

KGH Paediatrics Enter & View Report November 2025



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Executive Summary

This report presents the findings of a comprehensive qualitative review of paediatric services at Kettering General Hospital, incorporating parent/carer and staff experiences across the Children's Emergency Department (CED), Paediatric Assessment Unit (PAU), Skylark Ward, Outpatients Department, and the Play Team. The aim was to identify key strengths, challenges, and opportunities for improvement to inform service planning, resource allocation, and strategic development.

Overall, the findings indicate a **dedicated, highly skilled workforce** committed to delivering **child-centred, compassionate care** despite ongoing operational pressures, space constraints, and resource limitations. Staff highlighted **strong team cohesion, collaborative problem-solving, and professional pride**, while parents and carers consistently emphasised the professionalism, empathy, and attentiveness of staff, along with the reassurance provided through effective communication.

Training, professional development, and wellbeing support emerged as critical enablers of high-quality care, while communication, infrastructure, and service accessibility were identified as areas with potential for enhancement. The Play Team, operating across multiple wards, was recognised for its **specialist contribution to emotional regulation and patient experience**, highlighting opportunities for further investment in child-focused therapeutic support.

The recommendations arising from this review focus on **workforce sustainability, communication improvements, infrastructure development, training, and staff wellbeing**, providing a robust framework for enhancing both patient experience and staff engagement across paediatric services.

Methodology

Healthwatch North Northamptonshire was invited into Kettering General Hospital for this announced Enter & View Visit by Interim UHN Head of Patient Experience & Engagement, Christine Johnson, as a follow up to the visit conducted by Young Healthwatch in January 2025 whose report can be found [here](#). Since the Young Healthwatch report was published our new Healthwatch North Northamptonshire Service was commissioned by North Northamptonshire Council in April 2025.

Healthwatch North Northamptonshire attended three pre-visit meetings with Senior Leaders from Kettering General Hospital's Paediatric Teams, including:

- Tritania Chasiya, (UHN Head of Nursing, Family Health Division),
- Robin Binks (Director of Nursing),
- Rachel Mahony (Manager, Skylark)
- Sarah Skelham (Skylark and PAU Matron)
- Liz Meeks (Matron Children's ED)
- Louise Hyde (Interim Head of Nursing, Cardio/Respiratory and Place based Medicine)

The meetings were arranged by Christine Johnson (Interim UHN Head of Patient Experience & Engagement) and Amanda McQueenie (Patient Experience Manager).

A pre-visit information pack was provided to Healthwatch by KGH to understand the staffing structure and improvement planning on each ward that would be visited over the three days planned for the visits (23, 25th and 30th September 2025).

Two members of Healthwatch North Northamptonshire staff completed the Enter & View visit during the three days:

Lead Representative: Yahya Ibn John, Healthwatch North Northamptonshire's Research and Community Engagement Manager, and Caroline Prior, Support Northamptonshire Business Support.

Tritania Chasiya, UHN Head of Nursing, Family Health Division was presented with the formal letter of our intention to Enter & View the Children's departments at the start of the visits on Tuesday 23rd September 2025

These visits were based on the qualitative interviews with parents/carers and staff across the CED, PAU, Skylark Ward, Outpatients Department, and the Play Team over three days in September 2025.

Parent/carer interviews focused on experience, communication, environment, staffing, and involvement in care decisions. Parents and carers were given access to the document “Enter and View Information for Young People, Families and Carers” to understand the process

Staff interviews explored 15 questions grouped into five categories: Staffing & Team Dynamics, Training & Professional Development, Work Environment & Resources, Communication & Collaboration, and Challenges & Support.

Interviews were semi-structured, allowing participants to share detailed insights while ensuring coverage of core themes. All responses were anonymised, and key quotes were selected to illustrate recurring themes and provide context for analysis. The findings were synthesised to identify common challenges, strengths, and opportunities for improvement, which informed recommendations for service development.

We have separated the findings of this report into the five areas that were visited on the days in September for ease of reading by the senior leadership responsible for each of the wards – the wards are managed by three different Directorates Family Health Division (PAU, Skylark and Play Therapy), Medicine Division (Children’s Emergency Department) and Clinical Support Service and Cancer Diagnostics (Children’s Outpatients) which was a topic of discussion during the pre-visit meets – and its implications for cross department working was identified by the senior leadership as a potential improvement that may be identified through the visits.

