

Kettering General Hospital NHS Foundation Trust

Inspection report

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Date of inspection visit: 7 November to 1 December 2017
Date of publication: 27/02/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Kettering General Hospital NHS Foundation Trust provides acute healthcare services to a population of around 275,280 in north Northamptonshire, South Leicestershire and Rutland.

There are approximately 640 inpatient beds and over 3,400 whole time equivalent staff are employed. All acute services are provided at Kettering Hospital with outpatients' services also being provided at Nene Park, Corby Diagnostic Centre, and Isebrook Hospital. The findings in this report do not reflect the three sites that we did not inspect: Nene Park, Corby diagnostic centre and Isebrook outpatients.

In 2017/18, the trust has a budget of £218,465,000, with a projected deficit for the year of £19,539,000.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Requires improvement  

What this trust does

Kettering General Hospital is part of Kettering General Hospital NHS Foundation Trust.

The hospital serves a population of around 275,280.

In 2016/17, the hospital had:

- 87,509 A&E attendances (October 2016 to September 2017).
- 81,030 inpatient admissions (October 2016 to September 2017).
 - 5,062 of these were children and young people inpatient admissions (6.3%).
- 341,567 outpatient appointments (October 2016 to September 2017).
- 3,361 births June 2016 to June 2017).
- 1,210 in hospital deaths (October 2016 to September 2017).

Number of beds:

- Acute - 590 (July 2017 to September 2017).
- Maternity – 49 (July 2017 to September 2017).
- Critical care – 16 (November 2017).
- Number of bed days - 250,363 (October 2016 to September 2017).

Number of staff (in whole time equivalent posts):

- Medical - 424.
- Nursing – 884.
- Other - 2,098.
- Total - 3,406.

Ethnicity of admissions (%) from October 2016 to September 2017:

Summary of findings

- White - 93.4%
- Asian - 2.3%
- Not stated - 1.7%
- Black - 1.3%
- Mixed - 1.0%
- Other - 0.4%.

(Source(s): *Hospital Episode Statistics*)

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 7 and 10 November 2017, we inspected urgent and emergency care, surgery, maternity, children and young people, outpatients and diagnostic imaging services provided by this trust at because at our last inspection we rated the trust overall as inadequate.

We carried out another unannounced inspection on 24 November 2017 and we carried out the well-led review from 29 November to 1 December 2017.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led'?

What we found

Overall trust

Our rating of the trust improved. We rated it as requires improvement because:

- Caring was rated as good in all areas inspected. Safe, effective, responsive and well led were rated requires improvement, and leadership at the trust level overall was rated as requires improvement. Overall, the trust rating had improved from inadequate at our October 2016 inspection to requires improvement.

Summary of findings

- Urgent and emergency overall was rated as inadequate. This was the same as the last inspection. Safe and well led remained inadequate, caring remained good. Effective and responsive were rated as requires improvement. Improvements were noted in the local leadership and staffing was appropriate. However, some risks to patient safety, such as poor documentation, had not been recognised by the service. Flow through the department had improved, but further work was required.
- Surgery was rated as requires improvement overall. This was the same as the last inspection. Effective, caring, and well led were rated as good. Safe and responsive remained as requires improvement. Not all staff had key training to keep patients safe. Patients could not always access the service when they needed it but performance was improving and risk assessment and management systems were not always effective.
- Maternity was rated as requires improvement. We inspected this separately from gynaecology so we cannot make a comparison to previous ratings. Safe, effective, responsive, and well led were rated as requires improvement. The service did not manage incidents well, mandatory training was poor and patient outcomes were not always optimal. Medical staff engagement with clinical governance and risk was poor. The bereavement suite could only be accessed through delivery suite. This meant that women were cared for in a room next to other women delivering healthy babies. However, the service had plans to address this. Women experiencing a miscarriage were not always cared for in a single room. This meant that women's privacy and dignity was not always maintained. Women were not always provided their dating scan within the appropriate time range. This meant they could not always receive the recommended method of screening for Down's syndrome. Caring was rated as good.
- The children and young people service was rated as requires improvement overall. This was an improvement from our October 2016 inspection, when it was rated as inadequate. Well led, and safe had improved to requires improvement as we saw many improvements had been made. However, some of those improvements had not always been embedded and sustained, such as staff competencies to provide the right care and learning from incidents was variable. Effective and responsive remained as requires improvement as not all patients had timely care and treatment. Caring was rated as good again.
- Outpatients was rated as good overall. We inspected this separately from diagnostic and imaging so we cannot make a comparison to previous ratings. Safe and well led were rated as good, due to significant improvements in the way staff managed risks and had developed the service to focus better on meeting patients' needs. Caring was rated as good. Responsive was rated as requires improvement as there were still delays in patients having appointments, but we saw much work was ongoing to address this.
- Diagnostic and imaging services was rated as inadequate. We inspected this additional service separately from outpatients so we cannot make a comparison to previous ratings. Safe and well led were rated as inadequate. Delays in reporting of images had shown some improvement since our October 2016 inspection. Longstanding staffing pressures had not been managed effectively. The trust took urgent action to start to address this once we raised it as a concern. Caring was rated as good. Responsive was rated as required improvement.
- On this inspection, we did not inspect medicine (including older people's care), critical care, and end of life care. The ratings we gave to these services on the previous inspection in October 2016 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Are services safe?

Our rating of safe improved. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

Summary of findings

- The emergency department (ED) did not manage patient safety incidents well. We rated it as inadequate. The ED did not control infection risk well or give or record medicines well. The children's emergency department was not fit for purpose. Staff did not always keep appropriate records of patients' care and treatment. Records were not always completed, up-to-date, or available to all staff providing care when required. Staff did not always have a clear understanding of how to protect patients from abuse or how to support the needs of patients with mental health or complex conditions such as learning disabilities. Life support training rates were low. Staff awareness on major incidents was not sufficient. Patients did not always receive assessment, treatment, and observation in a timely way. Sepsis screening and treatment required improvement. Patients arriving by ambulance were not always clinically prioritised to determine who needs to treatment first. Patients did not receive observations or treatment in a timely manner.
- Our rating of this surgery stayed the same. We rated it as requires improvement. The service provided mandatory training in key skills but did not ensure all medical staff completed it. Basic life support training compliance was poor for medical and nursing staff. The service did not control infection risk well in all areas or always have suitable premises in all areas. Managers investigated incidents and however there was a lack of formal systems to share lessons learned with the whole team and the wider service. The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. However, staff generally kept appropriate records of patients' care and treatment. The service prescribed, gave, and recorded medicines well.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because not all medical staff completed their mandatory training. The service generally managed patient safety incidents well. The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care, and at the time of our inspection, the service had enough staff to keep people safe from avoidable harm and abuse. The majority of midwifery staff were up-to-date with their mandatory training. There were clear systems, processes, and practices in place to ensure that women and babies were kept safe from avoidable abuse. Patients received assessments, treatment, and observations in a timely way.
- In the children and young people's service, our rating of safe improved. We rated it as requires improvement because mandatory training in key skills for some staff was lacking. Medical staff did not always have current training on how to recognise and report abuse. The assessment and management of risks to patient safety had generally improved but some risks remained. The service did not always have enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff did not always keep appropriate records of patients' care and treatment. Not all records were clear, up-to-date, and available to all staff providing care. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service generally controlled infection risk well. Staff usually kept themselves, equipment and the premises clean. The service generally prescribed, gave, recorded and stored medicines well. The service generally managed patient safety incidents well.
- We previously inspected outpatients jointly with diagnostic and imaging services so we cannot compare our new ratings directly with previous ratings. We rated the service as good for safe. Systems and procedures were in place to assess, monitor, and manage risks to patients. Staff kept appropriate records of patients' care and treatment. The service prescribed, gave, recorded and stored medicines well. There was enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Summary of findings

- We previously inspected diagnostic and imaging services jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated safe as inadequate. Training given was not always recorded for all staff. The service was not managing the potential risks to patient safety due to significant concerns about unreported images. The trust took urgent action to address this once we raised it as a concern. The service did not have enough staff with the right qualifications, skills, training, and experience

