

# Hinchingbrooke Health Care NHS Trust

## Quality Report

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Date of inspection visit: Announced inspection: 10-11th May 2016. Unannounced inspection 20th May 2016.

Date of publication: 11/08/2016

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

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

# 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 or inadequate in October 2015 to monitor the trusts progress. We returned on 10 May 2016 to monitor whether the improvements seen at the previous inspection were sustained.

Since 1 April 2015 the trust has a traditional management structure of an NHS trust. The trust has a trust board and with non-executive directors. The chief executive has now been in post for nearly 10 months. The changes that had been put in place were beginning to embed and staff were aware of the process for escalating issues to the senior team. The trust were aware of challenges and had plans in place to address these. We were aware of ongoing talks with a neighbouring trusts about efficient use of resources across the county.

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 'Good'.

Our key findings were as follows:

- Most new systems and process were in place and these were embedded. Senior managers could articulate risks both internal and external to the organisation.
- Some new systems in processes in the emergency department such as triaging patients arriving by ambulance were yet to be embedded.
- There was an increased emphasis on incident reporting and disseminating learning to all areas of the trust though there were some delays in reporting incidents in surgery.

- Medicines were well managed across the trust with consistent processes to investigate concerns.
- Staff were caring and compassionate in their care of patients.
- Organisational development work had significantly impacted on the trusts development into a learning organisation.
- The emergency department continued to be under pressure through increasing volumes of attending patients and small numbers of emergency care consultants.
- The care of patients with a mental health condition was improved in the emergency department.
- There was an increased programme of audit including stroke audit though performance against some audits in the emergency department was below the England average.
- Referral to treatment times (RTT) were met for medical and surgical patients.
- There were clear visions for the services and visible leadership within the divisions.
- The trust and individual divisions were working with other providers and stakeholders on sustainability and transformation plans. Staff and managers had plans for improving care pathways though there was some anxiety amongst staff about collaborative working with other providers.
- There was a detailed end of life strategy in place which had received additional resourcing to meet the needs of patient and their relatives.

We saw several areas of outstanding practice including:

- The trust employed an Admiral Nurse to support people living with dementia, their relatives and carers as well as staff. This was one of only five Admiral Nurses in acute trusts in England.
- Staff worked with a local prison where consultants review patients that are at the end of their lives and work with prison and hospital staff to ensure that patients were safely admitted to the hospital or referred to the local hospice.

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

Importantly, the trust must:

# Summary of findings

- Ensure that there are sufficient numbers of suitably qualified, skilled and experienced medical staff on duty in the emergency department. Also ensuring that there are robust contingency plans and which forecast shortages and ensure that sufficient cover is provided.
- 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, particularly blood glucose and anaphylaxis boxes, in the emergency department is improved and safe for patients.
- Review the environment and provision of children's services and where children are treated.
- Ensure that records are used in a consistent way across wards, that they are contemporaneous; reflect patient needs and appropriate actions taken following risk assessment.
- Review the relative risk of readmission for surgery patients as data shows this to be significantly above the England average.
- Review the complaints process and the time taken to provide people who complain with a full response.
- Should ensure that audits are undertaken locally within the emergency department to improve quality measurement and assurance.
- Should ensure a consistent monitoring of preferred place of death for patients receiving end of life care.
- Should ensure that there is a clear target for fast track discharge of patients requiring end of life care and ensure consistent monitoring of the timeliness of these discharges.

In addition, the trust should:

- Review the observation and seating arrangements for the children's area to ensure parents and children only sit in this areas.
- Should ensure that fridge temperatures are routinely checked.
- Should allow staff to attend and receive updated mandatory training.
- Review the need to monitor the culture of staff within the emergency department.

Based on the findings of this inspection I would recommend the trust be removed from special measures. However I would recommend that ongoing support continue during this period of transition.

**Professor Sir Mike Richards** Chief Inspector of Hospitals

# Summary of findings

## Background to Hinchingsbrooke Health Care NHS Trust

Hinchingsbrooke Hospital is an established 289 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 has the traditional system of governance in NHS. The trust had previously been managed by a private provider. The ethos of empowerment of staff remained at the

hospital and the “stop the line” initiative was still in use. This allowed anyone to raise issues immediately with the senior team. We found that this system was now working well within the hospital.

