

Kettering General Hospital NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 2 and 4 September 2014. We carried out this comprehensive inspection because the Kettering General Hospital NHS Foundation Trust had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was inspected by the CQC in January 2014, and was subsequently issued with compliance actions in respect of Regulation 22 (staffing) and Regulation 13 (medicines) due to the serious failings identified on the Deene Floor. The trust reported that in respect of Regulation 13 they returned to compliance by March 2014, and in respect of Regulation 22 they returned to compliance by end of August 2014. This was reassessed at this inspection.

The trust has a relatively new management team in place who have sought to make significant changes to the quality of service provided by the trust. The nursing staff have led the way with the "I Will" campaign which is part of Victoria's legacy. There was a positivity about the impact of this campaign on the quality of care provided. However we found some areas of significant concern which we immediately raise with the trust and the trust took appropriate action to ensure the safety of patients in this area. The trust remains non-compliant with the compliance action issued on medicines. This is because we found significant issues in respect of the storage, prescription and administration of medicines within a number of areas within the hospital.

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

Our key findings were as follows:

- The trust encouraged staff to learn from incidents that occurred, to improve the care received by patients.
 - The new management team had plans in place to deal with a number of issues we found, and had already addressed the issues highlighted in previous CQC reports.
 - The trust had used complaints in a positive way to enhance the care received by patients.
 - Many staff felt empowered to make or suggest changes to improve care.
 - The trust had reduced the usage of agency cover in the A&E department by half during the previous year.
 - The trust was not following Intensive Care Society Guidelines on the nursing staffing in critical care.
 - The trust had a shortfall of permanent clinical staff, which at times led to poor care being given. The trust have employed temporary staff to mitigate this risk.
 - Poor environment meant that potentially infection control practices could not be effective. We also found poor documentation in relation to infection control.
 - Equipment and facilities were old, and required some improvements to be made.
- We saw several areas of outstanding practice including:
- The caring and responsive approach to bereaved families by staff in the mortuary, including support with viewings, and support with funeral arrangements, was outstanding. Staff in this service went beyond the call of duty to support families, particularly those bereaved of children and babies during difficult times.
 - In services for Children and Young People we found the play specialist support services outstanding.
 - The learning from the serious incident, which resulted in the 'I Will' campaign. Following the serious incident, staff groups came together to devise how systems could be improved and develop a culture where staff took responsibility to take action if they saw poor patient care.
 - Sensitive handling of incidents and complaints. The trust had taken an open and transparent approach with the family following the death of a young person. Through regular and open contact with the family, and by having staff around the table at meetings, significant improvements were made to care. The family of the patient are now involved in the improvements that the trust is making.
- However, there were also areas of poor practice, where the trust needs to make improvements.
- Importantly, the trust must:

Summary of findings

- Review staffing levels in the surgery and critical care units. This should include the use of junior doctors overnight within surgery.
- Review the environments in maternity and outpatients, to ensure that infection control measures, and privacy and dignity issues, can be addressed.
- Ensure that best practice guidelines from 'The Safe and Secure Handling of Medicines: A Team Approach', published by the Royal Pharmaceutical Society, are implemented to improve the safety and efficacy of medications.
- Ensure that 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms are completed appropriately.

In addition the trust should:

- Take action to ensure that staff in the A&E department are aware of current risks and actions to be taken in relation to communicable diseases, such as Ebola.
- Ensure that the checking of resuscitation equipment in the A&E department, and across the trust, occurs as per policy.

- Review the usage of storage facilities throughout the hospital, but especially in A&E and maternity.
- Ensure that patients' medical records are stored in a way that maintains patient confidentiality within the A&E department.
- Review the availability and uptake of training on caring for patients living with dementia, to improve the service to patients living with dementia.
- Ensure that staff receive appropriate appraisals, in order that they remain competent to carry out their roles.
- Review the consent procedures for emergency patients.
- Review the end of life service, to ensure that patients requiring this service receive care at an appropriate time.
- Improve record keeping throughout the trust, but especially in medical areas, to ensure that it reflects the needs of individual patients.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Kettering General Hospital NHS Foundation Trust

Kettering General Hospital is a medium sized district general hospital, providing a wide range of services to around 330,000 people across North Northamptonshire, South Leicestershire and into Rutland. The trust provides a comprehensive range of specialist, acute, obstetrics and community-based services over 576 inpatient beds. The trust is one of the largest employers in the area, with over 3,100 members of staff. The hospital has served its local community since 1897. It became an NHS trust in 1994, and a foundation trust in November 2008.

