

# Kettering General Hospital NHS Foundation Trust

## Inspection report

Rothwell Road  
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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?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

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.

## 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 541 inpatient beds and over 3,400 whole time equivalent staff are employed. Kettering General Hospital is one of the largest employers in Northamptonshire.

All acute services are provided at Kettering Hospital with outpatients' services also being provided at Nene Park, Corby Diagnostic Centre, Prospect House and Isebrook Hospital. The findings in this report do not reflect the site we did not inspect, Isebrook outpatients.

The trust ended the financial year 2017/18 with a deficit of £34.7m (£33.6m after excluding the impact of non-performance technical adjustments – impairments, donated asset movements and loss on disposal of assets). The financial plan agreed with the regulator was a total deficit of £19.9m. This excluded sustainability and transformation funding as the trust rejected its control total.

In 2017/8 the hospital had:

- 87,497 patients per year, 240 patients per day in A&E;
- 267,000 outpatients each year;
- 741 outpatient clinics per week
- 40,000 inpatients;
- 41,500 day case patients;
- 3,500 births.

This was the fourth inspection of the trust which included ratings and the second inspection of the trust using a new methodology, whereby we inspected core services, and included an inspection of the well-led element of the trust overall. This inspection took place between 5 February 2019 and 14 March 2019.

The first inspection took place in September 2014, when it was rated as requires improvement overall.

The hospital was inspected again in October 2016. The overall rating for the trust was 'inadequate' with two of the five key questions we ask, safe and well-led, being 'inadequate'. Effective and responsive were rated as 'requires improvement'. The trust, and every service level, was rated 'good' for care. The service was placed into special measures.

The third inspection took place between 7 November to 1 December 2017, which was announced. 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. However, the trust was not removed from special measures.

# Summary of findings

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement**** 

## What this trust does

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 541 inpatient beds and over 3,400 whole time equivalent staff are employed. The trust is one of the largest employers in Northamptonshire.

There are approximately 466 general and acute beds, 63 maternity and gynaecological beds and twelve critical care beds across the trust.

The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services and rehabilitation services.

## 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.

We inspected five of the core services provided by Kettering General Hospital NHS Foundation Trust, from 5 to 7 February 2019.

We inspected:

- Urgent and emergency care
- Medicine
- Maternity
- Outpatients
- Diagnostic imaging

At our October 2016 inspection, published on 12 April 2017, the overall rating for the trust was 'inadequate' with two of the five key questions we ask, safe and well-led, being 'inadequate'. Effective and responsive were rated as 'requires improvement'. The trust, and every service level, was rated 'good' for care.

# Summary of findings

Three core services we inspected were rated as 'Inadequate': urgent and emergency care, children and young people and outpatients and diagnostic imaging. Three services were rated as 'requires improvement': medical care, surgery and maternity and gynaecology. Two services, showed improvements since the inspection in 2014, were rated as 'good': critical care and end of life care.

Our comprehensive inspections of National Health Service 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 an inspection of the well-led key question at trust level. Our findings from this are recorded in the section, headed 'Is this organisation well-led?' We inspected the well-led key question from 12 to 14 March 2019.

## What we found

### Overall trust

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

We rated safe, effective and responsive as requires improvement and caring as good.

The aggregated rating for well led at the core service level was requires improvement. However, we rated well led at trust wide, which is a separate rating, as good.

We rated four of the trust's core services as requires improvement and four as good. Diagnostic imaging is considered an additional service and was rated as good.

During this inspection we did not inspect surgery, critical care, children and young people or end of life care. The ratings published following previous inspections are part of the overall rating awarded to the trust at this time.

### Are services safe?

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

- Whilst mandatory training was provided for staff, compliance was variable and did not meet the trust target of 85% in all topics.
- The service did not always have suitable premises. The paediatric emergency department was too small to now accommodate the numbers of children attendances. Flooring in the x-ray rooms within the breast unit did not comply with relevant Health Building Note (HBN) requirements. Equipment was available but was not always checked to ensure it was safe to use
- Patients that self-presented to the urgent care department did not always receive initial assessment and observations in a timely way. However, patients that arrived by ambulance were assessed immediately.
- While staff kept records of patients' care and treatment, some of them did not contain all the information required. The completion of nursing risk assessments, care planning or fluid balance charts were not consistently carried out.
- In urgent and emergency care and medicine, risk assessments were provided were not always completed or monitored to identify risks or prevent a deterioration in a clinical condition.
- In outpatients, lessons learned from incidents were not always shared with the wider service and other specialities.

However,

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

# Summary of findings

- Staff at the trust generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, we observed both nursing and medical staff on the medical wards not always adhering to appropriate hand hygiene practice.
- The maintenance, and use of facilities and premises generally met all patients' needs. Risk assessments were in place where the environment made it challenging to deliver care.
- There were generally enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, vacancy and turnover rates in the medical division was significantly higher than the trusts average vacancy rate. We observed a high proportion of staff were bank or agency staff.
- Generally, there were effective systems in place regarding the storage and handling of medicines. The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time. However, in the medical division, medicine charts reviewed had cancellations of medicines that were not signed and dated. We also noted a small number of medication charts with a dose omission with no clear reason why.
- 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. 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. Managers used this to improve the service.

## Are services effective?

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

- Patient pain was not always managed effectively. The assessment of pain and of the effectiveness of pain relief was not consistently recorded.
- Patients care plans were not always personalised.
- There were some inconsistencies in the completion of documentation of patients who lacked capacity or were under Deprivation of Liberty Safeguards. Medical staff were not complaint with mandatory mental capacity training targets

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. Although fluid charts were not always maintained.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Some outcomes of care were below the expected levels but the service was working to improve these.
- 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 worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- There was appropriate support seven days a week. Arrangements were in place to keep patients safe out of hours.

# Summary of findings

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

## Are services caring?

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

- Staff cared for patients with compassion. Feedback from patients mostly 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. They provided patient and their families the opportunity to ask questions and raise concerns throughout the care pathway.

## Are services responsive?

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

- Whilst the trust generally planned services in a way that met the needs of local people, the paediatric area in the urgent care department was too small for the population they served.
- Whilst waiting times had improved, not all patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were lower (worse) than the England average.
- Complaints were not responded to in a timely manner

However,

- The trust generally took account of patients' individual needs, including those who were in vulnerable circumstances or had complex needs. The trust worked closely with commissioners, the local authority, clinical networks and other stakeholders to plan delivery of care and treatment for the local population.
- The service treated concerns and complaints seriously. They investigated them and learned lessons from the investigations. Lessons learnt were generally shared with all staff through governance meetings.

## Are services well-led?

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

- Managers at most levels in the services had the right skills and abilities to run a service providing high-quality sustainable care. There were two clinical director posts vacant within the medical division, these were adult medicine and radiology. However, speciality leads within the divisions were covering these posts temporarily.
- Services had a vision for what they wanted to achieve and workable plans to turn them into action. They had been developed with involvement from staff, patients, and key groups representing the local community.
- Divisional managers promoted a positive culture that supported and valued staff. They were creating a sense of common purpose based on shared values.
- The divisions generally used a systematic approach to continually improve the quality of its services and safeguard standards.
- Services generally had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, these systems were mostly effective.

