

Northampton General Hospital NHS Trust

Inspection report

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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 trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

Northampton General Hospital is a major acute hospital offering a range of acute services and has delivered care from its current main hospital site since 1793. The trust also provides a range of specialist services to prevent patients having to travel out of Northamptonshire and a range of secondary care services delivered in facilities around the local area to ensure care closer to home. The trust trains a range of clinical staff, including doctors, nurses, therapists, scientists and other professionals.

Northampton General Hospital NHS Trust provides general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout whole of Northamptonshire, a population of 692,000. The trust is an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. The trust has focussed its recent developments on developing its hyper acute services capacity on the main Northampton site. Hyper acute service development has included cancer, renal in-patient provision, hyperacute stroke services, vascular services and cardiology services.

In addition to the main hospital site, which is located close to Northampton town centre, the trust provides outpatient and day surgery services at Danetre Hospital in Daventry and has dedicated beds at the Cliftonville Care Home, Spencer Care Home for patients who no longer require acute inpatient care. The trust is responsible for the medical care of patients transferred to these care homes, whilst all nursing care and management is the responsibility of the home.

Regulated activities delivered by the trust are:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

The trust's bed compliment is:

- 794 general and acute beds,
- 60 maternity beds, and
- 18 critical care beds

The hospital employs 4,409 staff, including 532 medical staff, 1,121 nursing staff and 2,756 other staff.

From March 2018 to February 2019, there were:

- 94,775 inpatient admissions
- 656,606 outpatient appointments
- 132,307 accident and emergency attendances

Summary of findings

- 4,383 births
- 1,372 deaths

During 2018-19, Northampton General Hospital NHS Trust provided and/ or sub-contracted NHS services with 13 relevant Health service providers and held two key contracts with NHS commissioners. The trust's lead commissioner is NHS Nene Clinical Commissioning Group who also commissions on behalf of NHS Corby CCG, NHS Milton Keynes CCG, NHS Bedfordshire CCG, NHS Leicester City CCG, NHS East Leicester and Rutland CCG and NHS West Leicester CCG. This contract constitutes a range of acute hospital services including elective, non-elective, day case and outpatients. The trust also holds a contract with NHS England for prescribed specialised services.

The principal activity of the trust is the provision of free at point of delivery healthcare to eligible patients. The trust also provides a very small amount of healthcare to private patients.

The trust was last inspected in 2017 during two focused inspections, one in January and one in July. Eight core services were inspected in total, four during each focused inspection. The trust rating for each core service was Good, and the rating for each of the five key questions (safe, effective, caring, responsive and well-led) was Good, with a trust overall rating of Good.

Overall summary

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

What this trust does

The trust delivers care to a population of 380,000 in Northampton and the surrounding area. As well as delivering general hospital services to local people, the trust provides specialist hyper-acute stroke, vascular and renal services to people living throughout whole of Northamptonshire, a population of 692,000. The trust is an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire.

Northampton General Hospital is a district general hospital which has 794 beds in total and employs 4,409 staff. It provides a range of inpatient, outpatient, emergency and maternity care, and diagnostics. In addition to the main hospital site, the trust also provides outpatient and day surgery services at Danetre Hospital in Daventry and commissions beds at the Cliftonville Care Home, and Spencer Care Home, for patients who no longer require acute inpatient care.

The lead commissioner for the trust is NHS Nene Clinical Commissioning Group.

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.

Summary of findings

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.

Medical care was selected for inspection because:

- There had been two recent outlier alerts relating to medicine. One for raised mortality rates for patients admitted with septicaemia (except in labour). The second outlier alert was for the percentage of fit patients receiving systemic anti-cancer treatment.
- Concerns were raised by Health Education England relating to trainee doctors not receiving appropriate support from oncology consultants. These concerns were ongoing and not fully resolved.
- There was a serious incident in this core service where a patient died from an aspiration pneumonia.
- There had been two whistle-blowers raising concerns about the service to the CQC.
- We had received information relating to problems with discharge planning and communication, and poor care on some medical wards.

Maternity was selected for inspection because:

- In June 2018 there was an unexpected maternal death.
- There were four serious incidents reported by the service from March 2018 to February 2019.
- Themes relating to culture raised with the Freedom to Speak Up Guardian.

Urgent and emergency services were selected because:

- There had been some changes since the last inspection, including a new assessment and short stay admission unit designed to support flow through the emergency department (ED). We needed to inspect this new area and assess the impact on ED flow and patient experience of care.
- There were two complaints raised with the CQC about ED during the period 1 March 2018 to 28 February 2019

What we found

Overall trust

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

- We rated safe and well led as requires improvement, and responsive, effective and caring as good. We rated two of the trust's eight core services as requires improvement and one as good. In rating the trust, we took into account the current ratings of the five services not inspected this time dating from 2017.
- We rated well-led for the trust overall as requires improvement.
- The trust provided mandatory training in key skills to all staff but did not ensure that everyone completed it.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe. However, staff did not always manage clinical waste or hazardous chemicals well.
- The trust did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Summary of findings

- Staff kept detailed records of patients' care and treatment. Records were clear, and up-to-date; however, they were not always easily available to all staff providing care in maternity.
- Trust staff did not always follow its systems and processes to safely administer, record and store medicines.
- The trust managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents although they did not consistently share lessons learned with the whole team and the wider service.
- When things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers did not always ensure that actions from patient safety alerts were implemented and monitored.
- The trust provided care and treatment based on national guidance and best practice. However, some guidance on the trust intranet was not always up to date.
- The trust planned and provided care in a way that met the needs of local people and the communities served. However, it did not always work effectively with others in the wider system and local organisations to plan longer term care needs.
- People could not always access services when they needed it and as a result did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were consistently worse than national standards. The trust did not achieve NHS constitutional standards in its urgent care service.
- The trust treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. However, complaints were not always managed in line with the trust's own timescales. Not all clinical areas displayed information about how to raise a concern or make a complaint.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles. However, not all staff reported that senior leaders were visible and approachable.
- Staff did not all feel respected, supported and valued, staff feedback and experience showed a culture of bullying behaviour. However, staff were focused on the needs of patients receiving care. Not all staff felt that they were kept fully informed or had their views listened to and acted upon.
- Leaders and teams generally used systems to manage performance effectively. However, quality measures were not consistently collected in the maternity service.

However:

- Staff understood how to protect patients from abuse and services worked well with other agencies to do so. Most, but not all staff, had training on how to recognise and report abuse, and they knew how to apply it.
- The trust generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Summary of findings

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust provided services that were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- The trust promoted equality and diversity in daily work and provided opportunities for career development for those with protected characteristics. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Summary of findings

Are services safe?