The average proportion of Black, Asian and minority ethnic (BAME) residents in Kettering (6.1%) is lower than that of England (14.6%). The deprivation index is lower than the national average, implying that this is not a deprived area.

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 2 and 4 September 2014. The inspection was undertaken because the trust was identified as having elevated risks in the SSNAP audit (Sentinel Stroke National Audit Programme), delays in discharge, governance procedures and significant numbers of safeguarding alerts. We also received some whistleblowing accounts, which gave us concerns. The trust had two outstanding compliance actions. These issues were reviewed during the inspection.

Our inspection team

Our inspection team was led by:

Chair: Kathy McLean, Medical Director, NHS Trust Development Authority

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: seven CQC inspectors, one director of assurance, eight consultants, one junior doctor, seven senior nurses, two student nurses, and two 'experts by experience'. (Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.)

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection took place between 2 and 4 September 2014.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they

knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the Healthwatch Northamptonshire.

Summary of findings

We held a listening event on 2 September 2014, when people shared their views and experiences of Kettering General Hospital. Some people who were unable to attend the listening event shared their experiences with us via email or by telephone.

We carried out an announced inspection visit on 3 and 4 September 2014. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Kettering General Hospital.

What people who use the trust's services say

The NHS Friends and Family Test was implemented to assess whether patients, and their friends and family, would recommend the ward to their loved ones. The trust was performing below the England average on six wards in the hospital.

The inpatient survey showed that the trust was performing in line with other trusts during 2013 in all areas.

In the cancer patient survey, the trust was in the bottom 20% of trusts in England for three out of 34 questions; the hospital scored in the middle range for 27 questions, and scored better than expected on four questions. The

questions included: how much sensitivity was used by staff, and whether there was privacy when telling the patients that they had cancer, as well as the information that they were given about their treatment, medication and options.

In the CQC maternity survey 2013, the trust scored in line with other trusts, but better than the average when it came to being treated with dignity and respect during labour and birth. The trust scored worse than expected from patients who were asked how clean the toilets and bathrooms were that they used during their stay.

Facts and data about this trust

Kettering General Hospital:

- Has 576 beds - 524 acute inpatient, 40 maternity and 12 critical care
- Serves 330,000 people
- Employs 3,100 staff
- Has an annual turnover of approximately £178 million
- Achieved foundation trust status in 2008
- The trust ended 2013/14 with a deficit of -£14m

Between April 2013 and March 2014, the trust had:

- 42,336 inpatient admissions
- 250,000 outpatient attendances
- 72,440 A&E attendances

- 3,537 deliveries

The trust board is relatively new, with four out of six executive directors being appointed in the last five months, including the CEO, COO, director of finance and the director of HR.

Kettering General Hospital has been inspected eight times, with the most recent in January 2014, where it was found to be Non-Compliant for two Outcomes. Outcome 9 – Medicines management and Outcome 13 – Staffing. Compliance actions were issued for both outcomes.

Kettering General Hospital NHS Foundation Trust has been ranked as one of the high risk Acute trusts by the CQC Intelligent Monitoring process over the last year and

Summary of findings

is currently in Band 1, considered the highest risk. The reason for this banding is that Intelligent Monitoring has identified eight risks and five elevated risks for this trust from both quantitative and qualitative data.