# Summary of findings

- The services generally collected, analysed, managed and generally used information to support all its activities. It used secure electronic systems with security safeguards. There were service performance measures in place for the services.
- Services mostly engaged with patients, staff, the public and local organisations to plan and manage appropriate services although this was variable between services. They collaborated with partner organisations where possible

However,

- While frameworks were in place to provide oversight of quality and safety performance, we were not assured they were sufficiently effective in maintaining standards consistently.
- While systems were in place to record incidents, we were not assured there was an effective and understood process in place for agency staff to report all incidents.

## Ratings tables

The ratings tables show the ratings overall 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 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.

## Outstanding practice

We found examples of outstanding practice in this trust.

- Women who used the maternity service were supported to live healthier lives and manage their own health, care and wellbeing. In 2018, the hospital was re-accredited with the UNICEF baby friendly initiative stage three. This is the top award accredited to organisations by UNICEF. This meant that the trust was committed to supporting and promoting mothers to initiate breastfeeding and educate staff about infant feeding.
- There were arrangements which ensured the safety of chemotherapy given in outpatients. There was an electronic prescribing system for chemotherapy, in line with best practice guidance. The pharmacy team based within the Centenary wing were working with a local NHS trust to improve the prescribing system. The team worked well together to make up the chemotherapy medicines on demand for patients. They were working towards the one-hour standard from when a patient was declared fit for treatment to administering the medicines. This was monitored closely and was improving. For example, in October and November 2018, 75% of patients were administered chemotherapy medicines within the hour. In December, this had improved to 80%. There were a number of initiatives the team were working through to increase the number of patients who received chemotherapy within one hour. For example, making chemotherapy in advance rather than on demand and exploring the option of inviting patients in the day before their appointment in preparation for their chemotherapy the next day.
- The outpatient matron had implemented a '6-4-2' process. This process involved a review of clinic templates and room utilisation, cleansing of nursing rosters, and then aligned both in a planned pre-emptive way. Managers told us this had given them assurance that they were making the best use of their two most valued commodities; staff and clinic space, to enable them to provide more clinics to more patients. It involved a three-step process. Tasks were completed and meetings held with specialty matrons at six, four, and two weeks in advance of appointments. Evidence showed that 4,787 extra patients had been seen from July to September 2018 due to identifying capacity within the clinics. This was being continuously monitored.

## Areas for improvement

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

# Summary of findings

We told the trust that it must take action to bring services in line with legal requirements.

## **In urgent and emergency services:**

- Ensure that patients receive initial assessment and observations in a timely manner in line with national standards. Regulation 12 (1)(2)(a)(b).
- Ensure nursing risk assessments and safety checklists are completed. Regulation 12 (2)(a).
- Ensure that waiting children and their families are not waiting to be seen in an adult environment. Regulation 12 (2)(d).
- Ensure that pain relief is administered in a timely manner, that pain is re-assessed after receiving pain relief medicines and at regular intervals. Regulation 12 (2) (a).

## **In medical care:**

- All patients initial and review risk assessments are completed and recorded in line with trust protocols. Regulation 12 (1) (2).
- All patients have a pain assessment and management plan that is regularly reviewed in line with trust protocols. Regulation 12 (1) (2).
- All patients' records are completed with appropriate information to understand their care plans. Ensure all patients have person-centred care plans that are well maintained and reflect appropriately patients' changing needs and treatment. Regulation 12 (1) (2).
- All staff follow the trust infection prevention and control policy regarding hand hygiene procedures. Regulation 12 (1) (2).
- Medicines cancelled on medicine charts are appropriately signed and dated at the time of cancellation. Regulation 12 (1) (2).
- All agency staff have access to systems to report incidents within appropriate timescales in line with trust protocols. Regulation 17 (1) (2).
- All staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. Regulation 18 (1) (2).
- All clinical areas are staffed to ensure safe patient care. Regulation 18 (1).
- There is adequate medical staffing out of hours to ensure patients safety across all clinical areas. Regulation 18 (1).

## **Trustwide**

- All complaints are managed in line with trust policies. Regulation 16 (1) (2).

## **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:**

- Ensure that all nursing staff receive medicines management and sepsis training.
- Ensure that patients privacy is maintained when booking in at reception.
- Re-assess the layout of the paediatric emergency department to ensure it meets the Children and Young People in Emergency Care Settings 2012, standards.



# Summary of findings

- Ensure that patients receiving intravenous fluids have fluid balance charts in place.
- Ensure that medical staff document the date, time and their role in medical records.
- Improve compliance in the national Royal College of Emergency Medicine audits.
- Ensure that all nursing and medical staff receive annual appraisals.
- Ensure that patients can access and receive care in a timely way.
- Ensure that mortality and morbidity meetings are formally minuted.
- Ensure that the senior management team continue with their plans to improve data management.
- Improve patient engagement and feedback methods to ensure and increase in responses for the friends and family test.
- All complaints are responded to in a timely manner.

## **In medical care:**

- Environmental risk assessments, including ligature risk assessments, are completed and monitored to assess the risk of harm of patients living with acute mental health conditions.
- Improvements in the identification and tracking of patients with sepsis continue and patients prescribed antibiotics for new red flag sepsis are administered within one hour.
- Recruitment action plans are in place for both nursing and medical staff and are regularly reviewed.
- All nursing staff working in escalation areas are competent to recognise and deal with deteriorating patients and have undergone a documented induction and orientation prior to working in the area.
- Managers have oversight of escalation areas that are in operation overnight.
- Medicine charts are fully completed for all patients.
- Venous thrombo-embolism assessments are completed and recorded on medicine charts.
- All patients receive their medicine at the right time and any missed doses are recorded.
- All wards and departments have systems in place to record and monitor staff competency records.
- All staff have completed dementia awareness training.
- There is consistency in the recording of mental capacity decisions within patient records and documents.
- Patients have access to bathroom facilities in all inpatient areas.
- Governance processes are in place to review and improve performance with nurse sensitive indicators.
- All complaints are responded to in a timely manner.

## **In maternity:**

- All staff complete mandatory training.
- All clinical guidelines are kept up to date.
- All complaints are responded to in a timely manner.

## **In outpatients:**

# Summary of findings

- The trust should ensure all medical staff complete mandatory training in key skills.
- The trust should ensure that premises and facilities are suitable for their intended purpose. They should continue to monitor overcrowding in clinic areas and have clear plans to mitigate against this where possible.
- The trust should ensure there are clear processes and governance structures to allow learning from incidents to be shared with all staff.
- The trust should ensure patients can access the service in a timely manner. They should continue to monitor and improve the time patients wait from referral to treatment (RTT).
- The trust should ensure complaints are responded to in a timely manner, consistent with the trust's complaints policy timescales.
- The trust should ensure all levels of the governance structure function effectively to allow for joint working and shared learning across specialties.

## In diagnostic imaging:

- Review flooring in the x-ray rooms in the breast unit, taking into account HBN 00-10 regulations which considers floors should be washable, and have curved edges to prevent bacterial growth.
- All complaints are responded to in a timely manner.
- Ensure a clinical director or clinical lead is in place to provide support/medical oversight of the service

## Trustwide

- Ensure the integrated performance report objectives are consolidated into clearly articulated quantifiable and measurable plans.
- Ensure the plans to develop governance processes from ward to committee are achieved.
- Ensure inconsistency in documenting and recording Mental Health Act administration and compliance decisions.
- Ensure medical staff compliance with Mental Health Act and Deprivation of Liberties Safeguarding training.
- Progress the trust digital strategy to have systems that are fit for purpose and reduce the reliance on manual systems.
- Ensure that all recruitment processes are fully documented.

## Action we have taken

We issued four requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet those requirements. Our action related to breaches of legal requirements in urgent and emergency care, medicine and trust wide.