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:** Jane Barrett, Chair Thames Valley Clinical Senate

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

The team included seven CQC inspectors and a pharmacy inspector from CQC. A variety of specialists made up the

team including: a nurse specialist in; emergency medicine, medical assessment, surgery and end of life care 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 10 and 11 May 2016, with unannounced inspection on 20 May 2016.

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

We did not hold a listening event on this occasion. However some people 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 96% of patients receiving care would recommend the trust to others in January 2016. 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/ 15

#### Key figures

• **Beds:** 289

– 237 General and acute

– 42 Maternity

– 10 Critical care

• **Staff:** 1,557 (WTE)

– 188.11 Medical

– 491.40 Nursing

– 876.93 Other

• **Revenue:** £108,966,391

• **Full Cost:** £122,737,210

• **Surplus (deficit):** (£13,796,820)

#### Activity summary (Acute)

#### Activity type 2014-15

Inpatient admissions 20, 298


Outpatient (total attendances) 154, 965

Accident & Emergency

(attendances) 43, 353

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>We rated the safety of services overall as Good because:</p> <ul style="list-style-type: none"><li>• In medicine, surgery and end of life care, there was clear evidence of learning from incidents and sharing that learning across different clinical areas.</li><li>• Since our last inspection mortality and morbidity meetings had been instigated and were in place across the divisions.</li><li>• Temporary staff such as bank and agency staff were properly inducted to the area in which they worked.</li></ul> <p>However, we also found:</p> <ul style="list-style-type: none"><li>• We rated the service in the urgent and emergency care services as requires improvement because of concerns around infection control, some equipment was not always checked, time to see a clinical decision maker was not always prompt and processes to manage the triage of patients arriving by ambulance was not embedded.</li><li>• In surgical services and medicine, records were inconsistent and did not always reflect patients changing needs.</li></ul> <p><b>Duty of Candour</b></p> <ul style="list-style-type: none"><li>• Staff understanding of the duty of candour responsibilities was more consistent across the services than it had been at our last inspection and staff had a good understanding of their responsibilities under the duty.</li><li>• Incidents that triggered Duty of Candour responsibilities were identified and full responses given to patients, their relatives and carers where required.</li><li>• The Director of Nursing chaired a weekly meeting to consider any incidents that may trigger Duty of Candour and respond to those that did according to the requirements.</li></ul> <p><b>Safeguarding</b></p> <ul style="list-style-type: none"><li>• Staff received safeguarding training across the services. Attendance with this training was good.</li><li>• Awareness of safeguarding was good amongst staff groups and all were clear how to make a safeguarding referral.</li><li>• The safeguarding lead was visible in ward and clinical areas. Staff felt confident to seek their support in reporting safeguarding concerns.</li></ul> <p><b>Incidents</b></p>	<p><b>Good</b> </p>

# Summary of findings

- Staff were aware of incident reporting and reported appropriately on the new incident reporting system.
- Incidents were graded appropriately within the trust.
- The trust had worked to ensure that staff were aware of learning from incidents and any change in practice that may be required. Ward managers were aware of incident trends in their areas and could demonstrate actions taken to address concerns.

## Staffing

- There were a number of nursing vacancies which were managed using bank and agency nursing staff to fill gaps in the nursing rota. Nurse staffing was improved in the emergency department with a lower vacancy rate and the shift coordinator being supernumerary. Staffing
- There were 3.5 whole time equivalent consultants in the emergency department. One was on long term sick leave and one had given their notice and was due to leave the trust at the end of May 2015. We were aware the trust was taking action to address this including working with neighbouring trusts to ensure a safe service. Locum consultants were in place across other specialties to cover vacancies. There remained difficulties in recruiting permanent consultant grade staff in some specialties including stroke.

## Are services at this trust effective?

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

- Implementation of national guidance was consistently applied.
- Local audit plans were in place and the trust was again submitting data to national stroke audit.
- National audits were not always in line with expected outcomes for example in Asthma and sepsis audits in the emergency department.
- Minimal progression to improve or assess the effectiveness of end of life care services.