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- Our rating of effective for ED improved. We rated it as requires improvement. Some outcomes of care were below the expected levels but the service was working to improve these. Within the children's department, work was needed to improve the competencies of nurses, who were not registered children's nurses. Staff knowledge of Mental Capacity Act (MCA) was limited and not all medical staff had received MCA training. However, staff provided care and treatment based on national guidance and evidence of its effectiveness.
- Our rating of this surgery stayed the same. We rated it as good. Competent staff provided care and treatment based on national guidance and evidence of its effectiveness. Staff worked together as a team to benefit patients. Staff supported patients to manage their own health, care, and wellbeing and to maximise their independence following surgery and as appropriate for individuals. However, the service monitored the effectiveness of care and treatment but inconsistently used the findings to improve them.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated the service as requires improvement. Staff did not adequately monitor the effectiveness of care so was not able to use findings to consistently improve practice. The number of caesarean sections (elective and emergency) was higher than expected. No action plans or audits were completed to address this and review practice. The management of their local audit programme was not effective. The trust's perinatal mortality rate was worse than trusts of a similar size and complexity. However, staff worked well together to use current evidence-based guidance and best practice standards to inform the delivery of care and treatment.
- Our rating of effective stayed the same for children and young people's service. We rated it as requires improvement as not all staff were competent for their roles. The service was working towards a seven-day service but resource challenges remained a concern for senior staff. Not all staff had received annual mandatory training for the Mental Capacity Act 2005. However, staff monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than national averages. Staff provided care and treatment based on national guidance and evidence of its effectiveness
- Effective was not rated for outpatients, as we are not confident we are collecting enough information to rate this area. We found that staff provided care and treatment based on national guidance and evidence of its effectiveness. Generally, the service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff in different teams worked together as a team to benefit patients. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005.
- We do not rate effective for diagnostic imaging services. The service had not always provided care and treatment based on national guidance and evidence of its effectiveness. The service had not followed the guidelines issued by the Royal College of Radiology on non-radiology clinicians reviewing images. Managers failed to make sure staff

Summary of findings

followed guidance. The service had not always monitored the effectiveness of care and treatment in order to use the findings to improve. Appropriate audits had not been done to ensure quality of practice was maintained. The service had not always made sure that staff were competent for their roles. Reviewing of images by non-radiology staff was not in accordance with Royal College of Radiology guidelines.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All six core services inspected were rated good for caring. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- Our rating of responsive improved in ED. We rated it as requires improvement because the trust was not able to plan and deliver services in a way that met the needs of local people. Training on mental health awareness and dementia was well below the trust target for nursing staff, and no doctors had received this training. The trust failed to meet the national standard for being admitted, transferred or discharged within four hours of arrival between October 2016 and September 2017 and was generally worse than the England average throughout the period. However, the service had increased the footprint of the department by adding an additional area known as the 'POD'. This had helped to improve the flow and experience for patients. The service was looking to add a further expansion area to support flow in the department.
- Our rating of responsive stayed the same for surgery. We rated it as requires improvement because patients could not always access the service when they needed it but performance was improving. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were improving. Lessons learned from complaints were not always shared with all staff members effectively. The interventional radiology (IR) service was not continuously available. There was no rota or fixed cover out of hours and therefore no IR service out of hours. However, staff generally planned and provided services in a way that met the needs of local people and took account of patients' individual needs.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because the bereavement suite could only be accessed through delivery suite. This meant that women were cared for in a room next to other women delivering healthy babies. However, the service had plans to address this. Women experiencing a miscarriage were not always cared for in a single room. This meant that women's privacy and dignity was not always maintained. Women were not always provided their dating scan within the appropriate time range. This meant they could not always receive the recommended method of screening for Down's syndrome. Staff did not record the complaints or concerns women raised through the 'listen to me' campaign. This meant emerging themes could not be identified and appropriate changes made.
- Our rating of responsive stayed the same for children and young people. We rated it as requires improvement because waiting times for treatment were not meeting national standards but were improving. The service had not always planned and provided services in a way that met the needs of local people. Paediatric radiology provision was

Summary of findings

limited but arrangements were in place with another NHS trust to mitigate this. However, staff took account of patients' individual needs. Arrangements for children requiring psychological support had improved. Arrangements to admit, treat and discharge patients were generally in line with good practice. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were usually shared with staff.

- We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because patients could not always access the service when they needed it. Waiting times for some patients exceeded six weeks before diagnostic imaging was carried out and, due to delays in image reporting, there was a potential risk that some patients might not have received appropriate treatment.

Are services well-led?

Our rating of well-led improved. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- Our rating of well-led stayed the same for ED. We rated it as inadequate because the service did not have an embedded vision for what it wanted to achieve and workable plans to turn it into action. The culture of the department was a concern with staff not accepting the risks identified during previous inspections, and subsequently not willing to accept and embrace changes to improve the overall quality of care. Governance systems did not always link effectively. Lack of operational support in the service was challenging the speed of change implementation. The trust had improved their systems for identifying risks; however, the planning to eliminate or reduce them was not always effective. The ED had some local leaders with the right skills and abilities to run a service with a vision of providing high-quality sustainable care but overall the cohesion and focus of the leadership team to drive improvement throughout the whole staff team at the pace required was lacking. The matron and clinical lead were recognised as good individual leaders within the department.
- Our rating of well-led stayed the same for surgery. We rated it as good because managers with the right skills and abilities to run a service providing high-quality sustainable care. The service used a systematic approach to continually improving the quality of its services and collected, analysed, managed and used information well to support all its activities. The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. However, the service did not always have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because staff did not use a systematic approach to continually improving the quality of its services. Medical staff engagement with clinical governance and risk was poor. The management of the local audit programme was not effective. Not all audits completed within the service were documented on the programme. The systems for identifying risks and planning to eliminate or reduce them was not always effective. However, trust board oversight of the maternity service had improved since our last inspection.
- Our rating of well-led improved for children and young people's service. We rated it as requires improvement because the service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place. The service was embedding a systematic approach to improving the quality of its services but systems for identifying risks were not always effective. The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, but this could be improved. Sustainability of improvements was to be an ongoing focus for the leadership team.

Summary of findings

- Our rating for outpatients improved. We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated leadership as good, due to the way significant improvements had been made in the way staff managing risks and sought to drive improvements throughout the service. Staff were generally positive and committed to providing a safe and high quality service.
- We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because the service lacked leadership capacity to run a service providing high-quality sustainable care. The service did not have a clear strategy and vision for what it wanted to achieve and lacked workable plans to turn it into action. The clinical governance of diagnostic imaging was not adequate. There was no effective auditing and monitoring of the numbers of images delayed for extended periods. The service had not been managing and monitoring the service effectively to drive improvement or to mitigate risks to patients. Staff did not consistently collect, analyse, manage, and use information well to support all its activities, using secure electronic systems with security safeguards.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all the core service ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings. We inspected diagnostic and imaging service as an additional service and whilst we rated this service, we did not aggregate these ratings with the core service ratings.

Outstanding practice

We found an example of outstanding practice in maternity.

For more information, see the Outstanding practice section in this report.

Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We also found 53 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued seven requirement notices to the trust. That meant the trust has to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in all six core services inspected.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

Urgent and Emergency care

We have issued requirement notices in respect of the emergency department for the following regulatory breaches:

- Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (a) and (b) Person centred care.
- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 (1) Dignity and respect.
- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (e) and (h) Safe Care and Treatment.

Summary of findings

- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 (1) and (2) Safeguarding service users from abuse and improper treatment.
- Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (c) Premises and equipment.
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (c) Good Governance.

Surgery

We have issued requirement notices in respect of surgery for the following regulatory breaches:

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (c) and (h) Safe Care and Treatment.
- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 (1) and (2) Safeguarding service users from abuse and improper treatment.
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) Good Governance.
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 (2) Staffing.

Maternity

We have issued requirement notices in respect of maternity for the following regulatory breaches:

- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) Good Governance.

Children and young people's service

We have issued requirement notices in respect of children and young people for the following regulatory breaches:

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (c) Safe Care and Treatment.
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (c) Good Governance.
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) Staffing.

Outpatients

We have issued requirement notices in respect of outpatients for the following regulatory breaches:

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 (1) Dignity and respect.

Diagnostic and imaging services

We have issued requirement notices in respect of diagnostic and imaging services for the following regulatory breaches:

- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (c) Safe Care and Treatment.
- Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) (a) (b) (c) Good Governance.
- Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 (1) (2) Staffing.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

- The hospital achieved the United Nations Children’s Fund (UNICEF) Baby Friendly full accreditation in 2016. This is the top award from UNICEF to accredit organisations that have established and implemented very high standards of care for all pregnant women and new mothers. It means the organisation is committed to supporting mothers to initiate breastfeeding and encourages them to exclusively breastfeed for the first six months while at the same time also supporting parents who choose to bottle feed.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to two services: urgent and emergency services, and children and young people’s services.