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

## What happens next

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

As a result of the improvement demonstrated at this inspection, the chief inspector of hospitals has recommended to NHS Improvement that Kettering General Hospital NHS Foundation Trust is removed from special measures.

# Summary of findings

## 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.

We rated well-led as Good because:

- The trust had managers at most levels with the right skills and abilities to run the service. There was a mix of experience within the executive directors with some new to the executive role and others with considerable experience.
- The trust processes generally ensured that the board were fit and proper for their role.
- There was a clear vision and strategy developed with the involvement of staff. The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans.
- The executive team and managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's shared values. There was a clear culture of collective responsibility across the organisation.
- The systems and process to support effective governance were developing. There was a clarity about the role of the board and of committees, with recent work having been undertaken to reduce duplication.
- The trust board had sight of the most significant risks and mitigating actions were clear. There were risk registers in place across all levels of the organisation. Staff had access to the risk register either at a team or division level and were able to effectively escalate concerns as needed.
- Whilst the trust was financially challenged the board had a clear understanding of the financial position. There was an appropriate level of operational and financial experience and expertise across both the NEDs and executives with sufficient board time spent reviewing the trust's finances.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust worked with providers and commissioners, to support transformation of the health and social care system and understand the needs of people within Northamptonshire.
- Although there was a lack of a structured methodology for continuous improvement, it was one of the pledges in the quality strategy with investment planned to further develop the approach to continuous quality improvement.
- The trust's learning from deaths process had been established and was part of overall scrutiny of mortality. Effective systems were in place to identify and learn from unanticipated deaths.

However,

- Although the integrated performance report was organised around the trust's four objectives and there were a number of plans to review the progress against these objectives, these were not yet consolidated into clearly articulated quantifiable and measurable plans.
- Governance processes from ward to committee were not yet fully developed although there were plans to achieve this.

# Summary of findings

- While there were governance arrangements in place in relation to Mental Health Act administration and compliance. There was inconsistency in documenting and recording decisions. Not all medical staff were compliant with mental health act or DoLS training.
- Although the trust collected, analysed, and used information to support its activities. The information systems in place were not fit for twenty first century care. Some IT systems did not interface with each other and were not fit for purpose. There was a reliance on manual systems to support the provision of performance information.
- Although systems were in place to manage complaints, these were not responded to in a timely manner.
- Two board members files did not contain a complete record of the recruitment process.

## Use of resources

A use of resources report, carried out by NHS Improvement, is described separately.

## 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 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↑ Feb 2019	Requires improvement ↔ Feb 2019

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	Requires improvement ↑ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↑ Feb 2019	Requires improvement ↑ Feb 2019
Medical care (including older people's care)	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Requires improvement Feb 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	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
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 2018
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 2019	N/A	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Diagnostic imaging	Good ↑↑ Feb 2019	N/A	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑↑ Feb 2019	Good ↑↑ Feb 2019
<b>Overall*</b>	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019	Requires improvement ↔ Feb 2019

\*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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## Key facts and figures

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There are approximately 541 inpatient beds and over 3,400 whole time equivalent staff are employed. Kettering General Hospital is one of the largest employers in Northamptonshire.

All acute services are provided at Kettering Hospital with outpatients' services also being provided at Nene Park, Corby Diagnostic Centre, Prospect House and Isebrook Hospital. The findings in this report do not reflect the site we did not inspect, Isebrook outpatients.

The trust ended the financial year 2017/18 with a deficit of £34.7m (£33.6m after excluding the impact of non-performance technical adjustments – impairments, donated asset movements and loss on disposal of assets). The financial plan agreed with the regulator was a total deficit of £19.9m. This excluded sustainability and transformation funding as the trust rejected its control total.

The trust had a cash balance of £2.8m at the end of the year. The trust received £11.9m capital funding from the Department of Health, and interim revenue loans of £28.9m.

In 2017/8 the hospital had:

- 87,497 patients per year, 240 patients per day in A&E;
- 267,000 outpatients each year;
- 741 outpatient clinics per week
- 40,000 inpatients;
- 41,500 day case patients;
- 3,500 births.

This was the fourth inspection of the trust which included ratings and the second inspection of the trust using a new methodology, whereby we inspected core services, and included an inspection of the well-led element of the trust overall. This inspection took place between 5 February 2019 and 14 March 2019.

The first inspection took place in September 2014, when it was rated as requires improvement overall.

# Summary of findings

The hospital was inspected again in October 2016. The overall rating for the trust was 'inadequate' with two of the five key questions we ask, safe and well-led, being 'inadequate'. Effective and responsive were rated as 'requires improvement'. The trust, and every service level, was rated 'good' for care. The service was placed into special measures.

The third inspection took place between 7 November to 1 December 2017, which was announced. 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. However, the trust was not removed from special measures.

## Summary of services at Kettering General Hospital

### Requires improvement → ←

Our rating of services stayed the same. We rated them as requires improvement because:

- We rated safe, effective and responsive as requires improvement and caring as good.
- The overall rating for well led at the core service level was requires improvement. However, we rated well led trust wide, which is a separate rating, as good.
- We rated four of the trust's core services as requires improvement and four as good. Diagnostic imaging is considered an additional service and was rated as good.
- During this inspection we did not inspect surgery, critical care, children and young people or end of life care. The ratings published following previous inspections are part of the overall rating awarded to the trust at this time.



# Urgent and emergency services

Requires improvement  

## 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 20 bays for patients within majors which were separated into two areas, one with 13 bays and one with seven, nine 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 major's areas.

We inspected the following areas on the Kettering General Hospital site:

- Accident and Emergency.
- Emergency Decision Unit.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with seven adult patients and two patients under the age of 18 years who were using the service. We also spoke with three relatives, and three parents with their children in the department.
- spoke with the managers, matrons, and clinical leads for the department.
- spoke with 15 other staff members; including doctors, nurses and support staff.
- observed handover and bed meetings as well as department 'huddles'.
- reviewed 25 patient records to assess the care and treatment provided.
- reviewed a further 25 records relating to patient flow, time to initial assessment, triage, treatment and total time spent in the department.

The inspection team included an inspector, an emergency medicine consultant and senior nurse specialist advisors. We also had a pharmacy and mental health inspector for support.

## Summary of this service

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

- Not all nursing staff had completed mandatory training, for example medicines management and sepsis.
- The design, maintenance, and use of facilities and premises did not always meet patients' needs.

# Urgent and emergency services

- There were no systems in place to prevent queueing patients overhearing conversations between reception and streaming staff at the reception desk.
- Risks to patients were not always assessed appropriately.
- Records of patients care and treatment were not kept up to date and did not contain all the information required.
- Patients receiving intravenous fluids did not have fluid balance charts completed.
- Patients pain was not always managed effectively.
- The emergency department failed to meet any of the national standards for the Royal College of Emergency Medicine (RCEM) audits.
- Staff did not always receive an appraisal.
- The service was unable to plan and provide services in a way that met the needs of local children.
- Patients could not always access care and treatment in a timely way.
- Complaints were not always responded to in a timely manner.
- Due to the infancy of the ED senior leadership team, changes and improvements were yet to be embedded.
- Whilst they had a framework in place for governance, mortality and morbidity meetings were not minuted.
- The service did not have effective arrangements in place to ensure information and data used to monitor, manage and report on performance was accurate.
- Patient engagement was limited.
- There was little evidence of any other innovations or research since the previous inspection.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained.
- Patients that arrived by ambulance were assessed immediately.
- There were enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Whilst outcomes of care did not meet national standards, they were being monitored and the service used the findings from audits to improve patient outcomes.
- The service had processes in place to ensure staff were competent for their roles.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff were committed to supporting people to live healthier lives.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion.