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

- Although nursing staff were generally compliant with mandatory training requirements, medical staff were not up to date in all areas.
- Not all medical staff were up to date with safeguarding training; in some areas they were not compliant with targets for safeguarding training modules.
- Clinical waste was not consistently managed well in all services. We saw used gloves and aprons in black bags in some medical wards that we visited and there was insufficient assurance that these were uncontaminated waste.
- Hazardous chemicals were not stored safely on all wards. Although we found that cupboards containing cleaning chemicals were locked, on three wards we saw that the access code was written on the door jamb. This meant that unauthorised people could access hazardous chemicals.
- We found that not all equipment was replaced at the end of its life, meaning that equipment was not always fit for purpose.
- The environment was not suitable to meet patient's needs in all areas. The paediatric emergency department was too small to accommodate the numbers of children attending the department. The Heart Centre was regularly used for medical outliers but did not have appropriate facilities to accommodate inpatients.
- Safe systems for the storage, prescribing, administering and recording of medicines were not consistently in place in all areas. We found medicines removed from their original containers and stored in different medicine boxes and evidence that some out of date drugs had been administered to patients. Dates of opening on some short life medicines were not always recorded. Light and temperature sensitive medicines were not always stored in line with guidance. There was no process in place to check that patients had the correct medicines and we found evidence that some patients had been discharged without their medication or discharge summary. Not all staff were aware of medication alerts that had been issued nationally. Governance of patient group directives was not sufficient as we found that copies on the trust intranet did not have the required legal signatures. Controlled drugs were not consistently recorded in the controlled drug register when they had been issued. Not all areas had clinical pharmacy support.
- There were not always sufficient numbers of staff to keep patients safe. The midwife to birth ratio was higher than the expected national birth rate and there were low staffing numbers on the maternity day unit and in maternity triage. There was a high vacancy rate for medical staff in medicine and there were high numbers of unfilled shifts for medical staff.
- Records were not always easily available to staff in the maternity service. The community midwifery team were not always able to access electronic records or keep contemporaneous records due to connectivity issue in the community. In Medical care services, not all patient records were stored securely or kept in line with medical record keeping standards. We found some medical records trolleys left unlocked and some medical staff not writing their name or designation.

However:

- Access to medical support was available seven days a week, including consultant cover and out of hours on-call arrangements. There were consultant led daily ward rounds on all medical wards.
- Services controlled infection risks well and used control measures to prevent the spread of infection. Staff kept themselves, premises and equipment visibly clean.

Summary of findings

- There were systems to monitor and manage risks to patient safety. Comprehensive risk assessments were carried out for patients and staff identified, and quickly acted upon any risks to minimise or remove the risk.
- Staff knew what to report as an incident and how to report them. All staff had access to an electronic incident reporting system and managers investigated incidents and shared lessons learned with staff.

Are services effective?

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

- Staff monitored the effectiveness of care and treatment and used findings of local and national audits to make improvements and achieve good outcomes for patients.
- Managers made sure staff were competent for their roles through appraisals and supervision meetings. Training needs were identified and opportunities for developing knowledge and skills were provided. In the maternity service, “itchy feet” clinics were offered to support professional development opportunities amongst staff.
- There was effective multidisciplinary working between doctors, nurses and other healthcare professionals, who worked together as a team to benefit patients. In the maternity service there was effective multidisciplinary working and communication between hospital and community staff, including midwives, GP’s and health visitors, meaning women received consistent coordinated person-centred care when they moved between services.
- Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patient’s consent. They understood how to support patients who lacked capacity to make their own decisions.
- Staff gave patients enough food and drink to meet their needs. In the maternity service, both women’s and babies’ nutrition and hydration needs were identified, monitored and met.

However:

- Services provided care and treatment based on national guidance and best practice and clinical guidelines were available for staff to follow to plan and deliver high quality care. However, in medical care four out of 15 guidelines reviewed on the trust’s intranet were out of date, meaning that there was a risk that staff were referring to out of date guidance.

Are services caring?

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

- Staff treated patients with compassion and kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff responded compassionately to pain, discomfort and emotional distress in a timely and appropriate way. Patients felt that their privacy and dignity was respected.
- Staff provided emotional support to patients. For example, the maternity service provided bereavement support for women and those close to them who had suffered a pregnancy or baby loss.
- Staff supported and involved patients, families and carers to make decisions about their care. Staff talked to patients in a way they could understand, and nurses introduced themselves and explained what was about to happen before providing care.

Are services responsive?

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

- Services were inclusive and took account of patients’ individual needs and preferences. Staff made sure patients living with mental health problems, learning disabilities, and dementia received the necessary care to meet all their

Summary of findings

needs. There were specific rooms in the emergency department which were made to look less clinical and homelier that were prioritised for use by patients with additional support needs. Staff in the maternity service had access to specialist healthcare professionals with expertise in dealing with women in vulnerable circumstances, including a learning disability liaison nurse and psychiatric liaison team.

- There were generally systems to manage patient access to, and flow through services. There was an electronic display in the emergency department which provided an overview of bed availability and flow of patients coming through the department. There were regular bed meetings for all services daily, to discuss patient discharge plans.
- In the maternity service there was a 24-hour telephone triage service which enabled review of urgent health issues such as pain, vaginal bleeding or suspected broken waters. This ensured that women could be assessed and reviewed promptly.

However:

- Although the trust treated complaints seriously, not all clinical areas displayed information about how to raise a concern or make a complaint. Leaflets or posters about making a complaint were not readily available in the maternity service. Learning from complaints was not consistently shared with all staff. Services generally took longer than the trust target to investigate and close complaints.
- Systems for reviewing medical outlier patients were not effective, meaning that not all medical patients on outlier wards were reviewed daily by a consultant.
- Managers did not monitor waiting times or procedure cancellation rates in maternity clinics. We could not be sure women could always access services when they needed to or receive treatment within agreed timeframes.
- The trust did not meet some targets in line with national guidance such as time from arrival in the emergency department to receiving treatment and percentage of patients spending less than four hours in the emergency department.
- Children's facilities in the accident and emergency department were not suitable for the numbers of children treated.

Are services well-led?

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

- Not all staff we spoke with felt that there was a culture of respect throughout the trust. Concerns of bullying had been raised with the freedom to speak up guardian. We witnessed some poor staff interactions in some medical areas that we visited.
- In medical care services, governance processes had failed to identify some safety issues which presented a risk of harm.
- Although matrons and ward leaders were visible and approachable, not all staff were able to identify divisional and senior leaders.