In Urgent and emergency services:

- Ensure that a system is established to provide observations to acutely unwell patients in a timely way.
- Provide training and support to staff on how to provide person centred care to patients with mental health conditions and complex needs.
- Improve quality of psychiatric assessments and initial assessment of patients with mental health needs in the department, to ensure they are safe and their need are met.
- Improve the quality, completion, and storage of patient records to ensure that an accurate record of care is maintained, and that records can be located when required.
- Ensure sepsis treatment is provided in accordance with best practice.
- Review the short, medium, and long term plans for the children’s emergency department as soon as possible to ensure best practice is delivered.
- Dispose of sharps using the correct disposal method, not leaving sharps on top of sharps bins as they may cause injury.
- Review and revise the processes for clinical assessment through the self-presentation route in the emergency department. Ensuring that a set of observations is taken as soon as possible.
- Review and revise the process for clinical prioritisation of arrivals by ambulance to the emergency department to ensure patients are seen and treated in order of clinical priority during busy periods.
- Review the risk assessment and risk reporting process to ensure risks are organised, reduced, and effectively managed.
- Review the processes for the reporting of serious incidents, ensuring that all incidents are appropriately reported and investigated as serious incidents where the threshold is met.

In Surgery:

Summary of findings

- The trust must ensure that theatre staff comply with the Standards and Recommendations for Safe Perioperative Practice 2011 and the hospital's theatre attire standard operating procedure regarding the use of cover gowns and footwear within theatres and when leaving and entering the theatre area.
- The trust must ensure that all staff comply with the hospital's infection prevention and control policy, particularly regarding hand hygiene.
- Ensure that all staff receive the appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This includes mandatory training.
- Ensure that there are effective governance systems in place to monitor staff training compliance in intermediate and advanced life support training.
- The trust must ensure that all medical and nursing staff are trained in basic life support.
- Ensure that surgical staff have the required level of safeguarding training.

In Maternity:

- Review the processes for the reporting of serious incidents, ensuring that all incidents are appropriately reported and investigated as serious incidents where the threshold is met.
- Review the processes for the grading of incident impact, ensuring that all incidents are graded appropriately.
- Ensure there is adequate medical staff representation at both clinical governance and risk meetings.
- Ensure appropriate audits and clinical reviews are completed in response to patient outcomes 'flagging' as red or amber on the local maternity dashboard.
- Audit the identification and treatment for sepsis to ensure practice is in line with national guidance.

In Children and young people's services:

- To ensure all staff receive all required mandatory training, including safeguarding and Mental Capacity Act 2005 training.
- To ensure nurse staffing levels are compliant with the Royal College of Paediatrics and Child Health (RCPCH) 'High Dependency Care for Children – Time to Move On' (October 2014).
- To ensure consultant cover daily meets the British Association of Perinatal Medicine guidance.
- To ensure learning from incidents and their themes is effectively cascaded across all staff groups in the service so that improvements can be made.
- To ensure nursing staff have the required competencies to meet the needs of all patients using the service.
- To ensure all staff have the required level of paediatric life support training and competency so effective cover is provided for every shift.
- To ensure there is a formalised structure of regular staff meetings on Skylark ward so learning from concerns and incidents can be effectively shared.
- To ensure fully effective arrangements for identifying, recording, and managing risks, issues, and taking mitigating actions were in place and embedded in staff daily practice.
- To ensure all patients have appropriate risk assessments completed.

In Outpatients:

Summary of findings

- Ensure there is a suitable environment available for staff to be able to provide patient care and treatment in a private and dignified manner.

In Diagnostic imaging:

- Ensure good governance through regular quality audits to drive improvement.
- Ensure effective risk recognition, assessment, and mitigation systems are fully embedded throughout the service.
- Monitor effectively the number of unreported diagnostic images to ensure care and treatment are provided in a safe way and do all that is reasonably practicable, including regular risk assessment and clinical harm reviews where needed, to mitigate any risks to the health and safety of patients.
- Ensure there are a sufficient number of radiologists, radiographers, and nurses to cover the diagnostic imaging department at all times.
- Ensure non-radiology clinicians are competent in radiology to the standard required before they are allowed to review diagnostic images in line with the Royal College of Radiology standards.
- Ensure staff in the cardiac investigation unit adhered to the Data Protection Act 1998 by keeping all patients' medical notes secure and confidential.
- Ensure staff have the required level of safeguarding training.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

In Urgent and emergency services:

- Review the ownership and management of Trauma Audit and Research Network performance data (TARN) between Orthopaedics and the Emergency Department.
- Update and confirm competencies are in place for all adult staff working in the children's emergency department.
- Review how staff are deployed throughout the emergency department to improve consistency and continuity in care for each zone of the department.
- Improve hand hygiene techniques and use of appropriate personal protective equipment within the emergency department.
- Review the processes and access to pain relief following arrival in the emergency department.
- Consider formally recording minutes for the mortality and morbidity meetings to maintain a record of cases and numbers discussed.
- Review TARN outcomes for the emergency department to ensure mortality is not an outlier concern.
- Review the arrangements for CT in emergency head injury cases to improve outcomes on time to scan.
- Review the signage around the emergency department to support people's navigation around the area.
- Review the support arrangements by the executive team for the emergency department. This is required to ensure that the change in culture within the service is led by the top, and provides support to the department leads.

In Surgery:

Summary of findings

- Monitor that there are effective systems in place to track and monitor the safety of medical devices and equipment in theatres.
- Monitor that the safety and management of sharps within theatres is carried out according to trust policy.
- Monitor that the cleanliness of footwear in theatres and is appropriate for the environment.
- Consider formal recordings of ward meetings.
- Monitor how complaints are investigated and responded to in line with the hospital's complaints policy timeframes.
- Review how learning from complaints and incidents is cascaded and shared with staff.
- Review how patients estimated discharge dates are recorded.
- Monitor there is effective and sufficient medical oversight of patients at risk of deteriorating at all times including weekends
- Continue to monitor referral to treatment times and the risk to patients on waiting lists.
- Continue to monitor discharge letters are produced and sent to patients and their GPs in a timely manner. The trust must also ensure that delays in producing discharge letters are monitored and acted upon.
- Continue to monitor that major incident plans are up to date and staff are familiar with plans and receive relevant training.

In Maternity:

- Review staffing levels so the nationally recommended 1:28 midwife-to-birth ratio is consistently met.
- Improve medical staff's compliance with mandatory training, ensuring the trust target of 85% is met for all training modules.
- Improve the local audit programme, ensuring that all audits completed within the maternity service are recorded.
- Review the current environment for women experiencing a miscarriage before 20 weeks gestation, ensuring they are always cared for in a single room.
- Continue to improve the number of women who are provided their dating scan within the appropriate time range, allowing them to receive the recommended method of screening for Down's syndrome.
- Improve ward staff awareness of the escalation and management processes for when ambient room temperatures in treatment rooms fall outside the range stated in the trust policy for the safe storage of medicines.
- Consider formally recording the complaints and concerns raised through the 'listen to me' campaign to allow emerging themes to be identified and acted upon.
- Improve the management of the local audit programme by recording all the local audits completed.
- Review the security of the breast milk refrigerator on Rowan ward.

In Children and young people's services:

- Monitor systems in place so that all patients have an identity band in place.
- Monitor staff adherence to the trust's dress code.
- Monitor systems in place regarding all aspects of Skylark ward security.
- Monitor the safety of the environment on Skylark ward so risks posed by unlocked storerooms are identified.

Summary of findings

- Review systems for ensuring all resuscitation equipment is fit for use.
- Monitor the completion and effectiveness of new patient risk assessments for nutrition and skin damage
- Monitor the completion of risk assessment for patients wishing to leave the ward.
- Review systems to check that all patients' nursing documentation is current and accurate.
- Monitor the systems regarding the effectiveness of 'open access' patients' care plans and records.
- Review the medication policy for administration of patient medicines by parents and carers.
- Monitor the frequency and effectiveness of fire drills in the service.
- Review processes in place to provide personalised care plans for all patients.
- Monitor and improve the waiting times performance for patients less than 18 years of age on a referral to treatment pathway.
- Develop a system for delivering sustainability of improvements in the service.
- Monitor the implementation and delivery of the Paediatric Action Plan 2017/2018.
- Develop effective methods and systems for capturing meaningful patients and carer feedback to promote effective engagement in service delivery.
- Monitor arrangements for paediatric radiology meet patients' needs.