# Urgent and emergency services

- 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.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously. They investigated them and learned lessons from the investigations.
- The emergency department (ED) had a new senior leadership team, with the right skills and abilities to run a service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service were starting to promote a positive culture that supported and valued staff.
- The service engaged with staff to plan and manage appropriate services.
- The new senior leadership team were committed to improving services.

## Is the service safe?

**Requires improvement** ● ↑

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

- Not all nursing staff had completed mandatory training, for example medicines management and sepsis. Medicines management was 74% and sepsis training was 61%, these did not meet the trust target of 85%.
- The design, maintenance, and use of facilities and premises did not always meet patients' needs. The paediatric emergency department was too small to now accommodate the numbers of children attendances.
- There were no systems in place to prevent queueing patients overhearing conversations between reception and streaming staff at the reception desk.
- Risks to patients were not always assessed appropriately. For example, patients that self-presented to the department did not always receive a timely initial assessment or observations. Nursing risk assessments and safety checklists were not routinely completed.
- Records of patients care and treatment were not kept up to date and did not contain all the information required. For example, records did not always contain nursing risk assessments. Medical staff did not always record the time they had seen the patient or document their role and speciality.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. This had improved since our last inspection.
- Patients that arrived by ambulance were assessed immediately.
- There were enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There were effective systems in place regarding the storage and handling of medicines. The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time.

# Urgent and emergency services

- 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.

## Is the service effective?

**Requires improvement** ● ↑

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

- Patients receiving intravenous fluids did not have fluid balance charts completed.
- Patients pain was not always managed effectively. Patients did not have their pain re-assessed following the administration of pain relief or throughout their stay in the emergency department. When the department was busy, pain relief was not always administered in a timely manner.
- The emergency department failed to meet any of the national standards for the Royal College of Emergency Medicine (RCEM) asthma, severe sepsis and the consultant sign off audits.
- Staff did not always receive an appraisal. For example, only 80% of nursing staff and 78.6% of medical staff had received an appraisal, this did not meet the trust target of 85%.

However:

- 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.
- Whilst outcomes of care did not meet national standards, they were being monitored and the service used the findings from audits to improve patient outcomes.
- The service had processes in place to ensure staff were competent for their roles.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff were committed to supporting people to live healthier lives. The service promoted alternative options to attending the emergency department.
- 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 and gained consent appropriately.

## 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 mostly confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff understood the need for emotional support within the emergency department setting.

# Urgent and emergency services

- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives felt informed about their care and treatment and were able to ask medical and nursing staff questions before making decisions about their care.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service was unable to plan and provide services in a way that met the needs of local children. This was because the paediatric area was now too small for the population they served.
- Patients could not always access care and treatment in a timely way. Whilst waiting times for treatment and admission had improved in recent months the percentage of patients admitted, transferred or discharged within four hours of arrival in the emergency department and total length of time patients were in the department was higher than the national average.
- Complaints were not always responded to in a timely manner.

However:

- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously. They investigated them and learned lessons from the investigations. Lessons learnt were shared with all staff through governance meetings.

## Is the service well-led?

**Requires improvement** ● ↑

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

- Due to the infancy of the ED senior leadership team, changes and improvements were yet to be embedded.
- Whilst they had a framework in place for governance, mortality and morbidity meetings were not minuted.
- The service did not have effective arrangements in place to ensure information and data used to monitor, manage and report on performance was accurate. For example, times recorded for initial assessment and streaming. Whilst managers had plans to improve the accuracy of performance data, these were not fully embedded yet.
- Patient engagement was previously limited. There were low response rates for February 2018 to August 2018. However, it was noted during inspection a tablet had been recently installed in the department waiting area to improve engagement. Due to the tablet only being recently installed, we were unable to measure the benefit.
- There was little evidence of any other innovations or research since the previous inspection.

However:

- The emergency department (ED) had a new senior leadership team, with the right skills and abilities to run a service. They were committed to providing high-quality, sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. It had been developed with involvement from staff, patients, and key groups representing the local community.

# Urgent and emergency services

- Managers across the service were starting to promote a positive culture that supported and valued staff. They were creating a sense of common purpose based on shared values.
- The service had started using a systematic approach to continually improve the quality of its services and safeguard high standards of care.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, these systems were mostly effective.
- Since the decline in response rates in November 2018 the service had introduced electronic tablets for feedback.
- The service engaged with staff to plan and manage appropriate services.
- The new senior leadership team were committed to improving services. There was evidence of learning from good practice and from incident and complaint investigations. They promoted training, and innovation. However, this was still in its infancy.

## Areas for improvement

The trust **MUST** take action to:

- Ensure that patients receive initial assessment and observations in a timely manner in line with national standards. Regulation 12 (1)(2)(a)(b).
- Ensure nursing risk assessments and safety checklists are completed. Regulation 12 (2)(a).
- Ensure that waiting children and their families are not waiting to be seen in an adult environment. Regulation 12 (2)(d).
- Ensure that pain relief is administered in a timely manner, that pain is re-assessed after receiving pain relief medicines and at regular intervals. Regulation 12 (2) (a).

The trust **SHOULD** take action to:

- Ensure that all nursing staff receive medicines management and sepsis training.
- Ensure that patients' privacy is maintained when booking in at reception.
- Re-assess the layout of the paediatric emergency department to ensure it meets the Children and Young People in Emergency Care Settings 2012, standards.
- Ensure that patients receiving intravenous fluids have fluid balance charts in place.
- Ensure that medical staff document the date, time and their role in medical records.
- Improve compliance in the national Royal College of Emergency Medicine audits.
- Ensure that all nursing and medical staff receive annual appraisals.
- Ensure that patients can access and receive care in a timely way.
- Ensure that complaints are responded to in a timely manner
- Ensure that mortality and morbidity meetings are formally minuted.
- Ensure that the senior management team continue with their plans to improve data management.
- Continue to monitor patient feedback, to measure if new methods are increasing their response rate. .

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

The medical care service at Kettering General Hospital provides care and treatment in 289 medical inpatient beds located in several wards including: the endoscopy day-case unit, the cardiac centre, Oakley ward and the coronary care unit, the ambulatory day care unit, the medical admission unit (Middleton assessment unit), Clifford ward (medical short stay), elderly care (Naseby A and B wards), haematology (Lilford ward), respiratory (Harrowden A and C wards), endocrinology (HC Pretty A and B wards), general medicine (Poplar and Cranford wards) and Twywell and Lamport ward (intermediate care).

The service provides care and treatment for cardiology, clinical haematology and immunology, endocrinology, gastroenterology, general medicine, geriatric medicine, medical oncology, nephrology and respiratory medicine. Rheumatology, dermatology and neurology were also offered by the division. Since our last inspection, all stroke services were provided by another hospital nearby.

The trust had 42,773 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 18,714 (43.8%), 577 (1.3%) were elective, and the remaining 23,482 (54.9%) were day case.

The medical care service was last inspected in October 2016. We rated caring and responsive as good, and safe, effective and well led as requires improvement. Requires improvement was the overall rating.