## Evidence based care and treatment

- At the last our last inspection the Amber care bundle had not been fully implemented and there had been a reliance on out of date guidance in end of life care. At this inspection we found the Amber care bundle to be implemented and a new strategy in place for end of life care that replaced out dated guidance and pathways.

Good



# Summary of findings

- Care pathways in use in medicine and surgical services met national guidance and local policy. This included the recent appointment of a speech and language therapist for stroke services.
- There was a comprehensive audit plan in place with identified clinicians to lead them.
- However, NICE and RCEM guidance on sepsis, head injury and fracture neck of femur was not always being followed in the emergency department because the care that was being provided was not being recorded fully.

## Patient outcomes

- 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 showing a mixed picture.
- At our last inspection the trust was not collecting stroke audit data. At this inspection we found that this data was now being collected but the numbers so far audited were too small to benchmark.
- In surgical services most outcome were in line or better than national expectations.
- In end of life care services results from national and local audits were mixed but showed an improving picture on our last inspection.
- In urgent and emergency services the trust scored around the national average in all audits except the severe sepsis audit in October 2015 where there had been a decline in results and the asthma audit where the emergency department scored poorly.

## 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 and with community care providers.

## Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- We found that most staff had received training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most assessments were completed correctly and staff were supported by specialist nurses and the safeguarding lead to identify and appropriately document best interest decisions and deprivation of liberty applications.



# Summary of findings

- 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.

## Are services at this trust caring?

We found that caring was good because:

- 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

- Response rates for the Friends and Family Test were above the England average. Results were positive for surgical wards and the emergency department but were more mixed on medical wards with some such as Apple Tree ward scoring consistently highly and others such as Cherry Tree ward with mixed results.
- Comment cards received from the post boxes CQC supplied to the trust prior to our inspection showed generally positive comments. We received over 40 responses from the patients and their family in this way.
- We saw and heard positive engagement from staff to patients throughout the areas we inspected.
- 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.
- 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.

## Emotional support

Good



# 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.
- The hospital has an Admiral Nurse who is one of only five in the country. Admiral Nurses are governed and monitored by Dementia UK and provide crucial specialist support to people living with dementia, their families and carers. This means that the patient and their family and carers can receive expert practical and emotional care and support in relation to dementia care.

## Are services at this trust responsive?

We rated the responsiveness of the trust as Good overall because:

- The trust was consistently meeting referral to treatment times.
- That individuals needs were met through an increasing number of specialist nurses to meet the needs of patients.
- Good practice in meeting the needs of patients with dementia.
- There had been improvement to time to review in end of life care with the vast majority of patients being seen within 48 hours of referral between January and April 2016.
- However, the trust was not consistently meeting the four hour standard in the emergency department. The average total time spent in A&E between December 2014 and November 2015 was 163 minutes, this is longer than the England average 140 minutes.

## Service planning and delivery to meet the needs of local people

- 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.
- New and improved processes for onsite care of patients with mental health conditions had been established in the emergency department.

## 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.

Good



# Summary of findings

- 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 now commissioned to provide care for patients with dysphagia and dysphasia to support the stroke pathway and stroke care. Additional nurses had been trained in swallow testing to support patients on other wards and ensure they were assessed in a timely way.
- Shift leaders now wore a red 'Nurse in charge' armband that clearly identified them as the shift leader and increasing their visibility to patients and visitors to the ward.
- The trust used a staff buddy system, which enabled staff during ward handovers to be aware of a patient who is end of life and support them nominate a named nurse or health care assistant to be their buddy. This member of the team would then act as the patients and family's main contact point for discussion on any points in relation to the patients care or treatment.

## 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.
- The trust employed an Admiral nurse to support people living with dementia. This was one of only 5 Admiral nurses in acute trusts in England.

## Access and flow

- The trust struggled to meet the 95% target for patients being seen in the emergency department within 4 hours. The trust was above the 95% target in September 2015 but there had been a deterioration in performance since then.
- The trust was consistently meeting Referral to Treatment Time (RTT) targets for medicine and most specialties in surgery.
- The trust's percentage of late cancelled operations was marginally higher than the England average for four of the seven quarters from quarter one of 2014 - 2015 to quarter three of 2015 - 2016. Late cancellations are cancellations on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.
- The percentage of patients whose operation was cancelled and were not treated within 28 days was lower than the England average.

