to 30-Mar-14) - No evidence of risk April 2014 – May 2014

- Average A&E 4 hour waiting time target is 96%

Out of 52 weeks which ended in 2013/14, the trust missed the 95% target 13 times. Hinchingbrooke was above the England average in 38 of 52 weeks, or 73% of the time. However the current year to date figure is just over 95% which is in line with the expected average.

Cancelled operations: The proportion of patients whose operation was cancelled (01-Jan-14 to 31-Mar-14) - No evidence of risk

18 week RTT

IM Indicator: Composite indicator: Referral to treatment (01-Mar-14 to 31-Mar-14) - No evidence of risk April 2013 – March 2014

- 18 week RTT consistently above operational standard of 90%

Well led:

Staff survey

Of all 28 questions the trust scored

- Above average for all NHS Trusts for 2 questions
- Below average for all NHS Trusts for 13 questions

Sickness rate

IM Indicator: Composite risk rating of ESR items relating to staff sickness rates (01-Apr-13 to 31-Mar-14) - No evidence of risk April 13 – Dec 13

- Average Trust sickness rate was 4.2% while that for England was 4%

The trust's average sickness rate was greater than that for England for seven out of nine months.

GMC Training Survey 2014: Out of 12 survey areas the trust scored within the interquartile range (so about average) for 11, but was significantly worse than expected for one area, which was Feedback.

GMC - Enhanced monitoring (01-Mar-09 to 21-Apr-14)

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>People in some areas of the trust were at risk of avoidable harm. The evidence in the location reports for A&E, surgery, medicine and end of life care highlight these risks. We rated this aspect of care inadequate. The provision of care on Apple Tree Ward, a medical ward, required urgent action to ensure the safety of patients; this was raised with management during the inspection visit. The CQC also wrote to the trust management team outlining the enforcement powers it had and would use should the situation not improve immediately. The trust, with the support of the Trust Development Agency, undertook a swift review and put in place actions, which we observed through two unannounced inspections, to ensure that the safety of patients on Apple Tree Ward, a medical ward, was improved.</p> <p>Subsequent to this, the Chief inspector of Hospitals wrote to the trust outlining areas where the inspection team had significant concerns. These included the care of paediatric patients in A&E and in theatres, the use of sedation for patients lacking capacity, lack of infection control practices, security of medicines, and engagement of staff. Follow-up meetings were held with the trust to ensure that appropriate action had been taken to address these issues, and to ensure the safety of patients at the hospital. We saw that the clinical commissioning group, following a peer review in April 2014, had increased the level of surveillance for infection prevention and control at Hinchingsbrooke Hospital to 'enhanced', with a planned review in September 2014.</p>	Inadequate 
<p>Are services at this trust effective?</p> <p>People were at risk of not receiving effective care or treatment. Whilst some areas had good outcomes for patients we found that four out of the seven core services which were rated required improvement. These services are A&E, medicine, surgery and end of life care. Poor care planning and documentation in these four areas meant that patients' treatment did not always reflect their needs. Poor documentation in the A&E department resulted in delays for patients receiving treatment. Discharge planning was poor and commenced late in the patient stay, resulting in prolonged length of stays for patients. However, the maternity department, critical care and outpatients and diagnostics areas functioned well, and patients received good care, which was in line with national guidance.</p>	Requires improvement 

Summary of findings

Are services at this trust caring?

We judged the care at Hinchingsbrooke Hospital as inadequate due to the serious care issues we saw on Apple Tree Ward, a medical ward, and other wards also requiring improvement. We observed six interactions from agency and substantive staff that were neither emotionally supportive nor demonstrative of compassionate care. The lack of recognition of patient's privacy and dignity within the A&E and urgent care services, as well as in outpatients, and the number of overnight bed moves within the surgical wards, all require improvement to ensure that patients are cared for appropriately.

Call bell response times were poor, and we heard patients stories of them soiling themselves whilst they waited for care to be given. This was particularly seen on Apple Tree Ward, but noted throughout the hospital.

Patient feedback was mixed, with a number of patients stating that they felt that they were receiving good care. However, previous patients we met at focus groups and at the listening event supported what our inspectors saw at the inspection. In A&E we received 17 comment cards of which 16 contained wholly negative feedback. One patient spoken to after we had raised our concerns on Apple Tree Ward said that they had not realised how bad the care was until action had been taken by the trust, subsequent to the first inspection visit, and they saw a dramatic improvement in the care provided to them and others in the ward that they were in.

Inadequate



Are services at this trust responsive?