In Outpatients:

- Continue to monitor and mitigate the risk to patient safety by having patients waiting more than 18 weeks for an appointment.
- Continue to monitor the availability of patients' notes for clinic appointments.
- Monitor those medicines given in ophthalmology clinics are done so respecting patients' privacy and dignity.

In Diagnostic imaging:

- Review systems so that all mandatory training radiologists have received is recorded correctly.
- Clear all clinical waste trolleys and all items of decommissioned equipment in the corridor by the nuclear medicine area.
- Ensure there is regular monitoring of the number of patients who did not attend appointments.
- Review the location of the cardiac investigation unit and take appropriate action to ensure patient and staff safety.
- Monitor that staff in the cardiac investigation unit adhered to the Data Protection Act 1998 by keeping all patients' medical notes secure and confidential.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Summary of findings

We rated well-led at the trust as requires improvement. This was an improvement from the last inspection. We rated as requires improvement because:

- There was a clear short-term vision and strategy for the next six to 12 months but a longer-term vision was yet to be developed. The trust had a vision for what it wanted to achieve but workable plans to turn it into action were not yet fully in place.
- There were mixed views from staff on how they felt supported, respected, and valued.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, but these were not always effective. We were not assured levels of harm were always being correctly identified in all services.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, but this had been limited. There were plans now in place to improve this.
- The service had improved its commitment to developing services by learning from when things go well and when they go wrong, promoting training, research and innovation, since the last inspection but further work was required.
- A minority of staff did not feel comfortable of raising issues for fear it would make the situation worse.

However:

- The leaders had most of the skills, knowledge, experience, and integrity to lead the trust with some changes to personnel and roles taking place over the last year. Sustainability of improvements was to be an ongoing focus for the leadership team. There was capacity, drive, and commitment from all leaders to continue to improve services throughout the trust.
- Effective Fit and Proper Person checks were in place.
- Leaders across the trust were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust's values were much more embedded across all services and all staff groups.
- Staff were encouraged to be open and honest when things went wrong. Leaders understood the importance of staff being able to raise concerns without fear of retribution.
- The trust was embedding a systematic approach to improving the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish.
- The trust generally had systems and processes in place to identify learning from incidents and complaints to make improvements and to manage performance.
- The trust had improved the way it collected, analysed, managed, and used information well to support all its activities.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↑ Feb 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Kettering General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Feb 2018	Requires improvement ↑ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Inadequate ↔ Feb 2017	Inadequate ↔ Feb 2018
Medical care (including older people's care)	Requires improvement Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Requires improvement Apr 2017
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2017	Requires improvement ↔ Jan 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Maternity	Requires improvement Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018
Services for children and young people	Requires improvement ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↑ Feb 2017
End of life care	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Outpatients	Good Feb 2018	N/A	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018
Diagnostic imaging	Inadequate Feb 2018	N/A	Good Feb 2018	Requires improvement Feb 2018	Inadequate Feb 2018	Inadequate Feb 2018
Overall*	Requires improvement ↑ Feb 2017	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2017	Requires improvement ↑ Feb 2018	Requires improvement ↑ Feb 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Kettering General Hospital

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www.kgh.nhs.uk

Key facts and figures

Kettering General Hospital NHS Foundation Trust provides acute healthcare services to a population of around 320,000 in north Northamptonshire, South Leicestershire and Rutland.

There are approximately 613 inpatient beds and over 3,200 whole time equivalent staff are employed. All acute services are provided at Kettering Hospital with outpatients' services also being provided at Nene Park, Corby Diagnostic Centre, and Isebrook Hospital. The findings in this report do not reflect the three sites that we did not inspect: Nene Park, Corby diagnostic centre and Isebrook outpatients.

In 2015/16, the hospital had an income of £218,907,000, and costs of £232,212,000, meaning it had a deficit of £13,304,000 for the year. The hospital predicted that it would have a deficit of £6,355,000 in 2016/17, which rose to £25,000,000 at the year-end.

Summary of services at Kettering General Hospital

Requires improvement ● ↑

A summary of our findings about this service appears in the Overall summary.

Urgent and emergency services

Inadequate ● → ←

Key facts and figures

The emergency department (ED) at Kettering General Hospital provides a 24 hour, seven day a week service for a population of approximately 320,000 people across North Northamptonshire and South Leicestershire.

The population demographics show that 20% are aged under 16 years, 64% are aged 16-64 years, and around 16% of the population served are over 65 years of age.

The main ED consists of 13 bays for patients within majors, six treatment areas for patients within minors, resuscitation spaces for up to five patients and six areas in the emergency decisions unit (EDU).

The department has its own children's ED with a separate waiting area, three cubicles, and an assessment area.

Patients present to the department either by walking into the reception area or arriving by ambulance through a dedicated ambulance-only entrance. Patients who transport themselves to the department report to the reception area where they are assessed and streamed to either the minors or the majors areas.

Summary of this service

Our rating of this service stayed the same. We rated it as inadequate because:

- The service did not always manage patient safety incidents well and did not control infection risk well.
- The service did not have suitable premises and this meant that the care for children, and adults was not in accordance with national guidance and best practice recommendations.
- The service did not always give or keep records of medicines well.
- Staff did not always keep appropriate records of patients' care and treatment. Records were not always completed, up-to-date or available to all staff providing care when required.
- Staff did not always have a clear understanding of how to protect patients from abuse. Knowledge around safeguarding children was varied, and safeguarding children level three training rates for doctors were lower than expected at 76%.
- Staff did not understand how to support the needs of patients with mental health or complex conditions such as learning disabilities. Life support modules had the lowest completion rates for mandatory training.
- Patients arriving by ambulance were not always clinically prioritised to determine who needed to treatment first; the assessment was undertaken after handover, which was done in order of arrival by ambulance. Patients did not receive observations or receive treatment in a timely manner.
- Some outcomes of care were below the expected levels, and had not been escalated but the service was working to improve these.
- Within the children's department, work was needed to improve the competencies of nurses, who were not registered children's nurses.
- Staff knowledge of Mental Capacity Act (MCA) was limited and not all medical staff had received MCA training.

Urgent and emergency services

- The trust was not able to plan and deliver services in a way that met the needs of local people. The reception area of the department was not supportive of people's privacy and dignity needs and had not changed since the last inspection.
- Access to care was not always timely. The trust failed to meet the national standard for being admitted, transferred or discharged within four hours of arrival between October 2016 and September 2017 and was generally worse than the England average throughout the period.
- The trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted for this trust was consistently worse than the England average.
- The culture of the department was a concern with staff not accepting the risks identified during previous inspections, and subsequently not willing to accept and embrace changes to improve the overall quality of care.
- Governance systems did not always link effectively. The trust had improved their systems for identifying risks; however, the planning to eliminate or reduce them was not always effective.

However:

- The service generally had enough staff with the right qualifications, skills, training and experience.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff mostly cared for patients with compassion. Throughout the inspection, we observed examples of care where doctors and nurses were kind and compassionate towards acutely unwell patients and treated them with dignity.
- The service generally took account of most patients' individual needs. Food and drink was available to those who were in the department for any length of time.
- The emergency department had local leaders with the right skills and abilities to run a service with a vision of providing high-quality sustainable care. The matron and clinical lead were recognised as good leaders within the department.
- Mortality and morbidity review processes were well established in the service and were mostly effective.

Is the service safe?

Inadequate ● → ←

Our rating of safe stayed the same. We rated it as inadequate because:

- The service did not manage patient safety incidents well. Staff did not always recognise and report incidents or near misses and report them appropriately.
- The service did not control infection risk well. Staff kept themselves, equipment and the premises clean. However, we observed staff did not adhere to hand hygiene protocols at all times, and sharps and waste were not always disposed of in accordance with trust policy.