## Learning from complaints and concerns

# Summary of findings

- There was a variety of methods used to inform staff of patient complaints.
- Ward managers across divisions were aware of complaints trends and took action to improve the service. For example, on Juniper ward, the ward manager identified that complaints were usually related to poor communication between surgical staff and patients and families. More broad visiting times had been implemented so that families had more opportunity to speak to surgical staff directly during ward rounds.
- However, 8 staff we spoke with across the medical division were unaware of recent complaints or learning from complaints.

## Are services at this trust well-led?

The senior management team at the trust were rated as Good for being well led because:

- Governance structures were increasingly robust and the senior team were aware of the risks internally and externally to the hospital.
- The organisation had developed a learning culture and highlighted areas of learning throughout the trust to the trust board. We saw a drive and enthusiasm from staff to change practice at the trust to improve care given to patients.
- The senior team had established link wards so that they were increasingly visible. Staff felt that this increased their ability to make changes at a ward level.
- The trust had a comprehensive strategy for its sustainability in the longer term. The vision and values were developed by staff and role modelled by the senior team.
- Communication with staff had improved and staff were aware of changes to decision making and how to raise concerns.

However we also found that:

- The organisational development work was in its infancy and whilst having had an impact on the senior team further work was required to ensure that the hospital was able to improve and face the challenges of the immediate future.

## 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. Staff were aware of the vision for the hospital.
- The values of the organisation were derived from suggestions by members of staff and pledges made to the patients were

Good



# 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.

- The senior team were aware of the challenges for the hospital and in January 2016 had begun to work with Peterborough and Stamford Hospitals NHS Foundation Trust. This initiative was to determine how, by collaborating more closely, they might collectively sustain and improve hospital services for the people of Huntingdonshire. The trust were in the process of developing an outline business case for merger at the time of the inspection. This was agreed by the trust board shortly after our inspection on 25 May 2016.
- Nursing staff felt that they were aware of the strategy for the trust they were uncertain what this meant for the trust.
- Nursing staff understood the new strategy for nursing at the trust.

## **Governance, risk management and quality measurement**

- In October 2015 we saw that a new governance framework had recently been introduced. At that time it was not embedded. However at this inspection we found that the new structure was embedded and staff were aware of the governance processes. 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.
- The governance structure comprised of six committees that reported to trust board. These covered quality and safety, finance and performance, audit and risk, workforce, remuneration and charitable funds. The trust had commissioned a report in 2014 to review the governance processes which had identified whilst the commitment of senior staff was good there was confusion as to where the 'controlling mind' sat. This correlates with our findings in September 2014. However at this inspection we found that there was a clear structure in place and that all staff knew where decisions at different levels were made.
- The trust has two divisions into which services report. Each of the divisions is managed by a tripartite of managers from operations, medical and nursing. A number of these posts had been filled prior to the implementation date in April 2016. This meant that organisational memory was not lost and the structure had been working in shadow form for a period of time
- Staff were clear about their accountability and reported issues of concern. We saw that the trust had learnt from previous

# Summary of findings

experiences and took appropriate action. One such instance was where an incident had occurred and the duty of candour enacted. The trust were able to demonstrate that appropriate action had been taken.

- There were good systems of management of incidents. Incidents were reviewed for trends and learning highlighted to the board through the governance report. The governance group also highlighted learning from all areas of the NHS Safety Thermometer to the board. This showed that the organisation had developed a learning culture.
- The trust had utilised ward dashboards and previous CQC and quality reports to develop a dashboard of quality performance. This dashboard was reviewed at the appropriate committees and presented to the board. We found that senior executives were able to identify internal risks for the hospital. We saw through review of board minutes that the non-executive directors appropriately challenged the board on matters of finance, risk and patient experience.
- The trust had a corporate risk register which was linked to the Board Assurance Framework. Top risks related to finance, quality and sustainability. The quality risks included the provision for patients to reduce delayed transfers of care and the provision of non-elective services for older people. However other risks to the quality of services included medical staffing and provision of specialised services and infection control issues.