The responsiveness of the trust to individual patients' needs requires improvement. In the A&E department we found that the information telephone was disconnected, and there was a lack of information available for patients whose first language was not English. The trust had, during our inspection, utilised the rehabilitation rooms as wards for five further patients on two wards. This meant that patients were unable to have rehabilitation services in these rooms. One was returned to a rehabilitation area following the CQC raising concerns. We found that medical outliers on surgical wards were not always seen in a timely manner by their admitting consultant.

The chaplaincy service was excellent for both patients and staff; however, this service was overstretched. All staff stated that they valued the support from this service. In maternity, whilst the service met most of the needs of mothers and expectant parents. The trust was achieving over 82% of women breast feeding their babies staff wanted to increase this further but lacked plans to do this.

Requires improvement



Summary of findings

Are services at this trust well-led?

Whilst the trust remains an NHS trust it is managed through a franchise agreement by Circle Partnership. The trust board has public accountability obligations as set out in the Intervention Order and the Franchise Agreement. The trust board is not mandated to hold the executive to account as a traditional trust board would do. The board holds Circle to account for meeting the conditions of the Franchise. Circle has delegated management responsibility that includes holding the Executive to account. The executive board, which manages the trust on a day-to-day basis, consists of eight directors and eight clinical leads, including the chief executive officer. The trust's governance is derived from the Franchise Agreement and Intervention Order approved by the Secretary of State for Health, which aims to drive continuous quality improvement (CQI). This system involves three meetings per month reviewing governance, performance and finance, attended by representatives from each clinical area the chief executive and members of the executive team. Reports are then collated and discussed with the Circle Partnership, the NHS Trust Development Authority and Clinical Commissioning Group.

We attended an integrated governance committee meeting, at which we were told that 'confirm and challenge' was undertaken, to ensure that systems to identify weaknesses and improvements were enacted. However, we did not find that the challenge was robust, nor were trends analysed, or conclusions and actions sufficiently drawn from these at this meeting.

Performance and quality issues were also discussed in the Performance and Commissioning Board, which we did not attend, and are supported by a data pack. Local Performance is discussed within the divisions at monthly Divisional Performance meetings. The CQC were not present at any of these meetings but received evidence of this during the inspection. The CQC was informed that plans were in place to amalgamate these two meeting groups in October, to improve the clarity of governance. The trust told us that the first amalgamated meeting was held in October 2014, as planned.

We found that there were significant care issues on one ward, Apple Tree ward, which we identified immediately upon inspection and which were not identified through review of performance dashboards, nor were they raised at this meeting. We also found through discussions with the chief executive, trust board and Circle Partnership management that there were not clear lines of, nor an understanding of roles in respect of the challenge and authority of each body in terms of how the individuals making up those bodies were to be held to account. Both the Circle management team and

Inadequate



Summary of findings

the trust board told us that the other was responsible for holding the trusts executive team to account. We considered that the governance systems in place were not sufficiently robust. Despite mechanisms put in place by the trust staff reported that they did not always receive feedback from the executive team meetings.

We found that the lessons learnt from a previous incident, which had taken place on Juniper ward, had not been cascaded across the trust. The trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until a major incident was instigated. The outcome of the incident had not resulted in performance data being robustly challenged, or actions altered to identify and resolve potential areas for concern. We found that actions approved through the governance framework were not embedded on Juniper ward and that current governance frameworks had not indicated the potential issue.. The above matters indicated failings in the current system of governance and monitoring of performance at the trust in terms of effective risk management both in terms of identifying and managing risks.

The initiative of 'Stop the Line' was positive in philosophy, but was not in practice throughout the trust. Indeed, some staff told us that they had been actively discouraged by managers from calling a 'Stop the Line' meeting and we experienced directly a situation in which the Stop the Line initiative was not used by staff and CQC had to raise the matter directly and immediately with the trust management in order to escalate it appropriately. Some staff told us that whilst they had been consulted about the running of the trust, the trust management team had failed to act on or to explain why changes suggested had not materialised.

We found that this was a medically-led organisation, and we were concerned at the difficulty in ensuring that the important voice of nursing staff was heard and enacted, thus impinging on the quality and safety of care for patients. The current director of nursing had only been in place for 14 weeks at the time of our inspection, and had little support structure in the form of senior nurses.

Since our inspection the trust has been working with the support of the Trust Development Authority (TDA) to address these issues. Actions the trust have taken include:

- Implementation of a daily assurance tool to highlight vulnerable patients and to raise issues on each ward and department with the senior management team
- Commissioned a review of governance structures to ensure that they are robust and fit for purpose

Summary of findings

- Included two members from the Circle board at all governance meetings
- Appointed a permanent Executive Director of Governance and Risk who sits at director level.
- Reviewed the metrics used to inform governance meetings
- Working with local patient bodies to increase oversight and scrutiny
- Reviewed the incident reporting mechanisms and expansion of the Datix system.
- However we received concerns concerning the death of a patient and when contacting the trust the senior team were unaware of this patient's case being referred to the coroner. We continue to be concerned regarding the reporting mechanisms at the trust.