However:

- There were governance processes including regular audits, performance monitoring, mortality and morbidity reviews and information sharing at meetings. There were clear lines of accountability throughout the trust.
- Leaders generally had the skills and abilities to run services, understanding the priorities and issues services faced.
- There was a clear vision and strategic plan for the trusts which set out realistic objectives for the future development and sustainability of the department.

Summary of findings

- Systems to manage performance were used effectively. While relevant risks were identified and escalated so that actions to reduce the impact of risks could be taken, it was not always clear how the existing controls related to the risk as stated in the risk register.
- There was an active quality improvement agenda throughout the trust which encouraged staff engagement in service development and improvements.

Use of resources

We rated it as requires improvement because:

The NHS trust has realised some productivity improvements, however there remain unmet efficiency opportunities within workforce and clinical services. Performance against constitutional operational standards also remains below national standards and national median. The NHS trust delivered the control totals and plan for 2018/19, with an improvement against the previous year. Its planning for further improvement to a breakeven position in 2019/20, however the level of efficiencies required to achieve the plan had not been fully developed at the of time assessment.

Combined quality and resources

This is the first time that we have awarded a combined rating for Quality and Use of Resources at this NHS trust. The combined rating for Quality and Use of Resources for this NHS trust was requires improvement.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all 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 Maternity services and in nursing.

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

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 27 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued three requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches of three legal requirements in two core services.

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 services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

We found the following outstanding practice in maternity services at Northampton General Hospital:

- The hospital was accredited by UNICEF UK as being a baby friendly hospital for the second time in March 2019
- Northampton General Hospital was the only maternity service in the East Midlands to successfully demonstrate compliance against all ten maternity safety actions set out by the clinical negligence scheme for trusts maternity incentive scheme, which was launched by NHS Resolution in 2018

We found the following outstanding practice in the trust overall:

- The trust was awarded international accreditation status of the Pathway to Excellence program from the American Nurses Credentialing Center. In November 2018, the trust became the first UK hospital to receive the award which recognises health care organisations that provide a positive practice environment for nurse and midwives
- The trust had collaborated with a local university to develop a three-year, part time masters level degree programme in quality improvement

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with two legal requirements. This action related to two services.

Medical care service:

- The trust must ensure the proper and safe management of medicines. Staff must follow current national practice to check patients receive the correct medicines. The service must have systems to ensure staff are aware about safety alerts and incidents. Staff must store and manage all medicines and prescribing documents in line with the provider's policy. (Regulation 12 (2) (g): The proper and safe management of medicines).

Maternity service:

- Staff must follow systems and processes when safely prescribing, administering, recording and storing medicines. The service must ensure medicines are in date and medicine waste and returns are stored securely. Infusions that require protection from light must be stored appropriately. Staff must ensure medicines stored in the medicine trolley are stored in their original boxes to ensure expiry dates and names of medicines are visible. Staff must ensure action is taken to address repeated high room temperature values, where the recommended storage conditions for medicines have been exceeded. (Regulation 12 (2) (g): The proper and safe management of medicines).
- The maternity service must ensure information and guidance about how to complain is widely available to everyone who uses the service. (Regulation 16: (2) Receiving and acting on complaints).

Action the trust **SHOULD** take to improve

We told the trust that it should take action either because it was not doing something required by a regulation or it would be disproportionate to find a breach of the regulation overall.

Summary of findings

Trust wide:

- The trust should review its board assurance framework to ensure it provides adequate assurance
- The trust should review its risk register so staff can easily track changes to risk or mitigation and improve clarity on how the existing controls relate to the risk as stated in the risk register
- The trust should consider how it could improve the effectiveness of its medicines audit processes
- The trust should consider its methods of assurance relating to the segregation of clinical waste
- The trust should review the effectiveness of its audit committee
- The trust should consider an external review of its governance structure and systems
- The trust should consider the structure, management and oversight arrangements for its quality improvement function
- The trust should continue to engage all its partners in operational and strategic decision making
- The trust should take steps to assure itself that the interventions in progress to address bullying and poor behaviour are having an impact at pace
- The trust should consider commissioning a more detailed analysis of the drivers of its deficit to inform those elements that are within its gift to be able to address both directly and indirectly
- The trust has plans to introduce an electronic solution between the human resources function and payroll to seek to address the issue of staff overpayments. The trust should consider requesting an internal audit function review of the planned electronic solution, in order that any control weaknesses can quickly be identified and addressed.
- The trust should consider the observations in relation to the audit committee to ensure that only realistic and deliverable internal audit recommendations are agreed in future, and that internal audit recommendations, as far as is practicable, are implemented within agreed timescales.
- The trust should consider tabling the board assurance framework monthly and consider how current gaps in assurance are highlighted. This consideration should inform debate on the sufficiency of the actions taken to close these gaps, and the associated timelines

Urgent and emergency services:

- The service should continue to re-assess the layout of the paediatric emergency department to ensure it meets the Children and Young People in Emergency Care Settings 2012 standards
- The service should make arrangements so patient group directions are regularly checked and updated on the trust internal website
- The service should take action so medical staff are compliant with the trust target for safeguarding children level three training
- The service should take action to improve the median time from arrival to treatment

Medical care service:

- The service should check medical staff are up to date with mandatory, safeguarding and mental capacity training
- The service should check catering staff are following infection prevention and control protocols
- The service should keep all confidential patient records securely

Summary of findings

- The service should introduce local procedures for invasive procedures in non-theatre settings
- The service should manage medical outliers so they are seen in a timely manner
- The service should consider how it manages private and NHS patients for cardiology procedures to ensure equity of access
- The service should review clinical guidelines to check they are current

Maternity service:

- The service should ensure women can access the service when they need it and receive the right care promptly and that waiting times from referral to treatment and arrangements to admit, treat and discharge women are in line with national standards
- The service should formally monitor delayed discharges and how frequently induction of labours or elective caesarean sections are delayed (or cancelled) so the service can analyse and monitor trends to inform future plans
- The service should ensure managers are planning the service for the long term. For example, to enable planning and organisation of services so they met the needs of the local population within the local expected population growth

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 at the trust as requires improvement because:

- Staff did not always feel respected, supported and valued as there was a culture of poor behaviour, especially towards more junior colleagues, and reports of bullying. Whilst the senior leadership team recognised this and had a range of actions in place these had yet to demonstrate a positive impact.
- Relationships between some senior board members were strained and some colleagues felt this could make the board less effective.
- The audit committee was not consistently operating effectively, there were examples of issues raised that lacked effective action over significant periods of time.
- While leaders and teams identified and escalated relevant risks it was not always clear how the existing controls related to the risk as stated in the risk register.
- Generally, staff knew who the senior leaders were, but told us their visibility varied from director to director.