Urgent and emergency services

- The design, maintenance, and use of facilities and premises generally met all patients' needs with risk assessments in place where the environment was challenging to deliver care. However, the children's emergency department was not fit for purpose
- The service did not always give or record medicines well. This meant that patients were at risk of not receiving the right medication at the right dose at the right time. In addition, reconciliation of medicines stored in the controlled drugs cupboard was not always in line with trust policy.
- Staff did not always keep appropriate records of patients' care and treatment. Records were not always completed, up-to-date, or available to all staff providing care when required.
- Staff did not always have a clear understanding of how to protect patients from abuse. Knowledge around safeguarding children was varied, and safeguarding children level three training rates for doctors were lower than expected at 76%.
- Staff did not understand how to support the needs of patients with mental health or complex conditions such as learning disabilities. Care observed to patients with these conditions during our inspection did not protect them from the risk of harm or abuse.
- Mandatory training was provided, and in the majority of subjects, the service met the trust set target of 85% for completion of mandatory training. However, life support training rates were low.
- Training on mental health awareness, dementia awareness, and safe breakaway was well below the trust target for nursing staff, and no doctors had received this training.
- Staff awareness on major incidents was not sufficient. No planned exercises had been undertaken and no ED doctors had received training.
- Patients did not always receive assessment, treatment, and observation in a timely way. Sepsis screening and treatment required improvement.
- Patients arriving by ambulance were not always clinically prioritised to determine who needs to treatment first; the assessment was undertaken after handover, which was done in order of arrival by ambulance.
- Patients did not receive observations in a timely manner. Initial clinical assessment for self-presenting patients and ambulance arrivals showed that patients were consistently not receiving observations within 15 minutes of arrival.
- Patients did not always receive treatment in a timely manner. Observations were not always undertaken when required, some treatments were delayed, and time to treatment was consistently longer than 60 minutes.

However:

- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- The service stored medicines and secured them well. They used a bespoke key system within the storage areas, which was a good example of medicines security.
- Staff in the majority understood how to protect adult patients from abuse and we observed the service report safeguarding adult concerns where appropriate. Staff had training on how to recognise and report abuse and they knew how to apply it.

Urgent and emergency services

- The service provided basic mandatory training in key skills to all staff and made sure the majority of staff completed it.
- The service had enough staff with the right qualifications, skills, training, and experience.

Is the service effective?

Requires improvement ● ↑

Our rating of effective improved. We rated it as requires improvement because:

- Patients' pain relief provision was delayed, and the recording of pain relief was sometimes not sufficient. Audits undertaken showed management of pain had not improved. Action plans that had been put in place were not always driving improvements.
- The service monitored the effectiveness of care and treatment. Some outcomes of care were below the expected levels but the service was working to improve these.
- The service made sure staff in the adult emergency department were mostly competent for their roles. Within the children's department work was needed to improve the competencies of nurses, who were not registered children's nurses.
- Staff knowledge of Mental Capacity Act (MCA) was limited and not all medical staff had received MCA training. A local audit demonstrated that the knowledge amongst staff and quality of records required improvement with MCA and best interest decisions.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Pathways were written in line with the National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. Risk assessments on patients were undertaken where required if there was a risk of malnutrition.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff mostly cared for patients with compassion. Throughout the inspection, we observed examples of care where doctors and nurses were kind and compassionate towards acutely unwell patients and treated them with dignity.
- Staff mostly provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- All patients, relatives, and parents we spoke with felt that they were being kept informed and updated by staff on what was happening, and what they should expect regarding their or their relatives care.

Urgent and emergency services

However:

- The majority of patients were provided with compassionate care, with one exception where a patient with a mental health concern was provided with care that was not compassionate.
- The emotional needs of patients with mental health conditions did not always meet their needs.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The trust was not able to plan and deliver services in a way that met the needs of local people. When the department was busy patient would queue outside of the department and round the corner of the building, which did not meet their needs.
- The reception area of the department was not supportive of patient's privacy and dignity needs and had not changed since the last inspection. Patients had to share confidential information in front of others on arrival.
- Training on mental health awareness and dementia was well below the trust target for nursing staff, and no doctors had received this training. This was evident when we observed staff in department supporting patient's with mental health needs.
- The trust failed to meet the national standard for being admitted, transferred or discharged within four hours of arrival between October 2016 and September 2017 and was generally worse than the England average throughout the period.
- The trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted for this trust was consistently worse than the England average.

However:

- The service had increased the footprint of the department by adding an additional area known as the 'POD'. This had helped to improve the flow and experience for patients. The service was looking to add a further expansion area to support flow in the department.
- The service took account of most patients' individual needs.
- Patients had access to leaflets in the waiting area providing information on a variety of health conditions.
- Staff had access to translation services, via a telephone service, when there was a need to communicate with a patient whose first language was not English.
- The service generally treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff through governance meetings.

Is the service well-led?

Inadequate ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

Urgent and emergency services

- The service did not have an embedded vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The culture of the department was a concern with medical staff not all accepting the risks identified during previous inspections, and subsequently not willing to accept and embrace changes to improve the overall quality of care. The focus on patient safety had improved but not at the pace required.
- Governance systems did not always link effectively. For example, in some cases, no minutes of the meetings were taken, or action points were not confirmed for learning on any learning log to be taken forward for discussion at future governance meetings or for inclusion on the risk register if appropriate.
- Lack of operational support in the service was challenging the speed of change implementation.
- The trust had improved their systems for identifying risks; however, the planning to eliminate or reduce them was not always effective. Some risks and poor care we saw were not recognised by the staff themselves.
- The service had 35 risks on their risk register. Not all risks added were sufficiently detailed. Some controls listed for risks did not provide assurances that the risk had been managed or reduced.
- Whilst the ED had some local leaders with the right skills and abilities to run a service with a vision of providing high-quality sustainable care, the overall the cohesion and focus of the leadership team to drive improvement throughout the whole staff team at the pace required was lacking.

However:

- The matron and clinical leads were recognised as strong and dynamic leaders within the department.
- Mortality and morbidity review processes were well established in the service and were mostly effective.
- There were clear service performance measures in place for the service. These were reported on and monitored at local governance meetings, and at executive board meetings.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations where possible.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Requires improvement   

Key facts and figures

The Kettering General Hospital NHS Foundation Trust has 13 main operating theatres covering general surgery, medical oncology, urology and trauma and orthopaedics, and two gynaecology theatres, across the one hospital site. The hospital also had five surgical wards, a surgical day case unit, and treatment centre.

The trust has 152 surgery inpatient beds.

The trust had 25,567 surgical admissions between June 2016 and June 2017. Emergency admissions accounted for 6,300 (24.6 %), 15,869 (62 %) were day case, and the remaining 3,398 (13%) were elective.

All patients admitted were treated under the direct care of a consultant. A senior house officer supports surgical care 24 hours a day, seven days a week. Patients are cared for and supported by registered nurses, care assistants and allied health professionals such as physiotherapists employed by the hospital.

We inspected the hospital from seven to 10 November, and on 24 November 2017. As part of the inspection, we visited the pre-assessment clinics and emergency acute assessment unit, the operating theatres, the theatre recovery area and the surgical wards.

During the inspection, we spoke with 34 staff at different grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, pharmacist technicians and housekeepers. We spoke with nine patients and their families, observed care and treatment and looked at 36 patient's medical records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills but did not ensure all medical staff completed it. Basic life support training compliance was poor for medical and nursing staff. There was an action plan in place to address this.
- The service did not control infection risk well in all areas or always have suitable premises in all areas. Systems to ensure equipment was well looked after required improvements.
- Managers investigated incidents and however there was a lack of formal systems to share lessons learned with the whole team and the wider service.
- The service monitored the effectiveness of care and treatment but inconsistently used the findings to improve them.
- Patients could not always access the service when they needed it but performance was improving. Waiting times from referral to treatment and arrangements to admit, treat, and discharge patients were improving.
- Lessons learned from complaints were not always shared with all staff members effectively.
- The service did not always have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The interventional radiology (IR) service was not continuously available. There was no rota or fixed cover out of hours and therefore no IR service out of hours.

Surgery

However:

- The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff generally kept appropriate records of patients' care and treatment. The service prescribed, gave, and recorded medicines well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust generally planned and provided services in a way that met the needs of local people.
- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills but did not ensure all medical staff completed it. Basic life support training compliance was poor for medical and nursing staff. There was an action plan in place to address this.
- The service did not control infection risk well in all areas. Staff did not always keep themselves and equipment clean. Some control measures were in place to prevent the spread of infection.
- The service did not always have suitable premises in all areas and systems to ensure equipment was well looked after required improvements.
- Managers investigated incidents and however there was a lack of formal systems to share lessons learned with the whole team and the wider service.
- The service planned for emergencies but not all staff understood their roles if one should happen. Staff of all levels on wards and in theatres were unclear on what the major incident plan was and what steps to take in the event of a major incident.
- Not all staff had received training on how to recognise and report abuse.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Generally, there were effective systems in place to recognise and respond to deteriorating patients' needs.
- The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.