Elevated risks:

- SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (1 Oct 2013 to 31 Dec 2013)
- Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds (1 Jan 2014 to 31 March 2014)
- Monitor - Governance risk rating (27 May 2014 to 27 May 2014)
- Whistleblowing alerts (22 March 2013 to 2 June 2014)
- Safeguarding concerns (23 May 2013 to 22 May 2014)

Individual risks:

- Composite of hip related PROMs (patient reported outcome measures) indicators (1 April 2013 to 31 Dec 2013)
- The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database (1 April 2012 to 31 March 2013)
- Maternity Survey D6 'Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?' (Score out of 10) (1 Feb 2013 to 28 Feb 2013)
- Composite of PLACE (patient-led assessment of the care environment) indicators (1 April 2013 to 30 June 2013)
- NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (1 Sept 2013 to 31 Dec 2013)
- NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff (1 Sept 2013 to 31 Dec 2013)
- GMC - Enhanced monitoring (1 March 2009 to 21-April 2014)
- Monitor - Continuity of service rating (27 May 2014 to 27-May 2014)

Indicators by Domain:

Safe

Incidents:

- Three 'Never Events' took place from April 2013 until August 2014.

- 82 STEIS (strategic executive information system) serious incidents reported.
- 6,043 incidents reported through to the National Reporting and Learning System (NRLS).
- 94% NRLS incidents Low or No harm, similar to England average.

Safety Thermometer:

- The incidence of pressure ulcers and falls resulting in harm is higher than the England average.
- This trust has a higher proportion of junior and middle career doctors than across England.
- Kettering uses a higher proportion of bank and agency staff than the England average.
- VTE (venous thromboembolism) prevention level with the national average.

Infections:

- MRSA: No cases. Statistical analysis of MRSA infection data over the period April to November 2013 for Intelligent Monitoring shows that the number of infections reported by the trust is within a statistically acceptable range.
- C.difficile cases have fluctuated, with a recent sharp rise putting the trust's performance above the England average.
- Catheter UTIs are around the national average for most of the year with several months where infection rates were above the national average.

Effective

- IM Risk - Composite of hip related PROMs indicators.
- IM Risk - The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database.
- NaDIA (national diabetes inpatient audit) - 13 out of 21 measures worse than expected.
- HSMR (hospital standardised mortality ratio) - No evidence of risk.
- SHMI (summary hospital-level mortality indicator) - As expected.

Caring

- IM Risk - Composite of PLACE indicators. The trust scored worse than the England average for all four categories in the patient-led assessment of the care environment (PLACE).

Summary of findings

- The numbers of written complaints have fallen between 2010 and 2013, although they appear to have increased into 2014.

Responsive

- Bed occupancy rates have been consistently around 95%, which is significantly above the England average for the last four quarters.
- IM Elevated Risk - Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds.
- The trust has met and exceeded the target for the proportion of patients being seen consistently within four hours, and the number of patients leaving without being seen has fallen steadily and is now below the England average.

Well-led

- IM Elevated Risk - Monitor - Governance risk rating.

Staff survey



- IM Risk - NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers.
- IM Risk - NHS Staff Survey - KF21. The proportion of staff reporting good communication between senior management and staff.
- Overall results from the 2013 Staff survey show 17 negative scores and three positive out 32, with 20 scores worse than 2012 and 12 better.

Sickness rate:

- The staff sickness rate has been similar to the England average rate since 2011, up to the latter part of 2013, where the rate has increased significantly.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Despite significant improvements to the safety of care at the trust, we found that further improvements are required in a number of areas, in order that services are safe for all patients. These included the storage and administration of medicines, meeting of trust targets for harm free care and maintenance of the environment and equipment. However, the critical care unit (CCU) was understaffed to meet the dependency of patients. Due to the dependency of the patients in this area, the CQC took urgent action in alerting the trust to the issue. The trust took immediate action to address this issue, and within hours the numbers of staff in this area were reviewed and increased. CQC monitored the implementation of the increased staffing through two unannounced visits and found that action taken by the trust was appropriate to meet the needs of patients in this area. CQC and partners will continue to monitor this area.</p> <p>We found a number of areas where the security of the premises could be improved; for example, night time security of clinical waste cupboards and external doors. This, alongside the lack of a local security management specialist, gave us cause for concern for the safety of patients and staff within the hospital, especially in the evenings and overnight. We also found that the levels of staffing were reduced at these times, increasing the risks.</p>	<p>Requires improvement</p> 
<p>Are services at this trust effective?</p> <p>We found that improvements were required to ensure that services provided by the trust were effective. There were a number of clinical and nursing pathways, which we would have expected to be in place, which were not. Pathways ensure that care is consistent and meets best practice standards. This means that patients can experience the best possible outcomes from their treatment. Medical oversight in some areas was poor, resulting in less effective care.</p> <p>We had a number of concerns around the training of staff to care for specific patients. These included people living with dementia, those who required safeguarding, and those at the end of their life. We found that the documentation of training undertaken was not always available. We have required the trust to make improvements in these areas.</p>	<p>Requires improvement</p> 