Our report presents a balanced view of parent / carers and staff experiences, emphasising alignment where present, while highlighting divergences and systemic pressures that impact care delivery. This approach ensures a robust evidence base for strategic decision-making and service improvement planning.

The data collected represents the views of parents and carers present on the wards on the specific days of the visits, meaning the findings may not fully reflect the overall experience across different times, different parents and carers or staffing levels.

Limitations in Methodology

We were unable to visit the Music Therapy Unit or observe any activities of volunteers or wraparound services during our visit.

We did not observe any multi-discipline team meetings or the integration of Specialist Services into the care plans of the Children and Young People on the Wards we visited. We plan to allocate additional visit days in 2026 to observe these practices, and gain experiences from patients.

Children's Emergency Department



Overview

This section presents findings from interviews conducted on **23rd September 2025** at **Kettering General Hospital's Children's Emergency Department (CED)**. The interviews explored experiences and perceptions from both **parents/carers and staff**, with the aim of identifying recurring themes, challenges, and opportunities for improvement. The analysis considers each perspective individually before examining points of alignment and divergence, followed by evidence-based recommendations.

Parent/Carer Experience

Parents and carers provided largely positive feedback regarding the **quality of care**, **professionalism**, and **kindness** of staff. The majority reported feeling reassured by staff competence and empathy, with one parent commenting, *"The nurses were brilliant. They explained everything clearly and made my child feel calm."*

A consistent theme across interviews was the **high level of trust and gratitude** expressed towards clinical staff. Parents particularly valued the **communication and reassurance** provided during stressful situations. However, several also identified areas where **wait times** and **information sharing** could be improved, particularly in relation to updates on care progress, expected waiting durations or their right to a second professional opinion.

Some parents/carers mentioned the **physical environment** of the department, citing limited space and privacy as challenges when the department was busy. Others described difficulty navigating the system during peak times, noting that while individual staff interactions were positive, the overall experience could feel "chaotic" when the department was under pressure.

Overall, parent and carer experiences reflected high satisfaction with staff attitudes and care quality, coupled with some frustration related to systemic pressures, particularly waiting times and departmental capacity.

Staff Experience

Staff members described a strong commitment to delivering high-quality, compassionate care despite persistent operational pressures. The dominant themes emerging from their interviews included **staffing challenges**, **workload intensity**, **communication and coordination**, and **environmental constraints**.

Several staff referred to **understaffing** as a significant and ongoing concern. One noted, *“We often work beyond our capacity, which impacts the time we can spend with each child.”* This strain was perceived to affect both staff wellbeing and patient experience, particularly during peak demand periods such as winter.

Despite these pressures, staff expressed a deep sense of **team cohesion and professional pride**, highlighting mutual support within the department. They described a culture of collaboration and dedication (including a shared decision-making council), even when resources were limited. A recurring sentiment was that *“we all pull together because we care deeply about the children and families we see.”*

Concerns were raised regarding **environmental limitations**, such as space constraints within the department, which were said to influence both patient flow and privacy. Staff also noted the impact of **communication barriers**, especially in coordinating with other departments or services during high-demand times.

Training and development were viewed positively overall, though several staff suggested that **ongoing clinical training and emotional resilience support** would be beneficial to sustain morale and performance in a high-pressure environment. Overall, staff feedback reflected a dedicated workforce operating under significant strain, striving to maintain standards of care while managing structural and resource challenges while simultaneously sharing ideas and working together to improve the environment and the department as a whole.

Comparative Analysis

Both parent/carer and staff perspectives reveal **strong alignment** around several core themes. Each group acknowledged the **dedication and professionalism** of the clinical team, the **pressures of high demand**, and the **impact of environmental and capacity constraints**.

While staff focused more on the **operational and resource-related challenges** (such as staffing levels and space limitations), parents and carers tended to experience these pressures indirectly – primarily through **longer waits** or **crowded conditions**. This suggests a clear correlation between workforce strain and patient experience outcomes.