However:

- Leaders had most of skills, experience and abilities to run the service. Where members were new to the board or leadership roles there were arrangements in place to support them. The trust leadership team had knowledge of current priorities and challenges and were acting to address these.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The vision and values were well-publicised and understood by staff.

Summary of findings

- There was a clinical strategy covering 2015-2020. It was recognised that a wider strategy was required, and a consultation for this was in progress. The trust had involved staff and had plans for consultation with external partners. The trust was working collaboratively with a neighbouring NHS trust to jointly develop specialist services and pathways, an estates strategy, and had appointed, or was recruiting shared senior leaders.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders mostly operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- There were effective arrangements for investigating, and learning from incidents, and there was a system for reviewing mortality.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. Staff could find the data they needed, whilst some staff felt that data was not always presented in a format that enabled senior leaders to fully understand performance, make decisions and improvements it was noted that the trust was moving towards information that would clearly show changes over time. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

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 ↓ Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 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 Northampton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↓ Oct 2019	Good ↔ Oct 2019
Medical care (including older people's care)	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019
Surgery	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
Critical care	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Maternity	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019
Services for children and young people	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Oct 2017
End of life care	Good May 2017	Requires improvement May 2017	Good May 2017	Good May 2017	Good May 2017	Good May 2017
Outpatients	Good Nov 2017	N/A	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
Overall*	Requires improvement ↓ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 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.

Northampton General Hospital

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Key facts and figures

Northampton General Hospital is a major acute hospital offering a range of acute services and has delivered care from its current main hospital site since 1793. The trust also provides a range of specialist services to prevent patients having to travel out of Northamptonshire and a range of secondary care services delivered in facilities around the local area to ensure care closer to home. In addition, the trust trains a range of clinical staff, including doctors, nurses, therapists, scientists and other professionals.

Northampton General Hospital NHS Trust provides general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to people living throughout whole of Northamptonshire, a population of 692,000. The trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire.

In addition to the main hospital site, which is located close to Northampton town centre, the trust also provides outpatient and day surgery services at Danetre Hospital in Daventry and has dedicated beds at the Cliftonville Care Home, Spencer Care Home for patients who no longer require acute inpatient care. The trust is responsible for the medical care of patients transferred to these care homes, whilst all nursing care and management is the responsibility of the home.

Regulated activities delivered by the trust are:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury

The trust has focussed its recent developments on developing its hyper acute services capacity on the main Northampton site. Hyper acute service development has included cancer, renal in-patient provision, hyperacute stroke services, vascular services and cardiology services.

The current capacity of the trust is:

- 794 general and acute beds

Summary of findings

- 60 maternity beds
- 18 critical care beds

The hospital employs 4,409 staff, including 532 medical staff, 1,121 nursing staff and 2,756 other staff.

From March 2018 to February 2019, trust activity was:

- 94,775 inpatient admissions
- 656,606 outpatient appointments
- 132,307 accident and emergency attendances
- 4,383 births
- 1,372 deaths

During 2018-19, Northampton General Hospital NHS Trust provided and/ or sub-contracted NHS services with 13 relevant Health service providers and held two key contracts with NHS commissioners. The trust's lead commissioner is NHS Nene Clinical Commissioning Group who also commissions on behalf of NHS Corby CCG, NHS Milton Keynes CCG, NHS Bedfordshire CCG, NHS Leicester City CCG, NHS East Leicester and Rutland CCG and NHS West Leicester CCG. This contract constitutes a range of acute hospital services including elective, non-elective, day case and outpatients. The trust also holds a contract with NHS England for prescribed specialised services.

The principal activity of the trust is the provision of free healthcare to eligible patients. The trust also provides a very small amount of healthcare to private patients.

The trust was last inspected in 2017 during two focused inspections, one in January and one in July. Eight core services were inspected in total, four during each focused inspection. The trust rating for each core service was Good, and the rating for each of the five key questions (safe, effective, caring, responsive and well-led) was Good, with a trust overall rating of Good.

Summary of services at Northampton General Hospital

Requires improvement  

Our rating of services went down. We rated them as requires improvement because:

We rated safe and well led as requires improvement and effective, caring, and responsive as good. We rated two of the hospital's eight core services as requires improvement and six as good. In rating the hospital, we took into account the current ratings of the five services not inspected this time dating from 2017.

- The trust provided mandatory training in key skills to all staff but did not ensure that everyone completed it.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe. However, staff did not always manage clinical waste or hazardous chemicals well.
- The trust did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, and up to date, however, they were not always easily available to all staff providing care.

Summary of findings

- Trust staff did not always follow its systems and processes to safely administer, record and store medicines.
- The trust managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents although they did not consistently share lessons learned with the whole team and the wider service. However, when things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers did not always ensure that actions from patient safety alerts were implemented and monitored.
- The trust provided care and treatment based on national guidance and best practice. However, some guidance on the trust intranet was not always up to date.
- The trust planned and provided care in a way that met the needs of local people and the communities served. However, it did not always work effectively with others in the wider system and local organisations to plan longer term care needs.
- People could not always access services when they needed it and as a result did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were consistently worse than national standards. The trust did not achieve NHS constitutional standards in its urgent care service.
- The trust treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. However, complaints were not always managed in line with the trust's own timescales. Not all clinical areas displayed information about how to raise a concern or make a complaint.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles. However, not all staff reported that senior leaders were visible and approachable.
- Staff did not all feel respected, supported and valued, staff feedback and experience showed a culture of bullying behaviour. However, staff were focused on the needs of patients receiving care. Not all staff felt that they were kept fully informed or had their views listened to and acted upon.
- Leaders and teams generally used systems to manage performance effectively. However, quality measures were not consistently collected in the maternity service.

However:

- Staff understood how to protect patients from abuse and services worked well with other agencies to do so. Most, but not all staff, had training on how to recognise and report abuse, and they knew how to apply it.
- The trust generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Summary of findings

- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust provided services that were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective governance processes, throughout the trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- The trust promoted equality and diversity in daily work and provided opportunities for career development for those with protected characteristics. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Urgent and emergency services

Good   

Key facts and figures

At Northampton General Hospital, the urgent and emergency services consist of the main emergency department, which houses the paediatric emergency department, Springfield urgent treatment centre, an ambulatory care centre, an Emergency Department Clinical Observation Area (EDCOA) and the Nye Bevan assessment wards.