Summary of findings

Are services at this trust caring?

While the trust still has a number of actions to take to improve the services it provides, the staff across all grades and disciplines were seen to be caring, supportive and friendly towards patients. Patients told us that the staff were excellent and were committed to their work.

On most wards, the dignity and privacy of patients was respected. The NHS Friends and Family Test results showed that the trust was above the England average in all areas. At the time of our inspection, we found the service to be caring, and all people spoken with were positive about the care and treatment they had received. The Adult Inpatient Survey for 2013 showed that the trust was performing around the national average for all questions. Whilst people at the listening event did tell us about some examples of poorer care, they also told us of positive experiences for their loved ones.

Good



Are services at this trust responsive?

The trust was not always as responsive as it could have been to meet the needs of patients at the end of their life, and those living with dementia. Some staff were often unaware of the impact of dementia, and did not tailor care to meet the needs of people living with dementia. Similarly, whilst staff were caring and passionate about care, the service for those patients at the end of their life was given by ward staff which could have been improved with an enhanced palliative care team. This was a reflection of the amount of resources in this area.

The trust has had significant issues with the discharge of patients, either back into the community or to the relevant ward for their care internally. The ICU had been known to discharge patients home from the unit as beds had not become available on the ward areas. This is unusual for intensive care units when compared to other trusts. Indeed, during our three separate inspection visits to the ICU, we saw patients who were ready for discharge to the ward areas, who remained in ICU, as there were no beds. The discharge of patients in the ward was often delayed due to provision of ongoing care or medications to take home. This resulted in new admissions for surgery being cancelled due to the lack of beds available. Northamptonshire is a significant outlier nationally in this area and the trust is working with the health and social care economy to address this issue.

Requires improvement



Are services at this trust well-led?

The senior team at Kettering General Hospital were relatively new into post; however, there had been significant change at the hospital within the last four months. Some of these changes required further embedding to effect an increased positive change. We noted that

Requires improvement



Summary of findings

there were a number of issues across several services which required addressing but were confident that these would be addressed by the management team. These included the involvement of the medical staff in the maternity unit, improved accountability within the critical care unit, the involvement of staff in the planning to address issues in the outpatients service and the strategy and direction for the end of life care service.

We found significant concerns in the critical care unit around staffing levels. The trust leadership team immediately put in place resources to ensure that patients were safe in this area. CQC requested further information, on the systems being put in place to support the safety of patients in the CCU, which the trust provided. Inspectors undertook two unannounced visits to ensure that the systems and resources were in place, and CQC was assured that the trust management had taken the appropriate action once alerted to the issue. We noted concerns around health and safety legislative which we have highlighted to the trust. The trust continues to work with the Health and Safety Executive and had at the time of inspection one outstanding Improvement Notice which has since been lifted.

The trust had implemented the 'I will' campaign following a serious untoward incident, which had been driven by the nursing team to ensure that quality of care for patients was the primary focus of work undertaken. All staff we spoke to were aware of this campaign and were supportive of its intentions. The senior management team were well known to staff, and staff felt able to challenge senior members of the team on issues which were of concern. The director of nursing and the director of operations were seen as key figures in implementing change at the trust. The chief executive was well known to all members of staff and was well respected by them.