Both groups highlighted the importance of **communication**, though from different standpoints. Parents prioritised timely and transparent communication regarding their child’s care and waiting times whereas Staff emphasised the need for better interdepartmental communication. This alignment points to communication as a key lever for improving both staff workflow and patient experience simultaneously.

Overall, there was a shared sense of commitment to the department's mission, coupled with recognition that **systemic pressures** (staffing, space, demand) continue to challenge service delivery and satisfaction for both families and staff.

Recommendations

Based on the findings, the following recommendations are proposed to support service improvement within the Children's Emergency Department:

1. Workforce Sustainability:

- Review staffing models to ensure adequate coverage during peak demand periods.
- Explore flexible staffing options and wellbeing initiatives to enhance retention and resilience.

2. Environmental Enhancements:

- Assess opportunities to optimise physical space for improved flow and privacy.
- Consider short-term adjustments (e.g., dedicated quiet areas or family bays) while long-term redevelopment plans progress.

3. Communication Improvements:

- Implement consistent family communication protocols to ensure parents receive timely updates about waiting times and treatment progress.
- Strengthen interdepartmental communication pathways to support coordination of care.

4. Training and Support:

- Provide regular training in communication, de-escalation, and emotional resilience for all staff.
- Offer reflective practice sessions or wellbeing check-ins to sustain staff morale.

5. Monitoring and Feedback:

- Introduce routine parent/carer feedback mechanisms to monitor experience trends in real time.
- Engage staff in reviewing feedback to identify shared solutions and reinforce a culture of continuous improvement.

Paediatric Assessment Unit



Overview

This section presents findings from interviews conducted on **25th September 2025** at **Kettering General Hospital's Paediatric Assessment Unit (PAU)**. The interviews explored experiences and perceptions from both parents/carers and staff members, aiming to identify key themes, challenges, and opportunities for improvement. The analysis considers each perspective individually before examining points of alignment and divergence, followed by evidence-based recommendations.

Parent/Carer Experience

Parents and carers reported high levels of satisfaction with staff attitudes, responsiveness, and professionalism. Staff were described as **"amazing" and "angels"**, providing reassurance and practical support during visits. One parent commented, "They're absolutely amazing. Nothing is too much."

Communication was regarded as clear and timely, with opportunities for questions and active involvement in care decisions. One parent asserted that discharge planning was well organised, ensuring that necessary arrangements were in place: "We always have a discharge meeting. They let you know what is needed before discharge." However, parents/carers were not made aware of their right to a second professional opinion.

The physical environment was generally perceived positively, with **clean, tidy spaces and access to private rooms**. Parents appreciated the calm environment, particularly when managing children with complex health needs.

Some challenges were identified, such as the PAU operating hours, **weekend staffing variations** and the need to manage expectations for tests or procedures that differ from information provided by GPs. Overall, parents reported that their children's needs were met, care was delivered respectfully, and staff went the **extra mile** when necessary.

Staff Experience

Staff interviews highlighted a dedicated workforce striving to deliver high-quality care under increasing operational pressures. Key themes emerging include **team cohesion, resource adequacy, training opportunities, communication, and wellbeing support**.

Staff noted that the quality of care often depended on available resources and effective communication. One participant commented, "Depends on the resources available to us. We always try our best. It's getting busier." Another highlighted the

challenges of a junior workforce: “We have quite a junior team, with a vast amount of training and upskilling opportunities. But the junior team do need support.”

Team dynamics were generally positive, with staff describing collaborative efforts in high-pressure situations, including stabilising acutely unwell children. One participant explained, “Everyone had their role, collaborated and worked together.”

Training and professional development were regarded as strong, with opportunities in **Oliver McGowan, EPALS (European Paediatric Advanced Life Support), PILS (Paediatric Immediate Life Support), and condition-specific updates**. Staff emphasised the importance of regular refresher training, particularly to maintain skills during busy seasonal periods. One staff member noted, “Training has got better. There are opportunities to train. Things are checked, cross-checked, and we are always thinking about accountability.”