## Leadership of the trust

- The executive leadership of the trust apart from three members were appointed to the trust board in 2015. The chief executive and the senior team demonstrated the skills and experience to undertake the role.
- The medical director role was in transition between the existing medical director and a new appointee. This was due to retirement of the current post holder. However the new appointee was working closely with the existing team to plan future developments.
- The chief executive was acutely aware of the need to ensure that the organisation as a whole developed and improved. The trust were receiving organisational development support to ensure that the team are cohesive and work well together. This work had enabled the board to work more cohesively and ensured that staff felt involved and supported.
- Most staff report that the leaders are visible. The senior team had established a buddy system with clinical areas to enhance their visibility and provide a link to staff with the board.

# Summary of findings

- 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. We heard about a number of examples from staff who had met with counterparts at other trusts to enhance their own skills, knowledge and abilities. This was a two way process as Hinchingsbrooke Hospital staff also shared good practice with others.

## **Culture within the trust**

- The culture of the trust had significantly improved since our inspection in September 2014. Most staff were keen to develop into a learning organisation and were comfortable about challenging the senior team when issues arose. The senior team were aware that there were pockets of resistance to the devolving of responsibilities from the clinical team and were actively seeking to address these.
- Middle layers of management felt valued and respected by the senior team. We heard some positive changes had been made and care improved from all areas of staff.
- 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. We were present when an incident occurred and staff were positively encouraged to discuss issues with patients' loved ones. This was well documented in the patients file and at our unannounced inspection we found that this early communication with the family had continued through review of the patients file.

## **Fit and Proper Persons**

- The trust has a policy on the fit and proper persons test. Staff files reviewed demonstrated that they have information to meet this requirement.
- We reviewed the files of the most recent senior personnel appointed and found that these were completed appropriately.
- We interviewed the chairman of the trust in October 2015 and he was aware of the responsibilities of the fit and proper person test. He ensured that an individual at the trust had the responsibility to ensure that appropriate checks were undertaken on senior staff.

# Summary of findings

## 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.
- The population of Huntingdon is in the main very supportive of the hospital and feedback is regularly received by the trust from relatives, patients and visitors.
- The volunteers at the trust are utilised to collect information on an informal basis and this is feedback through the director of nursing, midwifery and quality who has responsibility for this important part of the workforce.
- The trust has comment cards and post boxes located throughout the hospital to receive comments from patients and their loved ones.

## 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.
- Staff felt supported to raise issues of concern without fear of reprisal.
- The senior team were well known to the staff and most felt able to raise issues directly with the senior team.
- The executive team were able to nominate staff who displayed the values and behaviours expected of Hinchingbrooke Hospital. Nominations were reviewed and a recent event had taken place to aware these to various staff groups including consultants, personal assistants, volunteers, porters, cleaners and staff from medical records.

## Innovation, improvement and sustainability

- The trust is working to ensure the sustainability of services to the area. This includes the merger with Peterborough and Stamford Hospitals NHS Foundation Trust. Greater joint working will enhance the services offered to patients of Huntingdon and ensure sustainability of a hospital at this location.



# Overview of ratings

## Our ratings for Hinchingbrooke Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Our ratings for Hinchingbrooke Health Care NHS Trust

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

# Outstanding practice and areas for improvement

## Outstanding practice

- The trust employed an Admiral nurse to support people living with dementia, their relatives and carers as well as staff. This was one of only five Admiral nurses in acute trusts in England.
- Staff worked with a local prison where consultants review patients that are at the end of their lives and work with prison and hospital staff to ensure that patients were safely admitted to the hospital or referred to the local hospice.

## Areas for improvement

### **Action the trust MUST take to improve**

#### **Action the hospital MUST take to improve**

- Ensure that there are sufficient numbers of suitably qualified, skilled and experienced medical staff on duty in the emergency department. Also ensuring that there are robust contingency plans and which forecast shortages and ensure that sufficient cover is provided.
- 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, particularly blood glucose and anaphylaxis boxes, in the emergency department is improved and safe for patients.