

Hinchingbrooke Health Care NHS Trust

Quality Report

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Date of inspection visit: 20 -21 October 2015
Unannounced inspections on 26 & 27 October and 5
November 2015
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 15 and 18 September 2014 at which the trust was rated as inadequate and placed into special measures. The CQC undertook a review of the areas rated as inadequate in January 2015 to ensure the safety of patients. At this inspection we rated most elements as requiring improvement although the urgent and emergency services were rated as inadequate. We undertook a focused inspection to review all areas identified as requiring improvement in October 2015 to monitor the trusts progress.

At our previous inspection the trust the trust had been privately managed by an independent company. This company withdrew its management of the trust at the end of March 2015. Since 1 April 2015 the trust has reverted to the traditional management structure of an NHS trust. A new board and new non-executive directors have been appointed. There is a new interim chief executive who replaces the previous chief executive. This has meant a number of changes have occurred at the trust since this time and we found a service in transition on inspection.

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

Our key findings were as follows:

- Due to the structural management changes that had occurred over the past six months we found a service in transition. New systems and process were in place but these had yet to be embedded.
- Staff were caring and compassionate in their care of patients.
- The emergency and medical services required significant improvement to ensure patients were protected from avoidable harm.
- Services for patients at the end of their lives required improvement to ensure that patients received a safe, effective and responsive service that was well led.

We saw several areas of outstanding practice including:

- A member of staff on Apple Tree ward had introduced 'sensory bands' for the ward's dementia patients. These were knitted pockets which would be embellished with buttons and beads etc. There was an example band on display with an explanation within the ward. The intention of these sensory bands was that patients could wear or hold them to give them an immediate focus to explore.
- Good infection prevention and control initiative including different coloured aprons for different ward bays highlighting if staff move out of these areas without removing or changing their apron.
- The chaplaincy service continued to provide an excellent service, supportive of patients, families, carers and staff.
- There was robust implementation of Duty of Candour.

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

Importantly, the trust must:

- Be able to provide assurance that all members of staff are aware of the procedure for and necessity to, report all clinical incidents and near misses in a timely and accurate manner, ensuring these are thoroughly investigated and reported externally where necessary.
- Ensure that all staff responsible for supporting the feeding of patients have had adequate training in relation to the risks associated with various medical conditions.
- Ensure the end of life risk register records all the relevant risks involved in delivering end of life care to patients in the hospital setting.
- Ensure patient outcomes are monitored and audited and the information is used when reviewing the service.
- Ensure that there is a robust incident and accident reporting system in place and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.
- Ensure the service has an effective governance and risk management systems that reflect current risk and is understood by all staff.

Summary of findings

- Ensure that environmental risk assessments are undertaken to ensure that mental health patients are safe from ligatures and self-harm within the department.
 - Ensure that there is an effective process for monitoring ECGs and observations to ensure the safety of patients.
 - Ensure that there is an immediate review of the environment and provision of children's services.
 - Ensure that the time to treatment from a clinician in the emergency department is reviewed and times to treatment are improved.
 - Ensure that the triage process for ambulance arrivals is received to ensure that the pathway for patients is safely and times of assessment accurately recorded.
 - Ensure that infection control practices within the emergency department are improved.
 - Ensure that the processes for the checking of equipment in the emergency department is improved and safe for patients.
 - Ensure that allergies are recorded on medicines charts.
- On the basis of this inspection I have recommended that Hinchingsbrooke Health Care NHS Trust remains in special measures.

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 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. This means that the traditional system of governance in NHS hospitals does not apply to Hinchingsbrooke Hospital, as the trust management have adopted the 'Circle approach'. This

approach aims to empower all members of staff to take accountability and responsibility for the planning and implementing of a high quality service, to ensure a caring approach to patients through strong clinical leadership.

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.

Our inspection team

Our inspection team was led by:

Chair: Helen Coe, Director of Operations, Frimley Health NHS Foundation Trust

Head of Hospital Inspections: Fiona Allinson, Head of Hospital Inspection, Care Quality Commission

The team included seven CQC inspectors and two board level executives from CQC. A variety of specialists made up the team including: three consultants, nine nurses and a board level nurse and an expert 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 inspection took place between 20 and 21 October 2015, with unannounced inspections on 26 and 27 of October 2015 and 5 November 2015.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital.