We carried out our short notice inspection on the 5, 6, 7 and 18 of February 2019. During our inspection, we visited:

- Middleton assessment unit
- Naseby A and B wards
- Twywell and Lamport wards
- Harrowden A and C wards
- HC Pretty Wards
- Lilford Ward
- Cranford Ward
- Endoscopy suite
- Barnwell C ward
- Deene Acute Surgical Unit (DASU)
- Discharge lounge
- CCU/Oakley
- Catheter laboratory
- Clifford Ward
- Cardiac investigations

# Medical care (including older people's care)

We spoke with eight patients and relatives, and 45 members of staff, including registered nursing staff, healthcare assistants, administrative staff, medical staff, pharmacists, ward sisters, matrons, senior managers and agency staff. We reviewed 35 patient records and observed care being delivered.

The inspection team consisted of a lead inspector, an assistant inspector, two mental health inspectors, a specialist pharmacy inspector, and two specialist advisors, including a registered nurse and a consultant.

## Summary of this service

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

- We observed both nursing and medical staff not adhering to appropriate hand hygiene practice.
- Patient risk assessments were not always completed or monitored to identify risks or prevent a deterioration in clinical condition.
- The nurse vacancy rate was significantly higher than the trusts average vacancy rate.
- The service did not have enough medical staff with the right qualification, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment most of the time.
- Records were not always stored securely.
- Risk assessment and care planning documentation was not always completed.
- Medicine charts were not always fully completed.
- Pain assessments and care plans were not completed for all patients.
- The service took longer than the trust target to investigate and close complaints.
- Audit frameworks and action plans to improve the service were not always effective in ensuring patient risk assessments, such as pain, pressure ulcer and falls assessments were completed in line with policies and procedures.
- Agency staff did not have access to effective systems to allow them to record incidents.

However:

- The service met the trust set target of 85% for completion in the majority of mandatory training modules.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Patients were provided with food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked together as a team to benefit patients.
- Relevant staff, teams and services were available seven days per week for assessing, planning and delivering patients' care and treatment.
- Most people could access the service when they needed to.
- The trust planned and provided services in a way that met the needs of local people.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.



# Medical care (including older people's care)

- The trust generally 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, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Is the service safe?

**Requires improvement** ● → ←

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

- Whilst the service mostly controlled infection risks well, some staff did not use appropriate control measures to prevent the spread of infection. We observed both nursing and medical staff not adhering to appropriate hand hygiene practice.
- The service did not always have suitable premises. Equipment was available but was not always checked to ensure it was safe to use.
- Risk assessments were provided, however these were not always completed or monitored to identify risks or prevent a deterioration in clinical condition.
- The service did not 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. Whilst there were contingencies in place to manage staffing levels, the vacancy rate was significantly higher than the trusts average vacancy rate.
- The service did not have enough medical staff with the right qualification, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment most of the time.
- Records were not always stored securely. Staff kept appropriate records of patients' care and treatment. However, risks assessment and care planning documentation was not always completed.
- The service did not always follow best practice when prescribing and recording medicines. However, the service did store and give medicines in line with best practice.

However, we also found;

- The service met the trust set target of 85% for completion in the majority of mandatory training modules. However, Mental Capacity Act awareness, medicines management and basic life support training rates were below the trust target for medical staff.
- 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 managed patient safety incidents well. Staff recognised incidents and reported them appropriately, however we were not assured temporary staff were reporting incidents. 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.

# Medical care (including older people's care)

## Is the service effective?

**Requires improvement** ● → ←

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

- We did not see evidence patients pain was assessed and monitored regularly. However, patients told us they were regularly asked about levels of pain and pain management.
- Nutrition and hydration risk assessments and care plans were generally in place; however, they were not always reviewed in line with trust policy.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005. They could explain how they acted in patients' best interests when they were unable to make decisions for themselves; however, we found some inconsistencies in the completion of documentation of patients who were under the MCA or Deprivation of Liberty Safeguards (DoLS). Medical staff were not compliant with mandatory mental capacity training targets.

However, we also found:

- 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.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service generally made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- Relevant staff, teams and services were available seven days per week for assessing, planning and delivering patients' care and treatment.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion.
- 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.

## Is the service responsive?

**Good** ● → ←

# Medical care (including older people's care)

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

- The service planned and provided services in a way that met the needs of local people.
- The service generally took account of patients' individual needs.
- Most people could access the service when they needed to; there were delays at times in admitting patients from the acute assessment wards to appropriate inpatient medical wards in a timely way.
- The service investigated complaints and learned lessons from the results, which were shared with all staff.

However, we also found:

- Complaints were not always responded to in a timely manner.

## Is the service well-led?

**Requires improvement**   

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

- Frameworks to ensure quality and safety were not sufficiently effective in maintaining consistent standards. For example, the audit framework and action plans to improve the service were not always effective in ensuring patient risk assessments, such as pain, pressure ulcer and falls assessments were completed in line with policies and procedures.
- The service did not always use a systematic approach to continually improve the quality of its services, safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- 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.
- Whilst the service had systems in place to record incidents, we were not assured there was an effective and understood process in place for agency staff to report all incidents. This meant the service was potentially not able to collect and analyse all information relating to incidents.
- The service was committed to improving its services by learning from when things go well and when they go wrong. However, the service had not made significant improvements in medical care following our inspection in October 2016.

However, we also found:

- The service had a vision based on the trusts overall vision for what it wanted to achieve; workable plans to turn it into action developed with involvement from staff and patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust generally 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, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

# Medical care (including older people's care)

## Areas for improvement

The trust **MUST** ensure that:

- All patients initial and review risk assessments are completed and recorded in line with trust protocols. Regulation 12 (1) (2).
- All patients have a pain assessment and management plan that is regularly reviewed in line with trust protocols. Regulation 12 (1) (2).
- All patients' records are completed with appropriate information to understand their care plans. Ensure all patients have person-centred care plans that are well maintained and reflect appropriately patients' changing needs and treatment. Regulation 12 (1) (2).
- All staff follow the trust infection prevention and control policy regarding hand hygiene procedures. Regulation 12 (1) (2).
- Medicines cancelled on medicine charts are appropriately signed and dated at the time of cancellation. Regulation 12 (1) (2).
- All agency staff have access to systems to report incidents within appropriate timescales in line with trust protocols. Regulation 17 (1) (2).
- All clinical areas are staffed to ensure safe patient care. Regulation 18 (1).
- There is adequate medical staffing out of hours to ensure patients safety across all clinical areas. Regulation 18 (1).

The trust **SHOULD** ensure that:

- All staff, including medical staff are compliant with the trusts mandatory training modules.
- All staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- Environmental risk assessments, including ligature risk assessments, are completed and monitored to assess the risk of harm of patients living with acute mental health conditions.
- Improvements in the identification and tracking of patients with sepsis continue and patients prescribed antibiotics for new red flag sepsis are administered within one hour.
- Recruitment action plans are in place for both nursing and medical staff and are regularly reviewed.
- All nursing staff working in escalation areas are competent to recognise and deal with deteriorating patients and have undergone a documented induction and orientation prior to working in the area.
- Managers have oversight of escalation areas that are in operation overnight.
- Medicine charts are fully completed for all patients.
- Venous thrombo-embolism assessments are completed and recorded on medicine charts.
- All patients receive their medicine at the right time and any missed doses are recorded.
- All wards and departments have systems in place to record and monitor staff competency records.
- All complaints are responded to in a timely manner.
- All staff have completed dementia awareness training.
- There is consistency in the recording of mental capacity decisions within patient records and documents.

## Medical care (including older people's care)

- Patients have access to bathroom facilities in all inpatient areas.