The emergency department currently acts as a single point of access for any emergency presentations to the hospital and is a trauma unit in the Central England Trauma Network (not East Midlands) due to its geographical proximity to Coventry. It also provides access to the regional stroke and vascular services.

For medical emergencies, there is an acute medical take and a separate cardiology take. Primary percutaneous coronary intervention (PCI) for myocardial infarction is provided during daytime working hours otherwise patients are rapidly transferred to Kettering General Hospital. Radiology services are near the emergency department and include interventional radiology

The urgent care centre is managed by the urgent care directorate in the division of medicine and urgent care. Patients are directed to its services through streaming practitioners at the front door of the emergency department.

The clinical observation area is a small observation ward that also houses the crisis team for the trust, enabling rapid access to advice and services for patients attending the ED with mental health presentations. The ambulatory care centre takes referrals direct from the emergency department and general practitioners to provide same day emergency care. It also runs a surgical clinic when needed.

The last CQC inspection of the urgent and emergency care service at the Northampton General Hospital was in February 2017 when the service was rated as good overall. Four key questions were rated as good and outstanding for well led.

We carried out an unannounced inspection from 11 to 13 June 2019. We spoke with 30 members of staff including nurses, doctors, matrons, senior managers, healthcare assistants, pharmacists, allied health professionals, administrative staff and housekeepers. We also spoke with 10 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 10 care records including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

The inspection team consisted of a lead inspector, a mental health 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 good because:

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff completed risk assessments for each patient promptly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted when patients were at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Urgent and emergency services

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Safeguarding children level 3 training compliance for medical staff was worse than trust targets. However, when we spoke with staff, all knew about the processes and policies to protect patients from abuse and worked well with other agencies to do so.
- Patient group directions were not updated on the trust internal website.
- The paediatric emergency department was too small to accommodate the numbers of children's attendances. However, children were kept safe.
- People could access the service when they needed it but did not always receive care promptly. The trust did not meet national standards for the percentage of patients admitted, transferred or discharged within four hours from August 2018 to March 2019. The median time from arrival to treatment was worse than the national average. However, during the inspection period they met the targets and no patients were at risk.

Urgent and emergency services

Is the service safe?

Good   

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The design, maintenance and use of facilities, premises, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted when patients were at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Safeguarding children level 3 training for medical staff were worse than trust targets. However, when we spoke with staff, all knew about the processes and policies to protect patients from abuse and worked well with other agencies to do so.
- Patient group directions were not updated on the trust internal website.

Is the service effective?

Good   

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

Urgent and emergency services

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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. Nursing staff had a competency booklet that had a standardised approach specific to urgent and emergency care nursing.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personal measures that limit patients' liberty.

However:

- They did not always meet the standards in national audits, in line with the England average but had action plans to deliver improvements.

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good  → ←

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

Urgent and emergency services

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- The paediatric area was now too small for the population they served. The service managers were making progress with a business case and a working group had been set up for this piece of work.
- People could access the service when they needed it but did not always receive care promptly. The trust did not meet national standards for the percentage of patients admitted, transferred or discharged within four hours from August 2018 to March 2019. The median time from arrival to treatment was worse than the national average. However, during the inspection period they met the targets and no patients were at risk.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

Urgent and emergency services

The trust SHOULD take action to:

- Continue to re-assess the layout of the paediatric emergency department to ensure it meets the Children and Young People in Emergency Care Settings 2012, standards.
- Update patient group directions on the trust's internal website.
- Take action so medical staff are compliant with the trust target for safeguarding children level three training.
- Take action to improve the median time from arrival to treatment.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

The medical care service at Northampton General Hospital provides care and treatment for geriatric medicine, neurology, rheumatology, gastroenterology, dermatology, general medicine, thoracic medicine, oncology, haematology and cardiology.

There are 416 medical inpatient beds and 17 trolleys located across 24 wards.

The medical care service at Northampton General Hospital sees between 60-75 unplanned admissions per day. Most of these patients are admitted via emergency departments and are moved into the assessment beds in the Nye Bevan Assessment unit, a purpose-built unit for assessing medical (and surgical) patients which opened in January 2019.

Medical cover has been redesigned and is now provided through trained specialists with a continuous consultant presence for 13 hours of the day, seven days a week.

The trust had 46,271 medical admissions from November 2017 to October 2018. Emergency admissions accounted for 22,092 (47.8%), 517 (1.1%) were elective, and the remaining 23,662 (51.2%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 24,496
- Clinical oncology: 7,068
- Clinical haematology: 5,401

Medical care services are managed in the division of medicine and urgent care. Oncology and haematology services are managed in the division of women, children's, oncology and haematology and cancer services. The last CQC inspection of the medical care service at the Northampton General Hospital was in February 2017 when the service was rated as good overall. All five key questions were rated as good.

We carried out an unannounced inspection from 11 to 13 June 2019. We spoke with 56 members of staff including nurses, doctors, matrons, senior managers, healthcare assistants, pharmacists, allied health professionals, administrative staff and housekeepers. We also spoke with 15 patients and relatives. We observed interactions between patients and staff, considered the environment and looked at 10 care records including patients' medical notes and nursing notes. We also reviewed other documentation from stakeholders and nationally published performance data for the trust.

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

Summary of this service

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

- Mandatory training in key skills was not completed by all staff. In particular, medical staff were not up to date with their safeguarding training, mental capacity training and mandatory training.

Medical care (including older people's care)

- The design, maintenance and use of facilities, premises and equipment kept people safe. However, we found clinical waste, such as aprons and gloves, in black bags in some medical wards we visited and there was insufficient assurance that this was appropriate. Chemical products deemed as hazardous to health were in locked cupboards but, some locked cupboards had the access code to the cupboard clearly identified, so unauthorised people could access hazardous chemicals.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The Heart Centre often had medical outliers occupying their beds. However, the facilities or the environment were not suitable for medical outliers. We also found medical outliers were not seen in a timely manner. We found the current system to review medical outliers was not effective, as some patients on outlier wards were not reviewed by a consultant daily.
- The use of beds in the Heart Centre for outlying patients meant heart patients could not be seen. There was inequity in the management of NHS and private patients within the centre as a result.
- Ambulatory care and the renal rooms did not have local safety standards for invasive procedures (LocSSIPs).
- Not all patients' medical records were stored securely. We saw some medical notes trolleys left unlocked and unsupervised. This was raised as a concern during our last inspection.
- While the service provided care and treatment based on national guidance and best practice, some policies and guidance had expired their review date. This meant there was a risk that staff were referring to out-of-date guidance.
- The service culture did not always support staff to raise concerns. We generally observed good working relationships across the service and it was evident that staff morale was good in most areas we visited. However, in a few areas we visited, staff expressed low morale and lack of support from their managers. In addition, we observed poor staff interactions in some medical areas we visited.
- Although leaders understood and managed the strategic priorities and issues the service faced, there was lack of oversight in some operational matters.