We held a listening event on 20 October 2015, 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 spoke with staff working in patient care areas and in the management teams. 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 balanced views and experiences of the quality of care and treatment at Hinchingsbrooke Hospital.

Summary of findings

What people who use the trust's services say

The NHS friends and family test shows that 95% of patients receiving care would recommend the trust to others. September 2015. This has been a consistent theme following our inspection in January 2015.

In the Cancer Patient Experience Survey 2013/14 the trust scored in the top 20% of trusts for 13 indicators, in the middle 60% for 18 indicators and in the bottom 20% for 3 indicators.

In the CQC inpatient survey 2014, the trust scored about the same as other trusts for questions relating to caring. The number of written complaints increased in 2013/14 compared to previous years.

In the Patient-led assessments of the Care Environment (PLACE) the trust scored similar to the England average for cleanliness, food and facilities and better than the England average for privacy, dignity and wellbeing.

Facts and data about this trust

Trust information 2014/2015

Beds (July 2015): 297

- 244 General and acute
- 42 Maternity
- 11 Critical care

Staff (July 2015) 1502.74 WTE

- 187.46 Medical
- 477.35 Nursing
- 837.93 Other

Revenue: £108,966,391

Full Costs: £122,763,210

Surplus (deficit) - £13,796,820

Activity Summary (Acute) 2014/2015


In patients: 38,209

Outpatients attendances: 164,044

Emergency attendances: 43,244

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated the safety of services overall as requiring improvement because:</p> <ul style="list-style-type: none">• We rated the service in the urgent and emergency care services as inadequate because of concerns around infection control, safety of patients with mental health issues and risks to the potentially deteriorating patient.• In medicine the service was also rated as requiring improvement due to the lack of assessment of patient risk including hygiene control mechanisms and allergies to medications.• Nurse staffing levels were having an impact on the safety of care for patients.• Lessons were not always being learnt from incidents in a consistent way throughout the areas inspected. <p>However, we found a proactive senior management team who were receptive to immediate feedback and had, by the time of our unannounced inspection developed an action plan to address immediate concerns. However, these improvements were yet to be embedded.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• Staff understanding of the duty of candour responsibilities was variable across the services inspected.• During our inspection we noted an incident which required the duty of candour to be implemented. We reviewed this patients medical notes and found that discussions with the family were well documented. We found that senior staff had enacted their responsibilities under this regulation in accordance with their own policy. <p>Safeguarding</p> <ul style="list-style-type: none">• Staff received safeguarding training across the services. Attendance with this training was good.• At our inspection in September 2014 we were concerned about the level of awareness of issues that may be classed as safeguarding and the trusts response to these incidents. However during this inspection we found that awareness had increased significantly and that there was good interaction at both a trust and local authority level in respect of safeguarding.	<p>Requires improvement</p> 

Summary of findings

- Staff reported that following our inspection in September 2014 they felt more empowered to raise concerns around safeguarding of individuals.

Incidents

- Staff were aware of incident reporting and reported appropriately.
- Incidents were graded appropriately within the trust.
- The sharing of lessons learnt was inconsistent across the trust. For example in the urgent and emergency care services we saw good examples of learning from incidents, however this was not as robust in medical services. The knowledge of lessons learnt was particularly poorer amongst medical staff.

Staffing

- There were a number of nursing vacancies which impacted upon the safe care patients received. The trust used bank and agency nursing staff to plug gaps in the nursing rota. However there were insufficient staff nurses on duty at night time in the emergency department with three nurses on duty overnight. We raised this concern with the senior management of the trust who had reviewed and looked to increase the permanent establishment of staffing overnight and alter some twilight shifts to stagger late night finishes to improve staffing at night.
- The trust took steps to mitigate the risk associated with using agency staff by ensuring that they had an induction to the ward area and that they regularly used the same staff.

Are services at this trust effective?