# Maternity

Good  

## Key facts and figures

Kettering General Hospital NHS Foundation Trust provides maternity services to women living in Kettering and the surrounding areas. The maternity service has 51 inpatient beds across one site. The delivery suite has 17 beds; nine delivery rooms, two high dependency beds, four triage beds and two induction of labour beds. 36 beds are within the antenatal and postnatal ward (Rowan). The hospital's maternity services are available across both hospital and community settings.

The maternity service is part of the family health division. The maternity service at Kettering General Hospital (KGH) offers a consultant and midwifery led delivery suite for low and high-risk births, a water birth suite with two birthing pools, community based ante-natal clinics and an antenatal and postnatal ward area. 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. The service has a bereavement suite. There are two dedicated theatres with dedicated theatre teams. The hospital has an early pregnancy assessment unit (EPAU) for women who experience problems before 20 weeks pregnancy and a foetal health unit where women can be assessed by a midwife and, or, a doctor without having to be admitted to hospital. The maternity service also offers specialist antenatal clinics for women with medical conditions such as diabetes who require obstetric review and plans of care during their pregnancy.

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.

The maternity service employs community midwives who provide care for women and their babies both during the antenatal and postnatal period and provide a home birthing service. From September 2017 to September 2018 the service reported that 85 (2.6%) of babies were born at home. This was above the national average of 2.3%. The number of home births had fallen from the previous year when there were 116 home births. The community midwives were aligned to GP practices and children's centres.

(Source: Trust Provider Information Request – Acute sites)

During the inspection we spoke to 32 members of staff including matrons, midwives, maternity support workers, specialist midwives, theatre staff, junior doctors and consultants, and nine women and their families. We reviewed seven patient records and seven prescription charts.

From July 2017 to June 2018 there were 3,197 deliveries at the trust.

## Summary of this service

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

- 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.
- Staff completed and updated risk assessments for each patient.

# Maternity

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Women's and babies' nutrition and hydration needs were identified, monitored and met. There was access to an infant feeding specialist to assist women and babies when needed.
- 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 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. Women's emotional and social needs were as important to staff as women's physical needs, and there were ongoing support for bereaved women and their families.
- The maternity service planned and delivered services in a way that met the needs of the local people. The importance of choice and continuity of care was reflected in future maternity care provision. The service 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 took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Managers at all levels in the service had 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.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Although the service provided mandatory training in key skills to all staff they did not ensure all staff completed it. Mandatory training compliance was variable and did not meet the trust target of 85% in all topics
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, complaints were not responded to in a timely manner.

## Is the service safe?

Good  

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

# Maternity

- 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.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe to use.
- Staff completed and updated risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. 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 used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However, we also found:

- Although the service provided mandatory training in key skills to all staff they did not ensure all staff completed it. Mandatory training compliance was variable and did not meet the trust target of 85% in all topics.

## Is the service effective?

Good  

Our rating of effective improved. 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. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Women's and babies' nutrition and hydration needs were identified, monitored and met. There was access to an infant feeding specialist to assist women and babies when needed.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers 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.
- 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.



# Maternity

- Maternity services were committed to working collaboratively. Medical staff, midwives, anaesthetists and other health care professionals supported each other to provide good care.
- Women had access to midwifery, obstetric and anaesthetic support seven days a week. Arrangements were in place to keep women and their babies safe out of hours.
- Women who used the maternity service were supported to live healthier lives and manage their own health, care and wellbeing. In 2018, the hospital was re-accredited with the UNICEF baby friendly initiative stage three.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## 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. Women's emotional and social needs were as important to staff as women's physical needs, and there were ongoing support for bereaved women and their families.
- Staff involved women and those close to them in decisions about their care and treatment. They provided women and their partners the opportunity to ask questions and raise concerns throughout the care pathway.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The maternity service planned and delivered services in a way that met the needs of the local people. The importance of choice and continuity of care was reflected in future maternity care provision. The service 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 took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- People could access the service when they needed it.

However, we also found:

- Complaints were not responded to in a timely manner.

# Maternity

## Is the service well-led?

Good  

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

- Managers at all levels in the service had 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.
- Managers across the service 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 improve 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 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 engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

- Women who used the maternity service were supported to live healthier lives and manage their own health, care and wellbeing. In 2018, the hospital was re-accredited with the UNICEF baby friendly initiative stage three. This is the top award accredited to organisations by UNICEF. This meant that the trust was committed to supporting and promoting mothers to initiate breastfeeding and educate staff about infant feeding.

## Areas for improvement

The trust should ensure that:

- All staff complete all mandatory training
- All complaints are responded to in a timely manner
- All clinical guidelines are kept up to date

# Outpatients

Good   

## Key facts and figures

Kettering General Hospital NHS Trust provides its main outpatients services at Kettering General Hospital. It also has four satellite locations where outpatient services are provided at Prospect House, Nene Park outpatients' clinic, Nuffield centre and Isebrook outpatient's clinic. These satellite services are managed by the same team who oversee main outpatients.

Each year the hospital facilitates over 300,000 outpatient appointments. On average there are 627 physical healthcare outpatient clinics per week. There was a separate children's main outpatient department which is reported on under children and young people core service, however some children were seen in regular outpatient clinics dependant on specialty including ENT, fracture clinic, dermatology and ophthalmology.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatient department. Outpatient clinics are held from Monday to Friday from 8am until 6pm. Some ad hoc Saturday and evening appointments are provided dependant on specialty.

We visited Kettering General Hospital, Prospect House, Nene Park outpatients' clinic and the Nuffield Centre, Corby. We spoke with 38 members of staff, of which six were a part of the management team, five were consultants, two were junior doctors, 16 were registered nurses, and nine were support staff including healthcare assistants and nurse training associates. We also spoke with six patients and nine relatives of patients' using the service.

## Summary of this service

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

- Mandatory training in key skills were provided to all staff.
- Staff understood how to protect patients from abuse and were aware of the requirement to work well with other agencies to do so.
- Infection risk was controlled well in most areas. The environment was clean and organised.
- Systems and procedures were in place to assess, monitor and manage risks to patients.
- There was enough nursing and 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 kept appropriate records of patients' care and treatment.
- Medicines were prescribed, dispensed, administered, recorded and mostly stored in accordance with best practice.
- Staff recognised incidents and most staff reported them appropriately.
- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines.
- Some outpatient areas 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.
- Staff were competent for their roles. Supervision meetings were held across most specialities to provide support and monitor the effectiveness of the service. Appraisal rates had increased since our last inspection.

# Outpatients

- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Patients were treated with compassion, kindness, dignity and respect, when receiving care. 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.
- The outpatient's department generally planned and provided services in a way that met the needs of local people.
- Some improvements had been made to the amount of time patients waited from referral to treatment (RTT).
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The vision for the outpatients' department continued to be one that focused on the delivery of safe and high-quality patient care.
- The outpatients' department had effective systems for identifying risks and timely plans to eliminate or reduce risks.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems and security safeguards.
- The service engaged well with staff and collaborated with partner organisations effectively.
- There was an improvement plan which detailed aims and objectives. We found some service improvements had been made since our previous inspection in 2017.

However:

- Medical staff compliance with mandatory training was low for some training modules.
- Premises or facilities were not always suitable for their intended use. Some areas were overcrowded.
- Lessons learned from incidents were not always shared with the wider service and other specialities.
- Not all patients could access the service when they needed it.
- Complaints were not always responded to in a timely manner.
- There was further work required to ensure all levels of the governance structure functioned effectively to ensure joint working and shared learning across specialities.