Surgery

- Staff generally kept appropriate records of patients' care and treatment. Records were generally clear, up-to-date, and available to all staff providing care.
- The service prescribed, gave, and recorded medicines well. Patients generally received the right medication at the right dose at the right time.
- The service generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other preferences.
- Patients' pain was assessed and managed effectively.
- The service generally made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff supported patients to manage their own health, care, and wellbeing and to maximise their independence following surgery and as appropriate for individuals.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The service monitored the effectiveness of care and treatment but inconsistently used the findings to improve them.
- The service was working towards seven days services. However, interventional radiology was only provided on weekdays, and only two days a week when sedation was needed.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Surgery

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

- Friends and family response rates were worse than the England average.

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Patients could not always access the service when they needed it but performance was improving. Waiting times from referral to treatment and arrangements to admit, treat, and discharge patients were improving.
- The interventional radiology (IR) service was not continuously available. There was no rota or fixed cover out of hours and therefore no IR service out of hours.
- Lessons learned from complaints were not always shared with all staff members effectively.

However:

- The trust generally planned and provided most services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service generally treated concerns and complaints seriously and investigated them.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Most managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Surgery

- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research, and innovation.

However;

- The service did not always have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Requires improvement 

Key facts and figures

The maternity service at Kettering General Hospital NHS Foundation trust provides a 24 hour, seven day a week service for women living in Kettering and the surrounding.

The service provides consultant-led and midwife-led care for high and low risk women. The delivery suite has eight delivery rooms, including two with birthing pools, one bereavement suite, two theatres and a recovery area shared with the gynaecology service, a four-bedded midwifery triage bay and a two bedded high-risk induction bay. The delivery suite also has a two-bedded high dependency observation bay for women who need higher levels of care and observation than those provided on the general maternity ward.

Women who have a straightforward pregnancy can choose to have their baby at home or in the delivery suite using the low-risk birthing pool rooms.

Kettering General Hospital has a 33-bedded joint antenatal and postnatal ward (Rowan ward), a two bedded early pregnancy assessment unit and a fetal health unit comprising of a fetal medicine and screening unit, and a three-bedded antenatal assessment area for women to be assessed after 20 weeks gestation without having to be admitted to hospital. Outpatient maternity services, including sonography and specialist antenatal clinics, are provided at the hospital site Monday to Friday.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Not all medical staff completed their mandatory training. In eight out of the ten mandatory training modules, medical staff were below the trust's target of 85%, with three modules below 50% compliance.
- Although staffing levels and skill mix was planned and reviewed so that women and their babies received safe care, the midwife-to-birth ratio was above the national recommended 1:28 for 11 out of the 12 months between November 2016 and October 2017.
- The maternity service did not adequately monitor the effectiveness of care so was not able to use findings to consistently improve practice. The service did not take timely action to address problematic areas on their maternity dashboard. For example, induction of labour flagged as amber or red for a whole 12-month period.
- The trust's perinatal mortality rate was worse than trusts of a similar size and complexity. However, the service had taken appropriate action to address the results of the maternal, newborn, and infant clinical outcome review programme (MBRRACE audit).
- Women, who had experienced a miscarriage before 20 weeks gestation, were not always cared for in a single room.
- Women were not always offered their dating scan within the appropriate time range. This meant that the recommended method of screening for Down's syndrome was not always offered.
- Medical staff engagement with clinical governance and risk was poor. There was no medical staff representation at the clinical governance meetings in October and November 2017, and no representation at the risk meetings in all meeting minutes we reviewed.

Maternity

- The management of the local audit programme was not effective. Not all audits completed within the service were documented on the programme.
- The systems for identifying risks and planning to eliminate or reduce them was not always effective. Not all risks identified during the inspection were documented on the maternity service risk register.
- Ward staff were not aware of the escalation and management processes for when the ambient room temperature in treatment rooms exceeded 25°C, the recommended maximum temperature for storing medicines.

However:

- There were clear systems, processes, and practices in place to ensure that women and babies were kept safe from avoidable abuse. There was a dedicated team of midwives who provided support, care, and treatment to women who were deemed to be in vulnerable circumstances.
- The service generally managed patient safety incidents well.
- The service controlled infection risk well. All areas of the maternity services were visibly clean and tidy.
- Patients received assessments, treatment, and observations in a timely way.
- Staff had the right qualifications, skills, and knowledge for their roles. The service had processes in place to monitor competence, identify training needs, and support new staff. Mandatory compliance figures for midwifery staff had improved and met the trust target.
- The majority of women spoke with were positive about their care and treatment. They were treated with kindness, dignity, and respect.
- The maternity planned and provided services in a way that met the needs of local people. They worked closely with commissioners, the local authority, clinical networks, and other stakeholders to plan delivery of care and treatment for the local population.
- The maternity service had local leaders with the right skills and abilities to run a service with a vision of providing high-quality sustainable care.
- Trust board oversight of the maternity service had improved since our last inspection. For example, we saw evidence that the head of midwifery presented the maternity risk register to senior staff at the risk management steering group in November 2017, and presented the Maternity Safety Improvement Plan to the trust board in March 2017.
- The service engaged well with patients, staff, the public and local organisations. There was an active maternity voices partnership (MVP), which meant that service user views were considered.

Is the service safe?

Requires improvement ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Not all medical staff completed their mandatory training. In eight out of the ten mandatory training modules, medical staff were below the trust's target of 85%, with three modules below 50% compliance.

However:

Maternity

- The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care, and at the time of our inspection, the service had enough staff to keep people safe from avoidable harm and abuse. However, from November 2016 to October 2017, the midwife-to-birth ratio was above the national recommended 1:28 for 11 out of the 12 months.
- The majority of midwifery staff were up-to-date with their mandatory training. In all of the ten mandatory training modules, nursing and midwifery staff met the 85% trust target.
- There were clear systems, processes, and practices in place to ensure that women and babies were kept safe from avoidable abuse. Staff felt confident to report safeguarding concerns and there was a dedicated team of midwives who provided support, care, and treatment to women who were deemed to be in vulnerable circumstances.
- The service controlled infection risk well. All areas of the maternity services were visibly clean and tidy.
- The service generally managed patient safety incidents well.
- Staff ensured that patients' individual care records were well managed and stored appropriately. Records seen were accurate, legible, up to date and available to all staff providing care.
- Patients received assessments, treatment, and observations in a timely way.
- The service used safety-monitoring results well. However, the service did not complete the national maternity safety thermometer.

Is the service effective?

Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The maternity service did not adequately monitor the effectiveness of care so was not able to use findings to consistently improve practice. The service did not take timely action to address problematic areas on their maternity dashboard. For example, induction of labour flagged as an amber or red risk for a whole 12-month period.
- The number of caesarean sections (elective and emergency) was higher than expected. At the time of our inspection, no action plans or audits were completed to address this and review practice.
- The number of major postpartum haemorrhages (the loss of more than 1000ml of blood from a woman's genital tract within 24 hours of a birth of a baby) was higher than expected. The service did not complete regular audits to review and help address this outcome.
- The management of their local audit programme was not effective. The audit programme did not include all the local audits completed in the maternity service. For example, modified early obstetric warning scores (MEOWS) audits, hand hygiene audits and the audits of labour ward epidural chart documentation were not included.
- The maternity service did not audit the time from women requesting an epidural to the time the anaesthetist attended.
- The service did not audit the compliance of category one emergency caesarean sections (baby should be delivered within 30 minutes of the decision), or category two emergency sections (baby should be delivered within 75 minutes of the decision). This meant that they were not aware if babies were at risk due to not being delivered within the recommended time.

Maternity

- The service did not audit the identification and treatment for sepsis to ensure practice was in line with national guidance.
- The trust's perinatal mortality rate was worse than trusts of a similar size and complexity. However, the service had taken appropriate action to address the results of the maternal, newborn, and infant clinical outcome review programme (MBRRACE audit).
- Compliance with Mental Capacity Act training was below the trust target of 85% for both medical and midwifery staff, with only 18 out of 32 required medical staff having completed the training. However, staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The service used current evidence-based guidance and best practice standards to inform the delivery of care and treatment. There was a process to update, review, and ratify policies and policies were available on the trust intranet.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural, and other preferences.
- Staff assessed and managed women's pain effectively and regularly. The patient records we reviewed confirmed this. We saw that staff assessed women's pain regularly as part of their routine observations using the modified early obstetric warning score (MEOWS).
- The maternity service made sure staff were competent for their roles to deliver effective care and treatment to women and their babies. The service had processes in place to identify training needs and compliance.
- Staff worked together as a team for the benefit of patients. Medical staff, nurses, midwives and other healthcare professionals supported each other to provide care.
- Seven-day medical support was provided with the minimum of a resident middle grade doctors. A dedicated obstetric consultant was on-call out of hours.
- The local maternity dashboard reflected the Royal College of Obstetricians and Gynaecologists 'Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour', (2007). This was an improvement from our last inspection in October 2016.