Governance systems were in place to address issues within the trust, and staff reported that the senior team were not afraid to tackle difficult issues. The A&E department had recently undergone a significant transformation programme, which had involved all members of staff, and we saw the increased motivation to make changes in this department. However, the trust is on a journey towards best practice, and there were some areas which still required addressing. The senior management team were aware of these and had plans in place to address these.

Vision and strategy for this service

- The trust had a clear vision and strategy.
- The majority of staff spoken with were aware of the vision and values in place. It was noted that more work was needed to embed these.

Summary of findings

- The majority of staff were able to clearly articulate the development planning for their services, with the exception of A&E where further work to develop service strategies was required.
- The 'I Will' campaign was well understood by staff and formed the basis of the quality strategy.

Governance, risk management and quality measurement

- Members of the senior management team were key stakeholders in plans to address issues at the trust. They were held to account for actions taken by the trust board and chief executive.
- The trust was implementing a new directorate structure, which empowered clinicians in the making of management decisions. These posts were in the process of being appointed to.
- We found that there was a disconnect between the matron and manager level in some parts of the organisation, which the new structure may well improve.
- The serious incident reporting, escalation and investigation process had been fully reviewed within the 12 months prior to our inspection. This was in response to a serious incident. Learning from the new style of reporting had improved the reporting culture and awareness of serious incidents, though areas of improvement around clinical events, such as deteriorating patients, were still required.
- The 'I Will' Campaign produced a quality dashboard from which the trust could assure itself against quality markers.
- Once alerted to a risk, the trust management team were swift to act; however, internal escalation procedures were not always robust.
- Regular performance reports went to the board meeting, which looked at performance over time. This demonstrated that quality metrics, such as incidents and complaints, were being monitored.
- We found that members of the trust board were receiving critical information around trust-wide functions, including emergency planning and preparedness. There was a lack of clarity at clinical leadership level throughout the organisation, with regard to responsibility for these functions in each specialty. This was further demonstrated by the lack of clinical presence and leadership at internal resilience meetings.

Summary of findings

- Locally, we found that the emergency planning and resilience was working effectively, and overseen by the resilience team, to implement procedures and preparedness within the local departments and services, including good links with the mortuary.
- The major incident plan was currently being reviewed in line with national guidelines. Exercises to test the trusts resilience to major events were scheduled and being undertaken.
- There is a lack of trained staff to be able to respond in the event of a chemical, biological, radiological or nuclear event (often abbreviated to CBRN) because sufficient numbers of staff have not been trained in how to use the specialist equipment. This is partly due to the staff turnover throughout the hospital; however, the trust should ensure that sufficient numbers of staff are trained.
- The trust does not have a local security management specialist (LSMS) in post. This has been recognised by the trust, who have nominated a person to attend the training. This role will sit within the health and safety team, which consists of two people. Given the requirements of the roles and responsibilities there will not be a sufficient number of staff in post to support the health and safety and LSMS functions.
- We identified concerns in relation to health and safety matters throughout the trust. This included staff giving patients a bath in ward areas without testing the water prior to submerging a patient. There was a lack of thermometers to test the temperatures. Whilst we were assured that all hot water outlets have a thermostatic mixing valve (TMVs) in place, it is a staff responsibility, when supporting a patient to bathe, to test the water at the source to ensure that it is under 44°C. At present, we are not assured that patients are protected from the risks associated with scalds from hot water.
- Radiators, in the ward areas where vulnerable patients are located, including care of the elderly and paediatrics, were metal fronted and uncovered. This presents a risk of burns to patients who may lean against them. This had not been assessed by the trust, and it placed people at risk of burns from radiators.
- The identification of concerns around health and safety legislative work, such as the use of latex gloves and safer needle devices, meant that the trust was not fully engaged or aware of the concerns around matters of health and safety law. This required improvement. We have shared our findings with the Health and Safety Executive for their information.