## Is the service safe?

Good   

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

- Mandatory training in key skills were provided to all staff and most nursing staff completed it.

# Outpatients

- Staff understood how to protect patients from abuse and were aware of the requirement to work well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Most staff had the appropriate level of safeguarding training for the services they delivered.
- Infection risk was controlled well in most areas. Staff collected safety information and shared it with staff, patients and visitors. They used control measures to prevent the spread of infection and all staff we observed followed the trust's infection prevention and control policy.
- The environment was clean and organised. Most areas had appropriate facilities for the care and treatment provided. Mitigating actions were in place to address overcrowding where possible and we saw long term refurbishment plans and relocation plans to address these issues.
- Systems and procedures were in place to assess, monitor and manage risks to patients. There was a clinical harm review process in place to monitor and manage the risks to patients on the waiting list.
- There was enough nursing and 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. At the time of our inspection, we observed there were enough staff with the right skills mix to meet patient needs.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and were available most of the time to all staff providing care.
- Medicines were prescribed, dispensed, administered, recorded and mostly stored in accordance with best practice. Patients received the right medication and the right dose at the right time.
- Patient safety incidents were managed well. Staff recognised incidents and most staff reported them appropriately. Managers investigated incidents and shared lessons learned with the team involved. When things went wrong, staff apologised and gave patients suitable support.

However:

- Medical staff compliance with mandatory training was low for some training modules. There was no clear action plan in place to address this.
- Premises or facilities were not always suitable for their intended use. Some areas were overcrowded, such as ophthalmology and the temporary fracture clinic.
- Lessons learned from incidents were not always shared with the wider service and other specialities.

## Is the service effective?

**Not sufficient evidence to rate** ●

We currently do not rate effective for outpatients. We found:

- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines. Staff were knowledgeable and dedicated to providing good patient care based on nationally recognised guidelines.
- Patients attended the outpatient department for short time periods however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other preferences.

# Outpatients

- Pain was well managed when analgesia was required. Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy department as required.
- Some outpatient areas 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.
- Staff were competent for their roles. Supervision meetings were held across most specialities to provide support and monitor the effectiveness of the service. Appraisal rates had increased to 91% since our last inspection, which now exceeded the trust target.
- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient services worked with speciality teams across the trust and external providers to plan and deliver care and treatment.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.
- 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:

- Patients were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people.
- Staff provided emotional support to patients to minimise their distress. Staff throughout the department understood the need for emotional support.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The outpatients' department generally planned and provided services in a way that met the needs of local people. Some clinics were provided in other GP surgeries and community health centres to promote ease of access to appropriate services.
- The service took account of patients' individual needs.
- The number of patients who did not attend (DNA) their appointment had decreased (improved) from the previous year.
- Patients with cancer, and patients with suspected cancer, were able to access the service when they needed it.

# Outpatients

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- Whilst waiting times had improved, not all patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were lower (worse) than the England average for some specialties.
- Complaints were not always responded to in a timely manner.

## 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 all levels with the right skills and abilities to run a service working to provide high-quality sustainable care.
- Whilst the service had a vision for what it wanted to achieve, some workable plans remained under development due to the limitations of the buildings. The vision for the outpatients' department continued to be one that focused on the delivery of safe and high-quality patient care.
- Managers across the service 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 improve the quality of its services and safeguarding high standards of care. It continued to aim to create an environment in which good clinical care would flourish.
- The outpatients' department had effective systems for identifying risks and timely plans to eliminate or reduce risks.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems and security safeguards.
- The service engaged well with staff and collaborated with partner organisations effectively. Patient feedback was sought by staff and comments shared amongst the team and was used to influence change within the service.
- Staff were committed to improving services for patients and learning from when things went wrong. There was an improvement plan which detailed aims and objectives. We found some service improvements had been made since our previous inspection in 2017.

However:

- There was further work required to ensure all levels of the governance structure functioned effectively to ensure joint working and shared learning across specialties.

## Outstanding practice

We saw some areas of outstanding practice:

- There were arrangements which ensured the safety of chemotherapy given in outpatients. There was an electronic prescribing system for chemotherapy, in line with best practice guidance. The pharmacy team based within the Centenary wing were working with a local NHS trust to improve the prescribing system. The team worked well

# Outpatients

together to make up the chemotherapy medicines on demand for patients. They were working towards the one-hour standard from when a patient was declared fit for treatment to administering the medicines. This was monitored closely and was improving. For example, in October and November 2018, 75% of patients were administered chemotherapy medicines within the hour. In December, this had improved to 80%. There were a number of initiatives the team were working through to increase the number of patients who received chemotherapy within one hour. For example, making chemotherapy in advance rather than on demand and exploring the option of inviting patients in the day before their appointment in preparation for their chemotherapy the next day.

- The outpatient matron had implemented a '6-4-2' process. This process involved a review of clinic templates and room utilisation, cleansing of nursing rosters, and then aligned both in a planned pre-emptive way. Managers told us this had given them assurance that they were making the best use of their two most valued commodities; staff and clinic space, to enable them to provide more clinics to more patients. It involved a three-step process. Tasks were completed and meetings held with specialty matrons at six, four, and two weeks in advance of appointments. Evidence showed that 4,787 extra patients had been seen from July to September 2018 due to identifying capacity within the clinics. This was being continuously monitored.

## Areas for improvement

We found areas for improvement in this service:

- The trust should ensure all medical staff complete mandatory training in key skills.
- The trust should ensure that premises and facilities are suitable for their intended purpose. They should continue to monitor overcrowding in clinic areas and have clear plans to mitigate against this where possible.
- The trust should ensure there are clear processes and governance structures to allow learning from incidents to be shared with all staff.
- The trust should ensure patients can access the service in a timely manner. They should continue to monitor and improve the time patients wait from referral to treatment (RTT).
- The trust should ensure complaints are responded to in a timely manner.
- The trust should ensure all levels of the governance structure function effectively to allow for joint working and shared learning across specialties.



# Diagnostic imaging

Good ● ↑

## Key facts and figures

Kettering General Hospital NHS Foundation Trust provides a diagnostic and imaging service which forms part of the medicine division at the hospital. Diagnostic imaging services provided by the trust are located at four sites: Kettering General Hospital and satellite services at Corby Diagnostic Centre, Isebrook Hospital and Nene Park. The service is managed by one management team based at Kettering General Hospital.

The diagnostic imaging department provides a range of diagnostic imaging modalities, including general radiography, computerised tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, interventional radiology, fluoroscopy, mammography, and ultrasound. The department performed approximately 20,000 examinations each month.

Diagnostic investigations also occur in the cardiac investigations unit. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, echocardiograms, and exercise tests. These were performed by specialist technicians managed by a lead physiologist.

In February 2018, diagnostic and imaging services was rated overall as inadequate. Safe and well led were rated as inadequate, caring was rated as good, and responsive was rated as required improvement.

We carried out our inspection from 5 February to 7 February 2019, plus a further announced visit on 12 February 2019 at the satellite sites. During our inspection, we visited all the modalities, including the cardiac investigation unit and mammography (excluding breast screening services). Interventional radiology sits under the surgery framework and therefore we did not inspect this modality.

We spoke with 15 patients and relatives, and 29 members of staff, including radiologists, radiographers, ultrasonographers, physiologists, nurses, unit managers, and health care support workers. We reviewed eight patient records and observed care being delivered.