Vision and strategy for this trust

- The vision for the trust was clearly articulated by staff and executive members of the management team.
- The vision for the trust was to be one of the top ten district general hospitals in the country.
- The trust met with a large number of employees to set the annual business plan. Staff confirmed that they had met to decide these and the 16 point plan to achieve the vision for the trust.
- The trust had four objectives which included being in the top ten in areas of clinical outcomes, patient experience, optimal values, and staff engagement. Staff were encouraged to see how they played their part in achieving this.

Governance, risk management and quality measurement

- The governance structure enabled monthly meetings in the areas of performance, finance and integrated governance. These meetings were attended by trust executive board, trust board representatives, members of the clinical directorates and representatives from the patients, a total of 34 people. However, by June 2014, only nine members had attended all meetings, 15 members had attended less than three quarters of the meetings, and six members had not attended any meetings. This meant that there were gaps in the reporting into the governance structures and the trust may not be aware of the issues of concern.
- We attended part of the integrated governance meeting as we were told by the chief executive and other senior staff that this is where confirm and challenge takes place. We attended this meeting for approximately 1.5 hours and found that there was

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no robust challenge from other members of the meeting or trend analysis occurring at the meeting we attended. For example, the medical directorate stated that they had seen an increase in falls, and that they were taking steps to address this. A further directorate reported that they had also seen a rise in falls, but there was no discussion about what the trust as a whole could do, to support these two directorates in managing a reduction in falls, or to raise awareness across the trust. The trust stated that this discussion had been held at the Performance and Commissioning Board meeting however we were unable to confirm this.

- We interviewed both the trust board and senior members of the Circle Partnership in relation to the governance structures within the trust. The trust board told us that their remit was clearly defined in the agreement through the Franchise Agreement. They stated that the trust's executive team was held to account by the Circle Partnership team through the Franchise Representative on a day to day basis. The trust board saw themselves as a critical friend to the trust. However the trust's website states that the trust board is responsible "for the performance management and monitoring of the franchise and 'reserved matters' set out in the Franchise Agreement and the Intervention Order signed by the Secretary of State." We interviewed members of the Circle partnership senior team who stated that the trust board were responsible for holding the trust to account. Whilst we appreciated that the accountability arrangements in this trust were different it remained unclear who was responsible and who was actually holding the trust and individual members of the executive team to account for its performance and monitoring of quality.
- The trust employs an initiative called 'Stop the Line', which aims to empower any member of staff to raise concerns regarding patient experience or safety. We spoke to all staff who were interviewed and met in focus groups about this initiative. We found that there was an unwillingness amongst staff to call their colleagues to 'Stop the Line' as they felt that they would not be listened to, that they could be blamed for the problem, or that they were actively discouraged to actually 'Stop the Line'. When we found a significant failing (which is explained further in the location report for Hinchingsbrooke Hospital), we found that the matron was unwilling to call 'Stop the Line' as they wished to sort the issue out themselves. Even during the discussion of this issue with the CEO, it was the CQC who called a 'Stop the Line', not the trust. Subsequent to this, we attended a swarm held to address urgent issues. 'Swarms' aim to gather all the relevant people together to discuss a matter of particular

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importance. We found this meeting to be focused on the identification of the people involved in the incident and blame, not in supporting learning, resolution of issues, development of individuals or in understanding how the issue had arisen. Thus, the swarm was unlikely to enable this problem to be avoided in future or allow for similar issues to be raised for discussion.

- The trust has a quality dashboard which it reviews at the integrated governance meeting. This included infection control measures, staff appraisal training and sickness, and medication issues. We were told that robust challenge was made through the integrated governance committee meetings; however, through reviewing previous minutes and attendance at the relevant part of this meeting, we did not see any form of challenge to areas which were rated red on these dashboards, to a level required for any form of assurance.
- Previously, In July 2014, there had been an issue in relation to the level of care provided on Juniper ward. All leaders were now aware of this issue and were able to discuss what action had been taken. Both the trust board and members of Circle partnership discussed this ward and the actions taken with us. The trust board stated that they received regular reports through the governance system on the actions taken in respect of concerns raised. We asked what if anything had alerted them to the issues on Juniper ward in the first place. The trust board and the Circle Partnership were unaware of significant issues threatening the delivery of safe and effective care on this ward until a major incident was instigated. Internal systems had not highlighted that there was significant issues on the ward which required urgent action by the trust. The executive board members confirmed this to be the position. This highlighted that governance systems were not robust or sensitive to highlight potential issues within the hospital before they become significant and effect the delivery of safe and effective care. These concerns were confirmed when we identified similar concerns on Apple Tree ward and other wards at the hospital which the trust had not identified through its integrated governance system.
- Clinical leads were allocated six hours per week to perform their duties as clinical lead; however, there was general acknowledgement that all clinical leads worked extra hours necessary in their own time. This reliance on dedication, rather than recognising the necessary support and time required, potentially impaired the ability to run a hospital with the complex problems that an acute NHS trust will experience.