However:

- The service generally had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well.
- The service generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could generally access the service when they needed it and did not have to wait too long for treatment.

Medical care (including older people's care)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement  

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

- Although the service provided mandatory training in key skills to all staff, not all staff completed it.
- Not all medical staff were up to date with their safeguarding training, mental capacity training and mandatory training.
- The design, maintenance and use of facilities, premises and equipment kept people safe. However, we found clinical waste, such as aprons and gloves, in black bags in some medical wards we visited and there was insufficient assurance that this was appropriate.
- Chemical products deemed as hazardous to health were in locked cupboards. However, some locked cupboards had the access code to the cupboard clearly identified, so unauthorised people could access hazardous chemicals.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The Heart Centre often had medical outliers occupying their beds. However, the beds or the environment were not suitable for medical outliers.
- Ambulatory care and the renal rooms did not have local safety standards for invasive procedures (LocSSIPs) in place. These areas carried out invasive procedures in a non-theatre setting, and therefore were required to have LocSSIPs.
- Not all patients' medical records were stored securely. We saw some medical notes trolleys left unlocked and unsupervised. This was raised as a concern during our last inspection.

However:

- 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 generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and acted quickly when patients were at risk of deterioration. There were appropriate systems to assess risk, recognise and respond to deteriorating patients within the service. There were systems to appropriately assess and manage patients with mental health concerns.
- The service generally had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.

Medical care (including older people's care)

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- 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 managed patient safety incidents well. Staff recognised incidents and near misses 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 monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good ● ➡ ➡

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. Although audit outcomes were variable, staff used the findings to make improvements. The service had been accredited under relevant clinical accreditation schemes. Managers checked to make sure staff followed guidance.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff protected the rights of patients subject to the Mental Health Act 1983.

However:

- While the service provided care and treatment based on national guidance and best practice, some policies and guidance had expired their review date. This meant there was a risk that staff were referring to out-of-date guidance.

Medical care (including older people's care)

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff gave patients and those close to them help, emotional support and advice when they needed it.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff made sure patients and those close to them understood their care and treatment. Patients told us that staff communicated with them in a way, which they could understand, explaining their care, treatment and condition. Staff communicated with patients in a way that was appropriate and respectful.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Managers planned and organised services, so they met the changing needs of the local population. The service understood the different requirements of the local people it served by ensuring that it actioned the needs of local people through the planning, design and delivery of services. Services were planned in a way which ensured flexibility and choice.
- The service worked collaboratively with external agencies to improve services provided by the trust. This included working with the clinical commissioners and neighbouring NHS trusts to identify the needs for the local community and planning of clinical pathways to meet demands.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Services were made accessible and coordinated to take account of the needs of different people, including those with complex needs and in vulnerable circumstances.
- People could generally access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. However, the service took longer than the trust target to investigate and close complaints.

Medical care (including older people's care)

However:

- During our inspection, we found medical outliers were not seen in a timely manner. We found the current system to review medical outliers was not effective, as some patients on outlier wards were not reviewed by a consultant daily.
- The use of beds in the Heart Centre for outlying patients meant heart patients could not be seen. There was inequity in the management of NHS and private patients within the centre as a result.

Is the service well-led?

Requires improvement ● ↓

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

- Although leaders understood and managed the strategic priorities and issues the service faced, there was lack of oversight in some operational matters such as ensuring all staff were up to date with mandatory training, management of medicines, and the safe storage of patients' medical records
- We observed good working relationships across the service and it was evident that staff morale was good in most areas we visited. However, in a few areas we visited, staff expressed low morale and lack of support from their managers. We also observed poor staff interactions in some areas.
- The service culture did not always support staff to raise concerns.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the strategic priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The leadership team was committed to nurturing and developing a more coordinated approach and support to enable quality improvement to be embedded across the service. Senior leaders were involved in ensuring that, on a day to day basis, there was a safe and effective approach to clinical staffing and patient flow. They worked collaboratively to make improvements in the effectiveness and responsiveness of care. They supported staff to take ownership of the issues, reflect and consider their practice and be open to new ways of working.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff generally felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders generally operated effective governance processes, throughout the service and with partner organisations. However, governance processes had failed to identify some safety issues which presented a risk of harm.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Medical care (including older people's care)

- Leaders and staff actively and openly engaged with patients and staff, to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

The trust **MUST** take action to:

- The trust must ensure the proper and safe management of medicines. Staff must follow systems and processes when safely prescribing, administering, recording and storing medicines. Staff must follow current national practice to check patients receive the correct medicines. The service must have systems to ensure staff are aware about safety alerts and incidents, so patients receive their medicines safely. Staff must store and manage all medicines and prescribing documents in line with the provider's policy. (Regulation 12 (2) (g): The proper and safe management of medicines).

The trust **SHOULD** take action to:

- Check medical staff are up to date with mandatory, safeguarding and mental capacity training
- Check catering staff are following infection prevention and control protocol
- Consider reviewing storage and security of substances subject to control of substance hazardous to health (COSHH) regulations
- Consider its methods of assurance relating to the segregation of clinical waste
- Keep all patient records securely in trolleys
- Introduce local procedures for invasive procedures in non-theatre settings
- Have a system to manage medical outliers so they are seen in a timely manner
- Consider reviewing environment and facilities for inpatient outliers staying on the Heart Centre
- Consider addressing cultural issues across some medical wards
- Prioritise NHS patients for cardiology procedures
- Review clinical guidelines to check they are current
- Stroke services to consider improving compliance with completion of VTE assessments

Maternity

Requires improvement  

Key facts and figures

The maternity unit has 60 beds across antenatal, intrapartum and postnatal care. The labour ward is subdivided into eight delivery rooms one with a birthing pool; a 4/5 bedded Observation/recovery area and two obstetric theatres. There is also a dedicated bereavement facility within the unit.