The working environment was described as **demanding but supportive**, with appropriate equipment and resources generally available. Minor shortages (e.g., thermometers and swabs) were acknowledged, and reporting mechanisms such as **DATIX and estates escalation** were in place for health and safety concerns.

Communication within the ward was effective at the ground level, though some historical issues with a **blame culture** were mentioned. Coordination with other departments was limited, though physiotherapy support was highlighted. Staff identified **managing family expectations** as a challenge, particularly when referral information from GPs conflicted with admission plans.

Wellbeing and support systems were in place, including **peer support, counselling services, and access to mental health resources**. Staff suggested that recognition and praise could be improved to enhance morale, with one participant stating, “More praise and recognition for the work we do. Nurses do a great job. Nurses are always on edge.” Overall, staff described a committed and resilient team, delivering patient-centred care despite **operational constraints and high demand**.

Comparative Analysis

Parent and staff perspectives showed strong alignment around **professionalism, dedication, and patient-centred care**. Staff emphasized operational challenges, including **junior workforce support, shift fatigue, and resource constraints**, while parents experienced these indirectly through appointment management and weekend service limitations.

Communication emerged as a critical theme. Parents valued **timely updates and reassurance** while staff focused on ensuring **clarity with families and interdepartmental coordination**. Both groups highlighted the importance of **staff skills and training** in achieving positive outcomes for children.

Overall, there was a shared recognition of a **committed, skilled, and supportive workforce**, with opportunities to further enhance **staff recognition, refresher training, and weekend service provision**.

Recommendations

Workforce and Training:

- Maintain and expand paediatric-specific training (e.g., EPALS, PILS, Oliver McGowan, condition-specific updates).
- Provide targeted support for **junior staff** (including Health Care Assistants) and ensure regular refresher courses.
- Introduce formal recognition and praise initiatives to enhance staff morale.

Operational and Environmental Enhancements:

- Monitor and address minor equipment shortages (e.g. thermometers, swabs).
- Evaluate department operating hours and weekend staffing to ensure consistent service delivery.
- Maintain adequate resourcing to manage high-demand periods.

Communication Improvements:

- Strengthen communication with referring GPs to better manage family expectations.
- Continue proactive, clear communication with families regarding treatment plans and discharge arrangements.

Wellbeing and Support:

- Maintain accessible peer support, counselling, and mental health resources.
- Promote team cohesion and reflective practice opportunities to sustain resilience.

Monitoring and Feedback:

- Implement ongoing parent/carer feedback mechanisms to track satisfaction and identify areas for improvement.
- Engage staff in reviewing feedback to co-create solutions and reinforce a culture of continuous improvement.

Skylark



Overview

This section presents findings from **interviews conducted on 25th September 2025 at Kettering General Hospital's Skylark Ward**. Interviews explored experiences and perceptions from both **parents/carers** and **staff**, aiming to identify recurring **themes**, **operational challenges**, and **opportunities for improvement**. Parent/carer and staff perspectives are considered individually before examining points of **alignment and divergence**, followed by **evidence-based recommendations**.

Parent/Carer Experience

Parents and carers reported **positive experiences of care**, highlighting **professionalism, kindness, and attentiveness** from staff. Most participants felt **reassured and well-informed** about their child's care. One parent commented, *"The nurses have been very good at listening to us."*

Parents generally felt included in **decision-making** and confident in staff **communication** regarding procedures and treatment plans. **Private room availability** and **cleanliness** were valued, although minor **environmental issues** were noted, such as **broken blinds**.

Staffing levels and **responsiveness** were generally perceived as adequate, with prompt assistance when needed. **Food quality** and **availability** were rated positively, and children were supported in maintaining **independence** where appropriate. Some parents highlighted limited awareness of **formal rights or escalation processes**, indicating a potential area for **improved communication**.

Overall, parent and carer experiences reflected **high satisfaction with staff attitudes and care quality**, tempered by minor environmental issues and limited knowledge of formal rights such as the right to a second professional opinion.

Staff Experience

Staff described a strong commitment to providing **high-quality, compassionate care** despite ongoing **operational pressures**. Key themes identified include **team cohesion, staffing and skill mix challenges, workload intensity, communication and collaboration, and access to resources and training**.