We have rated the effectiveness of the services provided at the trust as requiring improvement because:

- National audits were not always in line with expected outcomes.
- Implementation of national guidance was not always robust.
- Local audit plans were not in place
- Minimal progression to improve or assess the effectiveness of end of life care services.

Evidence based care and treatment

- At the last inspection in January 2015, we found the trusts bereavement care policy was reviewed in September 2014, but still contained reference to the Liverpool Care Pathway as a related policy and procedure. This could be confusing for staff, as this pathway was no longer in use throughout the trust. At this inspection this policy had not been reviewed or amended.

Requires improvement



Summary of findings

- In January 2105, staff told us a number of initiatives were being rolled out throughout the trust to support NICE guidance. One initiative was delivering training to ward staff on the “Amber care bundle”. At this inspection we found that this training was being delivered by one bank nurse and availability of this training was poor.
- The trust was not adhering to the NICE or CEM protocols for head injuries or acute asthma in all cases.
- We examined 11 ECG test results and saw that these had not been reviewed, signed, dated and timed by medical staff in nine cases. There were also no entries on the electronic record system of review of the ECG results.

Patient outcomes

- In urgent and emergency services the trust scored around the national average in all but the sepsis audit which there had been a marked decline in results.
- Audits within medical service showed a mixed picture with readmission rates and diabetes care better than the national average but outcomes for patients suffering heart attacks or strokes seeing a declining trend. Some of the data on stroke care could not be analysed as there was insufficient data.
- In surgical services most outcomes were in line or better than national expectations.
- In end of life care services results from national and local audits were poor.

Multidisciplinary working

- There was good evidence of multidisciplinary working across the trust. We saw some positive interaction between different disciplines of staff which enhanced patient care.
- We also noted some positive working with services outside of the hospital such as mental health and safeguarding services.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- We found that whilst most staff had received training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), assessments had not always been appropriately.
- Records showed that patients signed consent forms before procedures were undertaken. Three patients we spoke with told us they had been asked for consent prior to a procedure and where given the necessary information.

Summary of findings

Are services at this trust caring?

Good



We found that caring was good because:

- At our inspection in September 2014 we found that staff were not always as caring to ward patients as they could be. We found some instances of staff being emotionally unsupportive towards patients. In January 2015 this had improved. At this inspection we found that the culture amongst staff had improved and patients were treated with dignity and respect.
- Most patients and relatives felt that they understood and were involved in their care.
- The chaplaincy service was excellent at supporting both staff and patients and their families in providing emotional support.

Compassionate care

- Whilst in some areas response rates were poor we found that overall ratings were improving in the NHS Friends and Family Test.
- Comment cards received from the post boxes CQC supplied to the trust prior to our inspection showed generally positive comments. We received 200 responses from the patients and their family in this way.
- We saw and heard positive engagement from staff to patients.
- Patients reported that they were treated with compassion and that their privacy and dignity was respected.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with told us that they were involved with their care and making decisions though one person said that despite daily ward rounds, they felt the plan changed each time.
- The National Care of the Dying Audit (May 2014), results showed the trust scored 92% which was better than the England national average of 75% in relation to health professional's discussions with both the patient and their relatives/friends regarding their recognition that the patient was dying. However we could not always evidence this in the notes recorded in the patients' medical records.
- A relative on Juniper ward stated, "The little things make the difference". They explained that their mother liked a light left on a night. The night staff were informed at handover and this was accommodated.

Emotional support

Summary of findings

- There was an active chaplaincy service throughout the trust that provided pastoral, religious and emotional support to patients, relatives and staff. The chaplains regularly visited all wards and departments. They had a separate telephone number for urgent messages.
- Although specialist palliative care nurses were trained in advanced communication to ensure sensitive discussions could take place, most staff at ward level, including doctors were not. This meant that when the specialist palliative care team were not available, patients, and their relatives/representatives may not have been given the opportunity to be involved in communication and decisions about treatment and care to the extent that the dying person wants.

Are services at this trust responsive?

We rated the responsiveness of the trust as requires improvement overall because:

- Delays in accessing end of life care services.
- Delays in discharge despite having a dedicated services to support a timely discharge.
- The number of bed moves overnight
- The trust was not consistently meeting the four hour standard. On review we found that the management and monitoring systems which under pin the flow towards four hours were not being achieved, which meant that the non-achievement of the standard was not only linked to the available bed capacity in the trust.