The maternity service was managed through the trust's women and children's, oncology and haematology and cancer services division.

The birth centre, located on Balmoral ward has four birthing rooms, three of which have pools and it is the only midwifery led maternity unit in the local maternity systems (LMS).

Antenatal and community midwifery services are provided by five geographically based teams.

The trust has a consultant led hospital antenatal clinic which runs every week day morning and a Maternity Day Unit (MDU) for outpatient antenatal assessment which runs seven days a week. Midwife led scan clinics operate within the antenatal clinic/MDU.

There is a consultant resident on the labour ward between 8am and 9pm Monday to Friday and 8am to 1pm on Saturdays and Sundays. Outside of these hours there is a Consultant on call.

The service provides antenatal, intrapartum and postnatal care to women.

From January 2018 to December 2018, there were 4,753 deliveries at the trust (4,579 births at the trust and 174 homebirths).

The number of deliveries has remained consistent over the two-year period. The highest recorded number of deliveries was from July 2018 to September 2018 with 1,172, whilst the lowest was 1,009 from January 2018 to March 2018.

We carried out an unannounced inspection of the maternity service on 11 to 13 June 2019. We visited all clinical areas in the service including the labour ward, delivery suite, Balmoral ward, Midwife led unit and Robert Watson ward, the antenatal clinic, the day assessment clinic and the triage area. We spoke with ten women and their relatives, and 40 members of staff, including hospital midwives, community midwives, consultants, anaesthetists, senior managers, student midwives and support staff. We observed care and treatment and reviewed eleven patient care records, 13 prescription charts and 13 observation charts.

Summary of this service

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

- Staff did not always follow systems and processes when safely prescribing, administering, recording and storing medicines. Medicine waste and returns were not stored securely. Which was a breach of Regulation 12; Safe care and treatment 12 (2) (g)- The proper and safe management of medicines. Staff must follow policies and procedures about managing medicines, including those related to infection control. These policies and procedures should be in line with current legislation and guidance and address storage, and disposal.

Maternity

- It was easy for people to give feedback about care received. However, we did not see information displayed about how to make a complaint. Which was a breach of Regulation 16: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints (2) .The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Information and guidance about how to complain must be available and accessible to everyone who uses the service.
- The service did not always have enough maternity staff with the right qualifications, skills, training and experience to provide the right care and treatment. However, managers recognised current budgeted staffing levels were not sufficient to meet increased activity and births and managers regularly reviewed and adjusted staffing levels and skill mix. An escalation plan was in place to address staffing issues.
- Complaints were not dealt with in the timescales set out by the trust and we were not sure they shared lessons learned with all staff.
- Although the service worked with others in the wider system and local organisations to plan care, we were not sure they planned and provided care in a way that met the needs of local people and the communities served.
- We were not sure that people could access the service when they needed it and receive the right care promptly. Managers did not always monitor waiting times in clinics so we could not be sure women could access services when needed and receive treatment within agreed timeframes.
- Although there were examples of evidence where staff were committed to learning and improving services, for example, work being carried out to reduce the number of stillbirths and undiagnosed small for gestational age babies, there were a number of examples where opportunities had been missed. For example, the service did not formally monitor delayed discharges or how frequently induction of labours or elective caesarean sections were delayed or cancelled. This meant there was no analysis to monitor trends and plan the service.
- Although the service had managers who demonstrated an awareness of the performance and challenges, prompt action was not always taken to address the concerns identified within the service. Staff feedback about ward managers and matrons was positive. However, feedback about the senior leadership team was variable. Not all staff were able to describe the management structure. Not all staff were able to identify divisional leaders. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

However:

- The service provided mandatory training in key skills to all staff and made sure most medical and midwifery staff completed it.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration.
- Staff kept detailed records of women' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Maternity

- The service generally managed patient safety incidents well. Staff generally recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women' religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. They compared local results with those of other services to learn from them. The service acted promptly to address any patient outcomes that were not in line with trust thresholds or national averages, for example, the caesarean rate had improved and were reported to be similar as expected.
- 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 development.
- Doctors, midwives, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on women' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women' personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers. However, we did not see all information leaflets were available in all languages spoken by the women and local community.
- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Maternity

- Staff felt respected, supported and valued by local management. They were focused on the needs of women receiving care. The service provided opportunities for career development. However, there had been a number of concerns raised about leadership in the maternity service and actions were being implemented to address issues in the directorate, including a values in practice session and the setting of behavioural house rules.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities, however we could not evidence that all frontline staff had regular opportunities to meet, discuss and learn from the performance of the service. While we saw risk issues and themes were discussed, we did not see evidence of detailed discussion about actions taken in minutes reviewed.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with women and staff to plan and manage services. They collaborated with partner organisations to help improve services for women. However, although staff felt they were always kept informed and consulted about changes to the service provision, they did not always feel their views were listened to or acted upon.

Is the service safe?

Requires improvement ● ↓

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

- Staff did not always follow systems and processes when safely prescribing, administering, recording and storing medicines. Medicine waste and returns were not stored securely.
- The service did not always have enough medical staff with the right qualifications, skills, training and experience to provide the right care and treatment. However, managers regularly reviewed staffing levels and skill mix to ensure and women and babies were kept safe from avoidable harm. Although the service had sufficient medical staff overall, there was not always sufficient consultant cover in the service.
- The service did not always have enough maternity staff with the right qualifications, skills, training and experience to provide the right care and treatment. Managers recognised current budgeted staffing levels were not sufficient to meet increased activity and births. According to a recent review, the service needed an additional 9.82 WTE midwives to meet nationally required care models and the level of out of hours staffing at decision making level (ST3 and above) was inadequate for the level of activity/acuity. However, managers regularly reviewed and adjusted staffing levels and skill mix and an escalation plan was in place to address staffing issues.

However:

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Most midwifery and medical staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure most midwifery and medical staff completed it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Maternity

- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted when women were at risk of deterioration.
- Staff kept detailed records of women's care and treatment. Records were clear and up-to-date. However, they were not always easily available to all staff providing care particularly for the community midwifery team.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.
-
- The service generally managed patient safety incidents well. Staff generally recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The design, maintenance and use of facilities, premises and equipment generally kept people safe. Staff managed clinical waste well. However, we noted one breast milk refrigerator on the labour ward and the room where the refrigerator was located was not locked and we were concerned that the expressed milk could be tampered with.

Is the service effective?