Several staff highlighted concerns related to the **integration of new team members** and **variable clinical experience**, which at times impacted patient care. One participant

observed, *“Some lack of knowledge can mean we can’t always meet the needs but there is always someone to go to.”*

Despite these challenges, staff emphasised a **culture of teamwork and mutual support**, with inclusive practices ensuring respect within the team. A staff member stated, *“I get treated like family here, I am part of the team and I am treated with dignity and respect.”*

Staff reported examples of **collaborative responses to complex situations**, such as critically ill patients and **time-sensitive transfers**, illustrating **effective role clarity and coordination**.

Training and professional development opportunities were generally available, including **mandatory and in-house training**, though some staff requested additional **clinical skills development** for complex patient care. **Communication of policy updates** occurred via **handover, emails, intranet, and messaging platforms**.

Resource constraints were noted, particularly regarding **seasonal demand, equipment availability, and bed capacity**, and **morale** was influenced by historical pressures and leadership changes. Support mechanisms included **occupational health, mental health services, and manager-led debriefs**.

Overall, staff feedback reflected a **committed workforce operating under pressure**, demonstrating **resilience** and dedication to maintaining **patient care standards**.

Comparative Analysis

Parent/carer and staff perspectives demonstrated strong **alignment** around **commitment, professionalism, and teamwork**. Both groups acknowledged **workload pressures, variable staff experience, and resource constraints**.

Staff emphasised **operational challenges**, such as **skill mix and training needs**, while parents experienced these pressures indirectly through **waiting times and minor comfort issues**.

Communication emerged as a **critical theme** for both groups: staff highlighted **interdepartmental and policy communication**, while parents focused on **timely updates on their child’s care**. This alignment underscores **communication** as a key area for targeted improvement.

Recommendations

Workforce Sustainability:

- Review **staffing models** to ensure **appropriate skill mix** and coverage during high-demand periods.
- Provide structured **onboarding** and **mentoring** for **new or bank staff**.

Environmental Enhancements:

- Address minor **facility issues**, such as **broken blinds** and **bed closures**.
- Optimise **bed capacity** and **operational flow**.

Communication Improvements:

- Standardise **family communication protocols** for **timely updates** and clear information.
- Strengthen **internal communication** regarding **policy changes** and **interdepartmental coordination**.

Training and Support:

- Offer targeted **clinical skills training** for complex care needs as well as continuous upskilling of staff at all levels.
- Continue to provide **wellbeing support**, including **debriefs**, **occupational health**, and **mental health services**.

Monitoring and Feedback:

- Implement routine **parent/carer feedback mechanisms**.
- Engage staff in reviewing feedback to co-develop solutions and promote **continuous improvement**.

Outpatients



Overview

This section presents findings from interviews conducted on **30th September 2025** at Kettering General Hospital's **Outpatients Department**. The interviews explored experiences and perceptions from both **parents/carers** and **staff members**, aiming to identify key themes, challenges, and opportunities for improvement. The analysis considers each perspective individually before examining points of alignment and divergence, followed by evidence-based recommendations.

Parent/Carer Experience

Parents and carers reported generally **positive experiences**, highlighting the professionalism, kindness, and attentiveness of staff. One parent described their experience as **“An amazing experience with the team. We have never had a bad experience.”** Another commented on consistent support: **“Lovely, very supportive, informative, non-judgemental.”**

Communication with families was regarded as strong, with regular updates and time for questions: **“Plenty [of time]. Nurse messages directly to patient through WhatsApp.”** Parents appreciated being involved in care decisions and having privacy during

appointments, particularly in separate rooms for consultations. However, Parents/Carers were not aware of their right to a second professional opinion.

Some parents identified minor frustrations, such as **reactive rather than proactive care in certain instances** or logistical challenges related to repeated school absences for appointments and one parent shared their personal experience **"I have to come to these appointments every 3 months and I don't know why they can't be done in the community. Why do I need to take my child out of school to come here?"**

The physical environment was generally regarded positively, with clean and hygienic spaces and sufficient privacy. Food and nutrition were largely not relevant to the Outpatients setting.

Overall, parent experiences reflected **high satisfaction with staff competence, communication, and patient-centred care**, with minor issues related to service accessibility and proactive management.

