The trust has begun to analyse complaints received from patients, carers and relatives according to the four iCARE themes (Fig 1), with clinical care as a separate category. There are some significant changes and, while it is too early to draw detailed conclusions from this data, so far we have received far more compliments than complaints.

Another indication of how iCARE has affected the trust comes from the results from the NHS Staff Survey. The number of key findings where Yeovil District Hospital is above average among acute trusts has increased since 2006 and it was the top rated acute trust in the South West for 2009 (Fig 2). However, there are still areas where the trust ranks below average, which are being taken seriously and addressed.

More proof of iCARE’s success is that a patient’s relative involved in one of the cases that triggered iCARE has played a key role in its development, and is now chair of the patient and public involvement group.

The iCARE implementation phase was particularly effective because all the critical factors for a successful organisational change programme came together. The need to work better was recognised by leaders – namely matrons and the director of nursing – who were committed to improve performance, and the compelling case for change was recognised by employees and leaders alike. A diagnostic review was made of the instances where things had gone wrong and four specific areas of behaviour were identified for improvement. Implementation was driven by leadership working together “from board to ward”. All employees understood the case for change, how it would affect them and what their role would be. The programme was simple, had an immediate impact and was designed to improve working conditions as well as performance.

The staff most affected by the programme were those most closely involved in its design and implementation. Those taking part, especially in designing and delivering the training programme, were given the time needed to do it effectively.

The management steering group monitored progress and ensured that lessons were learnt during implementation. Change has been established as part of normal day to day working. Success is publicly celebrated, such as through outstanding achievers’ awards at the trust’s annual general meetings.

It is important to realise that the iCARE programme is not complete and never will be. It is a continuous process which includes training for new recruits and refresher training to keep it alive for all staff.

NEW CHALLENGES
Over the past year, Yeovil District Hospital has come under increased pressure. Having achieved “double excellent” for two years in a row from the Health Care Commission, in the 2009 Care Quality Commission’s annual health check, the trust was awarded “good” for the quality of its services and “excellent” for its use of resources.

Although these are high ratings, our aim is to recover the “double excellent” status. With iCARE we are ready to face the challenge as a unified organisation.

SPREADING THE WORD
One of the critical success factors for iCARE was that it originated in the hospital with those who wanted to change the way things happened around them. It may not be simple to transplant it to other organisations, although early indications are that it has been done successfully at Bath and North East Somerset PCT with their iCARE® BANES programme.

Where there is a desire for change, there are valuable lessons to be learnt from Yeovil District Hospital, but any organisation wanting to do something similar will need to go through the process of building its own programme, which captures its own aims and generates real cultural change. This can be made easier if it is built on a foundation of staff ownership and a corporate willingness to improve the patient experience.

CONCLUSION
Yeovil District Hospital has improved the quality of care for its patients and engagement of their relatives and carers, while at the same time boosting employee morale. All this has been achieved through implementing a simple and clear new way of working – the iCARE philosophy. iCARE has become a strong foundation for the trust as it faces challenging times ahead.

Professor Philip Darbyshire – an international leader in nursing and healthcare research and practice development, whose roles include visiting professor at Bournemouth University – spent some time with nurses at the trust in May 2010. He said of iCARE: “They have managed to blend the elegant simplicity of the best theories with the absolute practicality demanded in the everyday world of a busy clinical environment. Such is iCARE’s power to engage the hearts, minds and practices of staff that this respect fans out throughout the organisation, from CEO to shop volunteer, from surgeon to student nurse.”

The last word goes to a patient cited on the NHS Choices (2009) website: “This hospital has improved beyond belief in recent years. Without exception, all the staff I met were kind, polite, helpful, patient, professional and caring.” *

For further information on Yeovil District Hospital, see tinyurl.com/yeovilhospital

REFERENCES
NHS Choices (2010) Yeovil District Hospital. tinyurl.com/ servicedirectorinhospital