Good  ➡ ➡

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- 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, and the trust's breastfeeding initiation rate was better than the national average.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a prompt way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. They compared local results with those of other services to learn from them. The service acted promptly to address any patient outcomes that were not in line with trust thresholds or national averages, for example, the caesarean rate had improved and were reported to be similar as expected.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support prompt care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

Maternity

Is the service caring?

Good ● → ←

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● → ←

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

- We did not see information displayed about how to make a complaint. Which was a breach of Regulation 16: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints (2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Information and guidance about how to complain must be available and accessible to everyone who uses the service.
- Complaints were not dealt with in the timescales set out by the trust and we were not sure they shared lessons learned with all staff.
- Although the service worked with others in the wider system and local organisations to plan care, we were not sure they planned and provided care in a way that met the needs of local people and the communities served.
- Managers did not monitor waiting times in clinics so we could not be sure women could access services when needed and receive treatment within agreed timeframes. Women stated clinics frequently ran late.

However:

- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Is the service well-led?

Requires improvement ● ↓

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

- Although the service had managers who demonstrated an awareness of the performance and challenges, prompt action was not always taken to address the concerns identified within the service.

Maternity

- Staff feedback about ward managers and matrons was positive. However, feedback about the senior leadership team was variable. Not all staff were able to describe the management structure. Not all staff were able to identify divisional leaders.
- Staff felt respected, supported and valued by local management. They were focused on the needs of women receiving care. The service provided opportunities for career development. However, there had been a number of concerns raised about leadership in the maternity service and actions were being implemented to address issues in the directorate, including a values in practice session and the setting of behavioural house rules.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities, however we could not evidence that all frontline staff had regular opportunities to meet, discuss and learn from the performance of the service. However, while we saw risk issues and themes were discussed, we did not see evidence of detailed discussion about actions taken in minutes reviewed.
- Leaders and staff engaged with women, staff, to plan and manage services. They collaborated with partner organisations to help improve services for women. However, although staff felt they were always kept informed and consulted about changes to the service provision, they did not always feel their views were listened to or acted upon.
- Although there were examples of evidence where staff were committed to learning and improving services, for example, work being carried out to reduce the number of stillbirths and undiagnosed small for gestational age babies, there were a number of examples where opportunities had been missed. For example, the service did not formally monitor delayed discharges or how frequently induction of labours or elective caesarean sections were delayed or cancelled. This meant there was no analysis to monitor trends and plan the service.

However:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy reflected national initiatives and programmes of work and were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.

Outstanding practice

Northampton General Hospital (NGH) was accredited by UNICEF UK as being a baby friendly hospital for the second time in March 2019. This award recognised the hospital care for mothers and babies, the information parents receive about breastfeeding and the support given to patients. Since the first accreditation in 2016, NGH is one of 64% of hospitals in the UK who have achieved the baby friendly status.

The clinical negligence scheme for trusts (CNST) maternity incentive scheme was launched by NHS Resolution in 2018 to incentivise trust boards to fund safety initiatives in support of the Government's ambition. Ten maternity safety actions were agreed by the national maternity champions and trusts were able to demonstrate the required progress against all of the following ten actions were awarded a maternity incentive scheme payment. Northampton General Hospital was the only maternity service in the East Midlands who were successful in demonstrating compliance against all ten maternity safety actions. Safety actions included:

- Use of national Perinatal Mortality Review Tool to review all perinatal deaths.

Maternity

- Submission of the Maternity Services Data Set.
- Transitional care facilities and implementation of the Avoiding Term Admission programme.
- Effective system of medical workforce planning.
- Effective system of midwifery workforce planning.
- 100% Compliance with all four elements of the Saving Babies' Lives care bundle.
- Use of patient feedback mechanisms and actions taken in response.
- 90% of each staff group attendance at multi-professional maternity emergencies training in the last year.
- Trust safety champions (obstetrician and midwife) meet bi-monthly with Board level champions to escalate identified issues.
- 100% of qualifying incidents reported under NHS Resolution's Early Notification scheme.

Areas for improvement

The trust MUST take action to:

- Staff must follow systems and processes when safely prescribing, administering, recording and storing medicines. (Regulation 12 (2) (g): The proper and safe management of medicines).
- Staff must ensure medicine waste and returns are stored securely. (Regulation 12 (2) (g): The proper and safe management of medicines).
- Staff must ensure infusions that require protection from light are stored appropriately. (Regulation 12 (2) (g): The proper and safe management of medicines).
- Staff must ensure medicines stored in the medicine trolley are stored in their original boxes to ensure expiry dates and names of medicines are visible. (Regulation 12 (2) (g): The proper and safe management of medicines).
- Staff must ensure action will be taken to address repeated high room temperature values, where the recommended storage conditions for medicines have been exceeded (Regulation 12 (2) (g): The proper and safe management of medicines).
- The service must ensure medicines are in date. (Regulation 12 (2) (g): The proper and safe management of medicines).
- The service must ensure information and guidance about how to complain is available and accessible to everyone who uses the service. Regulation 16: (2) Receiving and acting on complaints).
- The service must ensure information about how to complaint is available in appropriate languages and formats to meet the needs of the people using the service. Regulation 16: (2) Receiving and acting on complaints).
- The service must tell people how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested. Regulation 16: (2) Receiving and acting on complaints).

The trust SHOULD take action to:

- The service should take action so women can access the service when they need it and receive the right care promptly and that waiting times from referral to treatment and arrangements to admit, treat and discharge women are in line with national standards.

Maternity

- The service should share lessons learned from incidents and complaints with all staff.
- The service should formally monitor delayed discharges and how frequently induction of labours or elective caesarean sections are delayed or cancelled to enable analysis is available to monitor trends and plan the service.
- Managers should plan the service for the long term. For example, to enable planning and organisation of services so they met the needs of the local population within the local expected population growth.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Maternity and midwifery services

Regulation

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

Our inspection team

Bernadette Hanney, CQC Head of Hospitals Inspection chaired this inspection, Executive reviewer, Andrew Foster, chief executive of an NHS trust, supported our inspection of well-led for the trust overall.

For our core service inspection the team included an inspection manager, ten inspectors including mental health and pharmacy inspectors, and an assistant inspector. The team also included six specialist advisers with nursing and medical expertise in urgent and medical care, and midwifery expertise.

Our well led inspection team included a CQC Head of Hospital Inspection, an inspection manager, and inspector and an assistant inspector. The team also included an executive reviewer and three specialist advisors with expertise in governance and experience of boards, safeguarding and medical leadership. We were supported by a senior financial lead from NHSI/E.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.