The inspection team consisted of a lead inspector and a specialist advisor (senior radiographer/lecturer).

## Summary of this service

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

- Significant improvements had been achieved within the service since our last inspection. The reporting backlog had almost cleared and reporting turnaround times dramatically reduced. This had been achieved as a result of increasing the reporting capacity through use of locum consultants and increased outsourcing to teleradiology providers. The service had an operational plan to create a sustainable and cost-effective reporting team and to move away from reliance on third party support.
- New key performance indicators (KPI's) and reporting processes were introduced to measure improvements, and to facilitate the ongoing management of the reporting workload. The service was now working to, or very close to, its agreed KPIs for most modalities. The leadership team understood the challenges to service provision and actions needed to address them.
- Patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six-week target.

# Diagnostic imaging

- Staff were committed to providing the best possible care for patients. Staff felt ownership for the service and were proud to be part of the diagnostic and imaging service.
- There was a strong, visible patient centred culture. Staff were highly motivated and inspired to provide care and treatment that was kind, compassionate and promoted patients' dignity, and respected people's needs. Staff of all disciplines worked together as a team to benefit patients.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to delivery of care because of lessons learned.
- The service made sure staff were competent for their roles. Mandatory training in key skills was provided to all staff and the service made sure most staff completed it. Staff were encouraged to develop their knowledge, skills and practice.
- The service had 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. The service outsourced activity to ensure timely treatment was provided. Recruitment into the radiologist workforce remained an ongoing challenge, however, locum doctors were used as an interim measure to keep people safe from harm.
- The service had suitable premises and equipment and looked after them well. Although the cardiac investigation unit remained cramped since the last inspection, plans were in place to expand and improve the environment.

However:

- Not all the environment was maintained in accordance with Department of Health guidance. Flooring in the x-ray rooms within the breast unit did not comply with relevant Health Building Note (HBN) requirements.
- Complaints were not responded to in a timely manner.
- A clinical director/lead was not in place to provide additional support and oversight of the service.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure most staff completed it. The trust target of 85% completion was met for the majority of mandatory training courses.
- Staff understood how to protect patients from abuse and knew how to recognise and report abuse, including how to escalate concerns. Safeguarding training compliance was above the trust target for all staff.
- There were clear systems, processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements.
- 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. Staff complied with the trust's policies for infection prevention and control.

# Diagnostic imaging

- The service had suitable premises and equipment and looked after them well. Although the cardiac investigation unit remained cramped since the last inspection, plans were in place to expand and improve the environment. Equipment was checked at regular intervals to ensure it was safe for use.
- Safe systems and procedures were in place to assess, monitor and manage risks to patients. The service had a safety monitoring system in place to monitor their performance against targets. Staff completed and kept clear records of risk assessments and safety checklists for patients. Significant improvements had been achieved within the service since our last inspection. The reporting backlog was almost cleared and reporting turnaround times dramatically reduced. This had been achieved as a result of increasing the reporting capacity through use of locum consultants and increased outsourcing to the trust's two teleradiology providers.
- The service had 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 had 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. The service outsourced activity to ensure timely treatment was provided. Recruitment into the radiologist workforce remained an ongoing challenge, however, locum doctors were used as an interim measure to keep people safe from harm.
- Staff kept appropriate records of patients' care and treatment. There were systems in place to flag records when patients had particular needs. Records were clear, up-to-date and available to all staff providing care.
- The service administered, 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. The trust had a policy and plans in place for emergencies and other unexpected or expected events, such as adverse weather, flu outbreak or a disruption to business continuity.

However:

- Not all the environment was maintained in accordance with Department of Health guidance. Flooring in the x-ray rooms within the breast unit did not comply with relevant Health Building Note (HBN) requirements.

## Is the service effective?

**Not sufficient evidence to rate** ●

We currently do not rate effective for diagnostic imaging. We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care and treatment was delivered in line with legislation, standards and evidence based guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. Processes were in place for vulnerable patients, for example, frail patients or diabetic patients who required pre-examination fasting. The service ensured these patients were examined earlier in the day.

# Diagnostic imaging

- Pain relief was not routinely used in diagnostic imaging. However, patients were asked by staff if they were comfortable during their appointment.
- 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.
- 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. Appraisal compliance was 90.6%, which met the trust target of 85%.
- Staff of all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff confirmed there was good multidisciplinary team working within the service and with external organisations.
- The service made sure patients had access to the main diagnostic services seven days a week.
- Patients were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked 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. All patients we spoke with were highly complementary of the care they had received.
- Staff provided emotional support to patients to minimise their distress. Patients we spoke with said they had received good emotional support and felt they had been given enough time to ask questions. Staff were aware patients attending the service were often feeling nervous and anxious and provided reassurance and support.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated and involved patients so that they understood their care, treatment and condition. Staff took the time to explain the procedure and what would happen during their appointment. Patients felt well informed and could explain what would happen next.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people
- The service took account of patients' individual needs. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity and had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

# Diagnostic imaging

- Patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six-week target. The backlog of unreported images and delays in reporting had significantly improved since our last inspection.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The service took longer than the trust target to investigate and close complaints.

## Is the service well-led?

**Good** ● ↑↑

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

- The service generally had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers understood the challenges to quality and sustainability the service faced and had pro-active ongoing action plans in place to address them.
- The service had a vision and strategy for what it wanted to achieve, which was linked to and supported delivery of the core elements within the trust strategy.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience. Throughout our inspection, we observed a strong patient-centred culture across diagnostic and imaging services.
- The service used a systematic approach to continually improve the quality of services and safeguarding high standards of care. Significant improvements had been achieved within the service since our last inspection, with the reporting backlog almost cleared and reporting turnaround times dramatically reduced. Effective monitoring systems and governance processes were introduced to ensure backlogs do not develop again in the future.
- There were governance frameworks to support the delivery of good quality care. The service undertook several quality audits. Information from these assisted in driving improvement, giving all staff ownership of things that had gone well and action plans identified on how to address things needed to be improved.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A local risk register was in place which was regularly reviewed at local and divisional level.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service had clear performance measures, which were reported and monitored. These included, key performance indicators, referral to treatment times, treatment to reporting times, and friends and family test results. The data from these was used to drive forward changes in practice.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively. Patients' views and experiences were gathered and used to shape and improve the services and culture.
- The service was committed to improving services by learning from when things went well and when they went wrong, they promoted training and innovation. The service had focussed on addressing the concerns we reported in the February 2018 inspection, and we found significant improvements had been made to provide a safe and effective service.

# Diagnostic imaging

However:

- A clinical director/lead was not in place to provide additional support and oversight of the service.

## Areas for improvement

The service should:

- Review flooring in the x-ray rooms in the breast unit, taking into account HBN 00-10 regulations which considers floors should be washable, and have curved edges to prevent bacterial growth.
- All complaints are responded to in a timely manner.
- Ensure a clinical director or clinical lead is in place to provide support/medical oversight of the service.

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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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  
Diagnostic and screening 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  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

#### 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 17 HSCA (RA) Regulations 2014 Good governance

#### 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 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Bernadette Hanney, Head of Hospital Inspections, chaired and led this inspection. One inspection manager, two board level directors, a governance specialist advisor, a safeguarding specialist advisor, a pharmacist specialist, hospital inspectors, and assistant inspectors supported the inspection of the trust overall. The team included a total of eight hospital inspectors, two mental health inspectors, one assistant inspector and seven specialist advisors.

Board level directors and specialist advisers are experts in their field who we do not directly employ.