However we also found:

- That individuals needs were met through an increasing number of specialist nurses to meet the needs of patients.
- Improvement in the length of stay for some patients.
- Good practice in meeting the needs of patients with dementia. A member of staff on Apple Tree ward had introduced 'sensory bands' for the ward's dementia patients. These were knitted pockets which would be embellished with buttons and beads etc. There was an example band on display with an explanation within the ward. The intention of these sensory bands was that patients could wear or hold them to give them an immediate focus to explore.

Service planning and delivery to meet the needs of local people

Requires improvement



Summary of findings

- The ambulatory care unit provided care to patients directed there from the emergency department as well as GP referrals. It provided prompt treatment and had a direct impact on the reduction in the length of stay of patients at the trust.
- The children and young people's areas department was not fully compliant with standards for 'Children and Young People in Emergency Care Settings 2012'. We saw that the children's department was not dedicated only to children and young people. This meant that children waited in the general A&E waiting area, were triaged in the same system as adults, and were treated in areas where adults were seen. At the time of our inspection we observed prisoners from a local prison attending the waiting room and were in the same area as the children.
- The interventional radiology service ceased following staff retirement, which resulted in a prolonged patient pathway, as patients have to transfer to another local provider. This was on the corporate risk register in February 2015, due to the risk of delay of patient diagnosis. An agreed pathway was in place with support from another local provider and appointment of locum radiologist.

Meeting people's individual needs

- There was a named nurse for learning disabilities and staff had received training in understanding learning disabilities and complex needs. The nurse was available Monday to Friday, however information is available to staff on the intranet to support them with a patient who has complex needs if required.
- The trust had a learning disability liaison nurse that provided support to the wards. There was one patient on Juniper ward with learning disabilities. The ward sister had requested a review by the specialist nurse and this took place within 24 hours of the request.
- There was a translation service available for staff to access and this could be booked for elective patients when staff knew that this might be required beforehand. At short notice, a telephone service was available.
- Speech and language therapy were only commissioned to provide care for patients with dysphagia and not dysphasia. This meant patients who had a stroke or required this service could not be sure of receiving it at the trust. Dysphasia is a common symptom following stroke. Only two nurses were trained to undertake basic swallow assessments.

Summary of findings

- Physiotherapy staff were only commissioned to provide care for ten days following a stroke. They were then required to apply to continue therapy for individual patients or provide unfunded care.

Dementia

- The trust has a named nurse for dementia and the service had access to this person Monday to Friday where needed for advice and guidance.
- A member of staff on Apple Tree ward had introduced 'sensory bands' for the ward's dementia patients. These were knitted pockets which would be embellished with buttons and beads etc. There was an example band on display with an explanation within the ward. The intention of these sensory bands was that patients could wear or hold them to give them an immediate focus to explore. The process was that a risk assessment was to be carried out on each patient before they were provided with a sensory band.

Access and flow

- The trust struggled to meet the 95% target for patients being seen in the emergency department within 4 hours. Between April 2015 and June 2015 the trust did not meet the target for 11 out of 13 weeks but improved from mid-June onwards. The trust was averaging 75-90% between June and September 2015.
- The trust was consistently meeting Referral to Treatment Time (RTT) targets for medicine.
- Trust data showed that length of stay had been reduced by one day in the preceding seven months with a focus on reducing delayed transfers of care and shortening the time needed to have radiology investigations completed.
- The percentage of patients whose operation was cancelled and were not treated within 28 days was generally lower than the England average but was higher in quarter two 2014 to 2015.

Learning from complaints and concerns

- There was a variety of methods used to inform staff of patient complaints. On Juniper ward there was a feedback folder containing compliments and complaints from patients and relatives. It was kept in the staff room and easily accessible to all staff to promote continual learning.
- On Juniper ward staff were proactive in engaging with relatives. There had been a complaint received regarding poor communication, pain relief, care of invasive monitoring and feeding lines and care of the dying patient. The ward matron

Summary of findings

had contacted the family provided updated information regarding changes and had asked them to attend the next team-building day to talk directly with the team about their experience.