Summary of findings

Leadership of trust

- There was a new leadership structure in place. Each division was led by a clinical lead, a head of nursing and a manager. This triumvirate reported in through the separate committee meetings to the executive board in addition to the monthly divisional performance meetings to review performance and quality issues. However, some of these leaders, whilst often passionate, were new and inexperienced and did not feel that they had the level of support to undertake their new roles.
- Middle managers interviewed were positive about the changes made to the structure of the trust leadership.
- The senior management team were well known and recognised on the ward areas.
- The chief executive continued in clinical practice as a gynaecologist.
- The trust board was involved in governance meetings within the trust and provided some critical challenge at these meetings.
- We found that the senior medical staff were involved in the management and review of the hospital, but that the nursing voice was less well established. The chief nurse was relatively new in post and was not well supported through nursing structures at the time of the inspection. Since the inspection an interim deputy director of nursing has been appointed. This is not a reflection on the abilities of the Chief Nurse but a reflection of the fact that she was new in post and was not adequately supported to champion the nursing voice.
- Some senior nursing staff were reluctant to involve the senior management in resolving issues and in calling a “stop the line” as evidenced in Apple Tree ward and through our discussions with them in other areas. For some this was because they reported that they were dissuaded from doing this and in other cases this was because they did not want to be seen to be not managing their areas.

Culture within the trust

- The culture within the organisation was stated to be that every member of staff had accountability and ownership of the collective goals, objectives and aspirations. However, we found that not every member of staff embraced, nor was enabled, to live this culture. This was evidenced by the reluctance to call a “Stop the Line.”
- We attended a Swarm which occurred following CQC calling a “Stop the Line.” CQC inspectors considered that this swarm, whilst addressing the issues raised, was concerned with the

Summary of findings

identification of the people involved and reassurance that they were not contracted members of staff. Once identified the swarm was reassured that its own trust staff had not been involved in the incident but failed to recognise that staff had not appropriately supervised these members of staff. This raised concerns that there was a blame culture at the hospital.

- Whilst staff felt engaged in the discussion and planning for changes, they felt that these failed to materialise, and they did not understand why their issues had not been addressed. An example of this was evident throughout groups we spoke to where staff had ideas to improve practice but these had not been taken on board by the trust. This was evidence of a disconnect between the senior team and the staff working at the patient interface.
- The staff survey showed that staff felt bullied and harassed by managers (the hospital performed significantly worse than the national average), were not appraised in the last 12 months, and staff were not engaged or satisfied at work.
- The local pulse survey undertaken in May 2014 showed that whilst increases were noted in the categories relating to recommending the trust to friends and family, care of patients is a top priority, and support from line managers, the questions relating to recognition for a job well done, being able to do a good job, and being able to make improvements, had decreased amongst staff. In respect of making improvements to the work undertaken, the staff response fell from 71% of staff who felt they could make improvements when they were asked in the staff survey, to 55% in the pulse check.
- Staff spoken to at the inspection felt that the hospital provided a good level of care and they would recommend it to their friends and family. They enjoyed working at the trust, despite the fact that they did not always feel involved in decisions being taken.
- Once the serious issues we identified had been highlighted to the trust, the management team delegated the senior nurses to speak with patients and their families affected as the trust determined that these staff were best placed to do this.

Public and staff engagement

- The trust management actively sought the views of a large number of employees as to the direction for the trust in the coming year. A series of meetings are held across the trust in order that staff can input their views into the 16 point business plan.
- The trust has many volunteers, who seek the views of patients and the public.