Is the service caring?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for women and babies with compassion, treating them with dignity and respect. Feedback from women confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women and their families to minimise their distress.
- The maternity service had a specialist bereavement midwife and a dedicated assistant practitioner who supported families from their initial loss, throughout their time in hospital and return home.
- Staff generally involved women and those close to them in decisions about their care and treatment.

However:

Maternity

- Three women we spoke with felt that their community midwife did not always give them the information and advice they needed in a timely manner.

Is the service responsive?

Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The bereavement suite could only be accessed through delivery suite. This meant that women were cared for in a room next to other women delivering healthy babies. However, the service had plans to address this.
- Women experiencing a miscarriage were not always cared for in a single room. This meant that women's privacy and dignity was not always maintained.
- Women were not always provided their dating scan within the appropriate time range. This meant they could not always receive the recommended method of screening for Down's syndrome.
- Staff did not record the complaints or concerns women raised through the 'listen to me' campaign. This meant emerging themes could not be identified and appropriate changes made.

However:

- The maternity planned and provided services in a way that met the needs of local people. They worked closely with commissioners, the local authority, clinical networks, and other stakeholders to plan delivery of care and treatment for the local population. For example:
- The service provided community-based, consultant-led antenatal clinics in Kettering, Corby, and Wellingborough; this included a joint mental health clinic with a consultant obstetrician and a consultant psychiatrist.
- A consultant from a specialist tertiary centre held a clinic in the antenatal screening department twice a week. The service introduced this clinic because women struggled to attend their appointments at the tertiary centre due to public transport availability.
- The service generally took account of women's individual needs. For example:
- The service provided a birth options for women, who have previously had a caesarean section or traumatic birth, to explore all birth choices for their current pregnancy
- A Great Expectation Group supported women who had a mental health concern with anxiety during their pregnancy and the postnatal period.
- Staff had access to translation services, via a telephone service, when there was a need to communicate with a patient whose first language was not English.
- Processes were in place to support women with a learning disability. This included a flagging on the electronic record system, a specific learning disability pathway, and a 'passport' that highlighted the women's specific communication needs and preferences.
- Women could access the service when they needed it. The maternity service had not closed the unit on any occasions between November 2016 and October 2017.
- The service treated formal concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Maternity

Is the service well-led?

Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The maternity service did not use a systematic approach to continually improving the quality of its services. It did not always safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- Medical staff engagement with clinical governance and risk was poor. There was no medical staff representation at the clinical governance meetings in October and November 2017, and no representation at the risk meetings in all meeting minutes we reviewed.
- The management of the local audit programme was not effective. Not all audits completed within the service were documented on the programme.
- The systems for identifying risks and planning to eliminate or reduce them was not always effective. Not all risks identified during the inspection were documented on the maternity service risk register. For example, women, experiencing a miscarriage, not always being provided care in a single room, and poor medical staff engagement with both clinical governance and risk. No risk assessments had been completed for community staff carrying medical gases. This potential risk was not documented on the service's risk register.
- Ward staff were not aware of the escalation and management processes for when the ambient room temperature in treatment rooms exceeded 25°C, the recommended maximum temperature for storing medicines.

However:

- The maternity service had local leaders with the right skills and abilities to run a service with a vision of providing high-quality sustainable care. The matrons and lead midwives were recognised as good leaders within the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women, and key groups representing the local community.
- Trust board oversight of the maternity service had improved since our last inspection. For example, we saw evidence that the head of midwifery presented the maternity risk register to senior staff at the risk management steering group in November 2017, and presented the Maternity Safety Improvement Plan to the trust board in March 2017.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There was an active maternity voices partnership (MVP), which meant that service user views were considered.
- Midwifery staff engagement with clinical governance and risk was good. The quality matron disseminated this information to midwifery staff through a monthly newsletter.
- The maternity service completed a daily safety huddle whereby midwives-in-charge of clinical areas and medical staff communicated risk and key information.
- Mortality and morbidity review processes were well established in the service and were effective.

Maternity

Outstanding practice

- The hospital achieved the United Nations Children’s Fund (UNICEF) Baby Friendly full accreditation in 2016. This is the top award from UNICEF to accredit organisations that have established and implemented very high standards of care for all pregnant women and new mothers. It means the organisation is committed to supporting mothers to initiate breastfeeding and encourages them to exclusively breastfeed for the first six months while at the same time also supporting parents who choose to bottle feed.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Services for children and young people

Requires improvement  

Key facts and figures

The children's and young people's service at Kettering General Hospital consists of a Neonatal Intensive Care Unit (NICU) and a paediatric ward (Skylark ward) as well as an outpatient centre.

The NICU had 18 cots. There were four cots for babies who required intensive care, six cots for babies who required higher dependency care, and eight cots for babies who required special care

The paediatric ward has 26 inpatient beds; all 26 beds are open from Tuesday to Friday evenings, when the elective (non-emergency) lists were running. From Friday evenings until Tuesday mornings, only 18 beds are open. There are two beds in cubicles for children who required closer observation and cubicles, which could be used for isolation. There are 16 beds in cubicles as well as two four bedded bays.

The paediatric assessment unit (PAU) is co-located on the ward and consists of six beds in total and is open Monday to Friday from 9am to 9.30pm. There were two single cubicles and one four bedded bay.

Services for children and young people have a dedicated outpatients' area for patients attending some appointments. Some patients are seen in adult areas, for example at the dedicated diabetes centre, ear, nose, and throat (ENT) and maxillofacial clinics.

We visited the service on 8 to 10 November 2017 and carried out an unannounced inspection to Skylark ward on 24 November 2017. We spoke with 43 staff, 11 young people, and their parents. We reviewed a variety of documentation, including 15 patients' notes.

Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- The assessment and management of risks to patient safety had generally improved but some risks remained.
- The service did not always have enough medical and nursing staff with the right qualifications, skills, training, competencies, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff did not always keep appropriate records of patients' care and treatment. Not all records were clear, up-to-date, and available to all staff providing care.
- Waiting times for treatment were not meeting national standards but were improving.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, but these were not always effective.
- The service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place.
- The service had not always planned and provided services in a way that met the needs of local people. Paediatric radiology provision was limited but arrangements were in place with another NHS trust to mitigate this.

However:

- The service monitored the effectiveness of evidenced-based care and treatment and used the findings to improve them. Outcomes were generally better than national averages.

Services for children and young people

- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Managers across the service were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Is the service safe?

Requires improvement ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to most staff but did not always make sure everyone completed it. Medical staff mandatory training compliance was poor.
- Medical staff did not always have current training on how to recognise and report abuse.
- The assessment and management of risks to patient safety had generally improved but some risks remained.
- The service did not always have enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not always have enough medical staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff did not always keep appropriate records of patients' care and treatment. Not all records were clear, up-to-date, and available to all staff providing care.
- Managers investigated individual incidents but there was a lack of sharing lessons learned with the whole team and the wider service.
- Fire drills had not been carried out on Skylark ward, staff told us.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. Staff usually kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service generally had suitable premises and equipment and looked after them well.
- The service generally prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used information to improve the care delivered.

Services for children and young people

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service did not always make sure staff were competent for their roles.
- The service was working towards a seven-day service but resource challenges remained a concern for senior staff.
- Not all staff had received annual mandatory training for the Mental Capacity Act 2005.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other preferences.
- Patients' pain was assessed and managed well.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than national averages.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff generally had access to up-to-date, accurate, and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Services for children and young people

Is the service responsive?

Requires improvement ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Waiting times for treatment were not meeting national standards but were improving.
- The service had not always planned and provided services in a way that met the needs of local people. Paediatric radiology provision was limited but arrangements were in place with another NHS trust to mitigate this.

However:

- The service took account of patients' individual needs. Arrangements for children requiring psychological support had improved.
- Arrangements to admit, treat and discharge patients were generally in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were usually shared with staff.