Summary of findings

Leadership of service

- The senior members of the team were known to all staff; however, some were more visible than others to staff.
- The director of nursing had proactively managed a serious incident, and had turned this into a positive learning experience for the trust.
- There was a strong sense of nurse leadership within the organisation, which is due in part to the leadership of the director of nursing, who is seen to be a strong advocate for nursing and quality care.
- The senior team worked well together, and there was evidence of cohesion amongst the priorities for the senior team.
- Locally, the teams believed there was good leadership; however, many areas felt that there was a lack of clinical leadership engagement from medical staff. This was particularly the case in areas such as maternity, where there was a limited amount of consultant leadership in the running of the maternity service.

Culture within the service

- Staff at the trust were friendly and welcoming. Staff felt that there was a culture of openness and transparency.
- The nursing staff were a strong driver for change in the quality of care for patients.
- The culture around service improvement, including the reporting of incidents, had improved. The inspecting teams found that staff were open to reporting incidents, and willing to learn from incidents and improve the care provided to patients.

Public and staff engagement

- The trust senior team actively encouraged the local Healthwatch and other patient-focused groups to participate in the development of the trust.
- A working group, which has members from a variety of community groups, including those from the RNIB, advises the hospital on changes made to the hospital environment and its responsiveness to patients individual needs. This group has advised on the spending of monies awarded to the trust in respect of equipment.

Innovation, improvement and sustainability

- The mortuary team were innovative in their care of bereaved families of children, by ensuring that they had adequate facilities and equipment to support viewings and funeral arrangements. For example, the service facilitated the viewing

Summary of findings

of babies in bassinets to personalise the viewing for the parents. The service purchased their items and learnt to improve the service through ongoing development to achieve excellence.

Overview of ratings

Our ratings for Kettering General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity & gynaecology	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Kettering General Hospital NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The caring and responsive approach to bereaved families by staff in the mortuary, including support with viewings, and support with funeral arrangements, was outstanding. Staff in this service went beyond the call of duty to support families, particularly those bereaved of children and babies during difficult times.
- In services for Children and Young People we found the play specialist support services outstanding.
- The learning from the serious incident resulting in the 'I Will' campaign. Following the serious incident, staff groups came together to devise how systems could be improved and develop a culture where staff took responsibility to take action if they saw poor patient care.
- Sensitive handling of incidents and complaints. The trust had taken an open and transparent approach with the family following the death of a young person. Through regular and open contact with the family, and by having staff around the table at meetings, significant improvements were made to care. The family of the patient are now involved in the improvements that the trust is making.

Areas for improvement

Action the trust **MUST** take to improve

- Review staffing levels in the surgery and critical care units. This should include the use of junior doctors overnight within surgery.
- Review the environments in maternity and outpatients, to ensure that infection control measures, and privacy and dignity issues, can be addressed.
- Review the safety of children waiting in and attending the A&E department.
- Ensure that best practice guidelines from 'The Safe and Secure Handling of Medicines: A Team Approach', published by the Royal Pharmaceutical Society, are implemented to improve the safety and efficacy of medications.
- Ensure that 'do not attempt cardio-pulmonary resuscitation' (DNA CPR) forms are completed appropriately.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services and others were not protected against the risks relating to the health welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity by:</p> <ul style="list-style-type: none">- Provision of latex only gloves in some areas of the hospital.- Lack of safer needle device use throughout the hospital.- Lack of a robust health and safety strategy.- Lack of monitoring of bath temperatures.- Radiators not covered with heat shielding panels in areas of the hospital.- Lack of maintenance schedule for the refrigerator in the Pharmacy department.- Lack of assessing and monitoring the care of people accessing the end of life service. <p>Regulation 10 (1) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>People who use services and others were not protected against the risks relating to the health welfare and safety of service users and others through sufficient numbers of suitably qualified staff employed to undertake the regulated activity in that:</p>

This section is primarily information for the provider

Compliance actions

- Staff within the health and safety department were stretched and there was currently no local security management person appointed.

Regulation 22 Health and Social Care Act 2008
(Regulated Activities) Regulations 2010 Staffing