Summary of findings

- There is a patient representative who sits on the integrated governance board, and is able to express the views of patients in this forum.
- The trust works well with local Healthwatch, and responds in a timely manner to questions asked of them. This was confirmed during our meetings with the local Healthwatch.
- Understanding of Safeguarding, Deprivation of Liberty, and the Mental Capacity Act was limited across the ward areas. This means that patients did not always benefit from a service which reflected their best interests.
- The chief executive presented an initiative called 'Take a Break' where he would go and take a break with staff; he felt this was a popular programme. However, when speaking to staff, very few of them were aware of this initiative.
- The trust had a large number of volunteers working within the hospital. These included ex patients and ex members of staff. The volunteers provided an excellent service to people using the hospital. However it was unclear as to what feedback they themselves provided to the trust.

Innovation, improvement and sustainability

- Whilst staff had input into the vision and values of the trust, not all initiatives were embraced by staff. An example of this is the 'Stop the Line' initiative.
- Having interviewed the trust board and the Circle Partnership leaders, we could not be assured that the roles of these bodies in providing 'confirm and challenge' was clearly defined. This demonstrated that there was limited ability to improve or engender innovation at the trust.
- We saw little time set aside for teams to review performance indicators, and to 'confirm and challenge' each other on their performance targets. This was particularly evident in the medical and A&E department. There was a lack of ability to identify where issues may arise within the trust before a serious matter occurred.
- Being part of the Circle Partnership was stated as facilitating easy access to experts in areas of need, and allowed the trust to review practice.

Overview of ratings

Our ratings for Hinchingsbrooke Hospital

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

Our ratings for Hinchingsbrooke Health Care NHS Trust

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

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- In both maternity and critical care we noted good care, focused on patients' needs, meeting national standards.
- The paediatric specialist nurse in the emergency department was dynamic and motivated in supporting children and parents. This was seen through the engagement of children in the local community, in a project to develop an understanding of the hospital from a child's perspective, through the '999 club'.
- The support that the chaplaincy staff gave to patients and hospital staff was outstanding. The chaplain had a good relationship with the staff, and was considered one of the team. The number of initiatives set up by the chaplain to support patients was outstanding.

Areas for improvement

Action the trust MUST take to improve

- Ensure all patients health and safety is safeguarded, including ensuring that call bells are answered in order to meet patients' needs in respect of dignity, and patient's nutrition and hydration needs are adequately monitored and responded to.
- Ensure that staffing levels and skill mix on wards is reviewed and the high usage of agency and bank staff to ensure that numbers and competencies are appropriate to deliver the level of care Hinchingsbrooke Hospital requires.
- Ensure that the arrangements for the provision of services to children in A&E, operating theatres and outpatients areas provided by the trust, is reviewed to ensure that it meets their needs, and that staff have the appropriate support to raise issues on the service provision.
- Ensure records, including risk assessments, are completed, updated and reflective of the needs of patients.
- Ensure the care pathways, including paediatric pathways, in place are consistently followed by staff.
- Ensure an adequate skill mix in the emergency department and theatres to ensure that paediatric patients receive a service that meets their needs in a timely manner.
- Ensure that there are sufficient appropriately skilled nursing staff on medical and surgical wards to meet patients' needs in a timely manner.
- Ensure medicines are stored securely and administered correctly.
- Improve infection control measures in the Emergency department and medical wards to protect patients from infection through cross contamination.
- Ensure staff are trained in, and have knowledge of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).
- Ensure that patients are treated with dignity and respect.
- Ensure that all staff are adequately supported through appraisal, supervision and training to deliver care to patients.
- Ensure pressure ulcer care is consistently provided in accordance with National Institute for Health and Care Excellence (NICE) guideline CG:179.
- Ensure that catheter and intravenous (IV) care is undertaken in accordance with best practice guidelines.
- Ensure patients are treated in accordance with the Mental Capacity Act 2005.
- Ensure that the staff to patient ratio is adjusted to reflect changing patient dependency.
- Review the 'Stop the Line' procedures and whistle blowing procedures, to improve and drive an open culture within the trust.
- Standardise and improve the dissemination of lessons learnt from incidents to support the improvement of the provision of high quality care for all patients.
- Ensure that all appropriate patients receive timely referral to the palliative care service.

Outstanding practice and areas for improvement

- Ensure action is taken to improve the communication with patients, to ensure that they are involved in decision-making in relation to, their care treatment, and that these discussions are reflected in care plans.
- Review mechanisms for using feedback from patients, so that the quality of service improves.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider is failing to take proper steps to implement a safeguarding system that protects service users from the risk of harm. The provider must ensure that all complaints are identified and responded to in a timely manner. The provider is failing to implement an effective quality and monitoring system to identify potential non-compliance within the service to improve its delivery and provide care that is safe.
Diagnostic and screening procedures	
Maternity and midwifery services	
Surgical procedures	
Termination of pregnancies	
Treatment of disease, disorder or injury	