Staff Experience

Staff interviews revealed a **high level of professional competence and collaborative working**, with a clear commitment to delivering patient-centred care despite operational constraints. Key themes emerging include **team cohesion, resource adequacy, communication, and training opportunities**.

Staff emphasised the **strong skills mix** and collaborative ethos within the department. One participant noted, **"I think they're excellent. They always go above and beyond. The whole team provide wrap-around care."** Another highlighted adaptability during challenging situations: **"During COVID, Outpatients didn't exist and we worked back on the wards to support each other."**

Training and professional development were generally regarded as sufficient, particularly in **specialist areas such as allergy testing, RSV (Respiratory Syncytial Virus) vaccines, and paediatric skills**. Staff also acknowledged opportunities for further development, for example in imaging and plastering.

Work environment and resources were described positively overall, although some constraints were noted in **fracture clinic spaces and IT systems**, which could occasionally slow workflow. Staff felt adequately supported with the resources they required to perform their duties effectively.

Communication and collaboration were highlighted as strengths, with **shared decision-**

making councils supporting some staff engagement in ward-level decisions. Challenges identified included **communicating with families regarding missed appointments** and navigating occasional safeguarding issues.

Wellbeing and support systems were available, including **KNET, counselling services, and peer support**, though one participant noted the closure of the We Care Café had reduced informal support opportunities. Staff suggested **infrastructure improvements and digital solutions** (e.g., QR code information for patients) as ways to enhance both patient experience and operational efficiency.

Overall, staff described a **dedicated and resilient workforce**, committed to delivering high-quality care while navigating physical and operational constraints.

Comparative Analysis

Both parents and staff perspectives demonstrate **strong alignment around key themes**. Staff dedication, team cohesion, and a patient-centred approach were consistently recognised by both groups. Staff highlighted operational challenges and workflow constraints, while parents experienced these indirectly, mainly through appointment management and waiting times.

Communication emerged as a critical link: staff emphasised **interdepartmental coordination**, while parents valued **timely, clear, and empathetic communication** regarding their child's care. Training and professional competence were noted by both groups as enabling positive patient outcomes.

Overall, there was a shared recognition of **a skilled, supportive workforce operating within the limits of current physical and procedural infrastructure**.

Recommendations

Based on the findings, the following recommendations are proposed to support service improvement within the Outpatients Department:

Workforce and Training:

- Continue to provide specialist paediatric training (e.g., allergy testing, RSV vaccines, imaging skills).
- Maintain and enhance shared decision-making opportunities for staff across roles.

Operational and Environmental Enhancements:

- Assess feasibility of purpose-built spaces to address constraints in fracture clinics and general clinic flow.
- Consider digital solutions (QR code patient information, mobile phone access) to streamline communication and patient guidance.
- Evaluate IT systems to reduce workflow interruptions.

Communication Improvements:

- Ensure proactive, transparent communication with families, especially regarding missed appointments and follow-up procedures.
- Continue use of digital messaging platforms to keep families informed and engaged.

Wellbeing and Support:

- Maintain accessible wellbeing resources and peer support mechanisms for staff, ensuring continuity even if informal support systems are closed.
- Promote reflective practice and staff support meetings to maintain resilience and engagement.

Monitoring and Feedback:

- Implement routine feedback mechanisms for parents/carers to track satisfaction and identify areas for continuous improvement.
- Engage staff in reviewing feedback to identify solutions and reinforce a culture of collaborative problem-solving.

Play Team



Overview

This section presents findings from staff interviews conducted with the Play Team on **30th September 2025** at **Kettering General Hospital**. The Play Team operates across multiple departments, excluding the Children's Emergency Department. The interviews aimed to explore experiences, working practices, and challenges in delivering play-based, patient-centred support, with a focus on identifying themes, operational challenges, and opportunities for service development.

Staff Experience

Staff interviews highlighted a highly **experienced, dedicated, and creative workforce** committed to delivering tailored, patient-centred interventions. Key themes emerging include **team cohesion, bespoke training, resource constraints, communication, and operational challenges**.