- We saw during one shift 'huddle' that a recent complaint was fed back to staff with the outcome of the investigation. A further ward told us they carried out this practice to cascade information to staff.

Are services at this trust well-led?

The senior management team at the trust were rated as requiring to make some improvements in terms of being well led because:

- The interim chief executive had only been in post for six weeks prior to our inspection. Changes were being made but these were not yet embedded.
- The governance process was not yet embedded and although early results were generally more positive this was still being refined.
- Further organisational development work was being undertaken at the time of our inspection.
- Visibility of the senior leaders could be improved. Whilst the Director of Nursing, Midwifery and quality was visible nursing teams did not feel that the voice of nursing and strategy for nursing was clear.
- Staff voice was not always captured through engagement with staff.
- The leadership in the urgent and emergency care services were rated as inadequate and end of life services leadership had only recently begun to improve.

However we also found that:

- Staff felt valued and respected by the senior team.
- Many staff reported that things had got better and morale had improved.
- We saw a drive and enthusiasm to change practice at the trust to improve care given to patients.
- Staff felt empowered to speak out when they had concerns.

Vision and strategy

- The vision for the trust remains to be a top 10 hospital. There were many flyers, posters and information about the vision on display throughout the hospital. These had been refreshed following the return to a NHS management structure.
- The values of the organisation were derived from suggestions by members of staff and pledges made to the patients were

Summary of findings

also chosen by staff who worked at Hinchingsbrooke Hospital. The pledges to the staff from the management at the trust were chosen by the executive team and represent the values of the organisation.

- Staff were aware of the values and vision of the organisation, although many appreciated that the trust was on a journey to meet these.
- The senior team were aware and able to clearly articulate the vision. However, the strategy that underpinned the achievement of the vision was not yet clear and well articulated.
- Nursing staff felt that they were unclear of the strategy for nursing at the trust. This was new in place and yet to be understood and embedded into the nursing teams.

Governance, risk management and quality measurement

- A new governance framework had recently been introduced and only one or two meetings described in this framework had taken place. However senior executives were able to clearly articulate the risks within and externally to the organisation. They were able to share action plans to address these risks and discuss actions taken.
- The new framework was praised by all senior staff as providing good robust reassurance to the senior team and the board. However this was yet to be fully implemented. We attended part of a board meeting and saw appropriate challenge by executive and non-executive members.
- Each of the divisions will be managed by a tripartite of managers from operations, medical and nursing. These positions had been filled and were working towards an implementation date in April 2016. However in practice these managers were taking responsibility for the new divisions within the hospital reporting on performance and quality to the relevant committees and to the board.
- Staff were clear about their accountability and reported issues of concern. We saw that the trust had learnt from previous experiences and took appropriate action. One such instance was a whistle blowing concern that came from a member of staff to the trust and the trust were able to demonstrate that appropriate action had been taken to address these issues.
- There were good systems of management of incidents although staff remained unclear about how these were reported to the board. The board reviewed any never events and issues of concern at board meetings along with hearing the patient story.

Leadership of the trust

Summary of findings

- The executive leadership of the trust apart from two members are relatively new to the trust. The chief executive was appointed as an interim in September 2015. However whilst new they demonstrated the skills and experience to undertake the role.
- A number of posts in the senior team are interims and whilst ensuring that the daily functions are delivered and a strategy for the future is planned this remains unsettling for the trust. However it is anticipated that key roles will be appointed to by January 2016.
- Organisational development work undertaken ensures that there is no loss of organisational memory with the changes to the trust in resources and in structure. This will ensure that the team are cohesive and work well together.
- Most staff report that the leaders are visible however more could be done to improve their visibility and engage with all staff.
- Leaders within the trust are aware of what good care look like and there is increased interaction with other NHS providers to strive to achieve this.