Is the service well-led?

Requires improvement ● ↑

Our rating of well-led improved. We rated it as requires improvement because:

- The service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place.
- The service was embedding a systematic approach to improving the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, but these were not always effective.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, but this could be improved.
- The service had improved its commitment to developing services by learning from when things go well and when they go wrong, promoting training, research, and innovation, but further work was required.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Sustainability of improvements was to be an ongoing focus for the leadership team.
- Managers across the service were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had improved the way it collected, analysed, managed, and used information well to support all its activities.

Services for children and young people

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Outpatients

Good 

Key facts and figures

The trust has outpatients departments at four sites, Kettering General Hospital, Nene Park outpatients' clinic, Corby diagnostic centre (Nuffield centre), and Isebrook outpatients. These are satellite services managed by the department based at the hospital. Each year this hospital facilitates over 250,000 outpatient appointments. The majority of clinics at Kettering general hospital are provided from a central outpatients department. However, specialities such as obstetrics and gynaecology, trauma and orthopaedics, diabetes, pain management and anticoagulation services are provided from satellite departments on site. There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients department. Outpatient clinics are held from Monday to Friday from 8am until 6pm.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust generally planned and provided services in a way that met the needs of local people. Improvements in service delivery had been made since the last inspection.
- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish.

However:

- The service did not always have suitable premises.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research, and innovation, but further work was required to embed this practice.
- The service did not consistently monitor the effectiveness of care and treatment to use the findings to improve them.
- Patients could not always access the service when they needed it. Waiting times from treatment were not in line with good practice but were improving in line with the trust's recovery plan.

Outpatients

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Equipment was looked after well.
- Systems and procedures were in place to assess, monitor, and manage risks to patients.
- The service had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did not always have suitable premises.

Is the service effective?

Effective was not rated, as we are not confident we are collecting enough information to rate this area. We found that:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Pain of individual patients was assessed using a pain management tool and managed well.
- Generally, the service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff in different teams worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

Outpatients

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The service did not consistently monitor the effectiveness of care and treatment to use the findings to improve them.

Is the service caring?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- Medicines given in ophthalmology clinics were not always so done respecting patients' privacy and dignity.

Is the service responsive?

Requires improvement ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Patients could not always access the service when they needed it. Waiting times from treatment were not in line with good practice but were improving in line with the trust's recovery plan.

However:

- The trust generally planned and provided services in a way that met the needs of local people. Improvements in service delivery had been made since the last inspection.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Outpatients

- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service generally engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research, and innovation, but further work was required to embed this practice.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Diagnostic imaging

Inadequate ●

Key facts and figures

Kettering General Hospital NHS Foundation Trust provides a Diagnostic Imaging service, which is within the clinical support services business unit of the hospital.

The diagnostic imaging department provides a full range of diagnostic imaging modalities, including general radiography, computerised tomography (CT), magnetic resonance imaging (MRI), nuclear medicine and ultrasound.

The service also performs dental x-rays, including orthopantomograms (OPG) giving a panoramic scan of the jaw, and cephalostat scans providing accurate measures of dentofacial morphology.

There were several modern portable x-ray machines and four new image intensifiers for theatre work.

The department performed approximately 20,000 examinations each month.

This is the first CQC inspection of diagnostic imaging at Kettering General Hospital as a core service. We carried out our inspection from 08 November to 10 November 2017. During our inspection, we visited all the modalities, including the cardiac investigation unit and the cardiac catheter laboratory.

We spoke with 18 patients and relatives and 32 members of staff, including radiologists, radiographers, nurses, unit managers, and health care support workers. We reviewed eight patients' care notes and medical records and observed care being delivered.

The diagnostic imaging department is within the clinical support services business unit within the hospital. The department provides a full range of diagnostic imaging modalities, including general radiography, computerised tomography (CT), ultrasound, magnetic resonance imaging (MRI), and nuclear medicine. They perform approximately 20,000 examinations each month.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- The service did not have safe systems in place for recognising and responding to patient risk. The service was not managing the potential risks to patient safety due to significant concerns about unreported images. The trust took urgent action to address this once we raised it as a concern.
- The service did not have enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Safeguarding training requirements were not clear.
- The service had not always provided care and treatment based on national guidance and evidence of its effectiveness. The service had not followed the guidelines issued by the Royal College of Radiology on non-radiology clinicians reviewing images. Managers failed to make sure staff followed guidance.
- The service had not always monitored the effectiveness of care and treatment in order to use the findings to improve. Appropriate audits had not been done to ensure quality of practice was maintained.
- The service had not always made sure that staff were competent for their roles. Reviewing of images by non-radiology staff was not in accordance with Royal College of Radiology guidelines.

Diagnostic imaging

- Patients could not always access the service when they needed it. Waiting times for some patients exceeded six weeks before diagnostic imaging was carried out and this had not consistently improved over the past year.
- The service lacked leadership capacity to run a service providing high-quality sustainable care. The service did not have a clear strategy and vision for what it wanted to achieve and lacked workable plans to turn it into action.
- The clinical governance of diagnostic imaging was not adequate. There was no effective auditing and monitoring of the numbers of images delayed for extended periods. The service had not been managing and monitoring the service effectively to drive improvement or to mitigate risks to patients.
- The service did not consistently collect, analyse, manage, and use information well to support all its activities, using secure electronic systems with security safeguards.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care. The service generally prescribed, gave, and stored medicines well.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Is the service safe?

Inadequate ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, training given was not always recorded for all staff.
- The service did not have safe systems in place for recognising and responding to patient risk. The service was not managing the potential risks to patient safety due to significant concerns about unreported images. The trust took urgent action to address this once we raised it as a concern.
- The service did not have enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The cardiac investigation unit was cramped and cluttered and contained potential risks to staff and patients. The trust took action to address this once we had raised it as a concern.
- In the cardiac investigation unit, some patients' medical notes had not been kept securely and confidentiality had not been maintained, breaching the Data Protection Act 1998. The trust took urgent action to address this.
- Staff had not all had training on how to recognise and report abuse and they knew how to apply it to the required level.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Diagnostic imaging

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff had received training on infection control.
- The diagnostic and imaging department generally had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.
- The service generally prescribed, gave, and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We do not rate effective for diagnostic imaging service. We found that:

- The service had not always provided care and treatment based on national guidance and evidence of its effectiveness. The service had not followed the guidelines issued by the Royal College of Radiology on non-radiology clinicians reviewing images. Managers failed to make sure staff followed guidance.
- The service had not always monitored the effectiveness of care and treatment in order to use the findings to improve. Appropriate audits had not been done to ensure quality of practice was maintained.
- The service had not always made sure that staff were competent for their roles. Reviewing of images by non-radiology staff was not in accordance with Royal College of Radiology guidelines.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Pain of individual patients was assessed using a pain management tool and managed accordingly.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service generally made sure patients had access to the main diagnostic services seven days a week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Diagnostic imaging

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt involved with their care and knew what to expect.

Is the service responsive?

Requires improvement ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Patients could not always access the service when they needed it. Waiting times for some patients exceeded six weeks before diagnostic imaging was carried out and this had not consistently improved over the past year.

However:

- The service took account of patients' individual needs.
- The service generally treated complaints and concerns seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Inadequate ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- The service lacked leadership capacity to run a service providing high-quality sustainable care. There was not a clear focus on driving improvement for patient safety.
- The service did not have a clear strategy and vision for what it wanted to achieve and lacked workable plans to turn it into action.
- The clinical governance of diagnostic imaging was not adequate. There was no effective auditing and monitoring of the numbers of images delayed for extended periods.
- The service had not been managing and monitoring the service effectively to drive improvement or to mitigate risks to patients.
- The service did not consistently collect, analyse, manage, and use information well to support all its activities, using secure electronic systems with security safeguards.
- There was limited engagement with patients, staff, the public and local organisations to plan and manage appropriate services, and to collaborate with partner organisations effectively.
- The service was not improving services by learning from when things go well and when they go wrong, nor promoting training, research, and innovation. There was a lack of continuous improvement and innovation.

However:

Diagnostic imaging

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

Requirement notices

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Bernadette Hanney, Head of Hospital Inspection, and Phil Terry Inspection Manager. One executive reviewer supported the well-led inspection. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

The team for the core services inspection included ten inspectors, one of which was a mental health inspector, one pharmacist inspector, and fifteen specialist advisers. Specialist advisers are experts in their field who we do not directly employ.