Culture within the trust

- Staff were keen to develop services and we saw some improvements during our inspection period. However we recognise that a culture takes time to improve and the senior team are actively working on the culture of the organisation.
- Middle layers of management felt valued and respected by the senior team. However we heard some positive changes that could be made and care improved from all areas of staff and more could be done to capture these to improve services and culture within the trust.
- The senior team have ensured that behaviours are in line with the trusts values and were able to evidence where action had been taken to address issues with these at all levels of staffing.
- The trust has pledged to ensure that all staff are supported, appreciated and respected. We heard of a number of initiatives to do this. These included conversations with groups of staff, executive development programmes and a Top 50 Forum to encourage staff to feel engaged in the change programme.
- We saw evidence of when the trust had been open and honest with patients and their loved ones. Staff were positively encouraged to discuss issues with patients and their loved ones when incidents occurred.

Fit and Proper Persons

Summary of findings

- The trust has taken steps to meet the fit and proper persons test. A policy is in place and staff files are reviewed to ensure that they have information to meet this requirement.
- We reviewed five files of senior personnel and found that four of the five were completed appropriately. One file as of a recent appointment and some of the information was held by a third party.
- The chairman of the trust was aware of the responsibilities of the fit and proper person test and had ensured that an individual had responsibility to ensure that appropriate checks were undertaken on senior staff.

Public engagement

- The trust engages with patients through a number of initiatives including patient forums and the use of volunteers to gain experiences of patients.

Staff engagement

- The staff had inputted into the values of the trust and had made a pledge to patients to ensure that they were kept safe, treated with compassion and respect.
- At our inspection in September 2014 we found that staff were wary of raising issues with the management team through the "stop the line" process. However at this inspection we heard from staff that they felt able to raise issues with the senior management team. We saw evidence of when a member of staff had blown the whistle over concerns they had. The trust acted quickly to investigate these issues and although anonymously sent ensured that all staff were aware of how they had addressed these issues. This showed a developing culture of staff engagement without fear of speaking out.
- The senior team were well known to the staff and most felt able to raise issues directly with the senior team. However some staff felt that the director of nursing was not as visible as she could have been.

Overview of ratings

Our ratings for Hinchingbrooke Hospital

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

Our ratings for Hinchingbrooke Health Care NHS Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

- A member of staff on Apple Tree ward had introduced 'sensory bands' for the ward's dementia patients. These were knitted pockets which would be embellished with buttons and beads etc. There was an example band on display with an explanation within the ward. The intention of these sensory bands was that patients could wear or hold them to give them an immediate focus to explore.
- Good infection prevention and control initiative including different coloured aprons for different ward bays highlighting if staff move out of these areas without removing or changing their apron.
- The chaplaincy service continued to provide an excellent service, supportive of patients, families, carers and staff.
- There was robust implementation of Duty of Candour.

Areas for improvement

Action the trust **MUST** take to improve

- Be able to provide assurance that all members of staff are aware of the procedure for and necessity to, report all clinical incidents and near misses in a timely and accurate manner, ensuring these are thoroughly investigated and reported externally where necessary.
- Ensure that all staff responsible for supporting the feeding of patients have had adequate training in relation to the risks associated with various medical conditions.
- Ensure the end of life risk register records all the relevant risks involved in delivering end of life care to patients in the hospital setting.
- Ensure patient outcomes are monitored and audited and the information is used when reviewing the service.
- Ensure that there is a robust incident and accident reporting system in place and that lessons learnt from investigations of reports are shared with staff to improve patient safety and experience.
- Ensure the service has an effective governance and risk management systems that reflect current risk and is understood by all staff.
- Ensure that environmental risk assessments are undertaken to ensure that mental health patients are safe from ligatures and self-harm within the department.
- Ensure that there is an effective process for monitoring ECGs and observations to ensure the safety of patients.
- Ensure that there is an immediate review of the environment and provision of children's services.
- Ensure that the time to treatment from a clinician in the emergency department is reviewed and times to treatment are improved.
- Ensure that the triage process for ambulance arrivals is received to ensure that the pathway for patients is safely and times of assessment accurately recorded.
- Ensure that infection control practices within the emergency department are improved.
- Ensure that the processes for the checking of equipment in the emergency department is improved and safe for patients.
- Ensure that allergies are recorded on medicines charts.