The team described a strong culture of collaboration, with long-standing members providing stability and continuity. One participant emphasised their holistic approach: "We supported a significantly poorly patient... used chest tapping, reading stories to keep them settled." Another reflected on creating memorable experiences "A child that may not meet their first birthday. We worked with a local supermarket to bring their birthday forward. The mother never forgot what we did."

Training and professional development were described as **bespoke and largely self-directed**, supplementing mandatory courses such as **Oliver McGowan Tier 2**. Staff highlighted innovative learning approaches, including partnerships with external charities: "I introduced a 'For Louis' bereavement charity session... it was fantastic." Challenges included funding for external training and travel, though mentoring and internal guidance were valued.

The working environment was described as **respectful but with occasional constraints**, particularly around early involvement in medical procedures to support patient regulation. Staff noted: "Sometimes doctors go ahead [with treatment] but if they had come to us first we could have supported and kept the patient calm. [Dysregulation] potentially avoidable if we were involved from the beginning." Physical facilities were considered adequate, though a dedicated space for teenagers was highlighted as a priority.

Resource provision was **primarily donation-based**, requiring complex processes to acquire materials for arts, crafts, and therapeutic play. Staff described their resourcefulness in fundraising and advocacy to meet patient needs: "If we need

something, we fundraise... we need a den for teenagers so we can motivate them to get out of their beds.”

Communication and collaboration with other departments were facilitated through **emails, referrals, huddles, and MDT meetings**, with staff generally feeling involved in ward-level decision-making when relevant. Staff emphasised the importance of clear communication with families: “Parent feels safe speaking to us because we aren’t medical.” Challenges included language barriers and engagement with families in distress.

Wellbeing and support mechanisms were described positively, including **peer support within the team and access to the chaplain and wellbeing pathways**. Staff highlighted the importance of teamwork in maintaining resilience during high-pressure situations.

Operational challenges included ensuring Play Team involvement **before medical interventions**, particularly when new doctors joined wards, to prevent patient dysregulation and support positive engagement: “We want to help children. If we get it wrong, the child potentially becomes resistant to medical intervention in the future.”

The team suggested improvements focused on **dedicated spaces for young people**, such as: “A den for young people... a place where they can maintain friendships.”

Comparative Analysis

While no parent/carer interviews were conducted, staff perspectives highlight **key themes relevant across departments**, including the value of **bespoke play interventions, team cohesion, and proactive communication with clinical staff**.

Operational alignment with other departments relies on integrating the Play Team early in patient care pathways to maximise impact. Resource constraints and absence of dedicated facilities for older children and teenagers were consistent points of concern.

Overall, the Play Team is recognised as **a highly skilled, adaptable, and child-centred workforce**, whose contribution enhances patient experience, emotional regulation, and engagement across multiple hospital departments.

Recommendations

Workforce and Training:

- Continue bespoke Play Team training and knowledge-sharing sessions.
- Explore funding and logistical support for external training opportunities.

- Promote mentorship within the team to support skill development and succession planning.

Operational and Environmental Enhancements:

- Develop dedicated spaces for teenagers to support socialisation and therapeutic engagement.
- Ensure early involvement of Play Team staff in clinical procedures to optimise patient regulation and cooperation.

Communication Improvements:

- Strengthen integration with medical teams and ensure consistent communication regarding patient needs and intervention plans.
- Maintain clear, open channels with families, particularly when supporting children in distress or complex care pathways.

Wellbeing and Support:

- Continue strong internal peer support networks.
- Utilise available chaplaincy and wellbeing services for staff under pressure.
- Encourage regular reflective practice to sustain resilience.

Monitoring and Feedback:

- Implement a system to capture staff reflections and best practice innovations for wider departmental learning.
- Engage in cross-departmental evaluation to demonstrate the Play Team's impact on patient experience and outcomes.

Implications & Recommendations

The review of paediatric services at Kettering General Hospital highlights several implications for service planning and development:

- **Workforce Sustainability:** Staffing levels, team cohesion, and training were critical enablers of care quality. Ensuring sufficient staffing across peak demand periods and providing ongoing professional development will sustain both staff morale and patient outcomes.
- **Training & Professional Development:** Bespoke and condition-specific training supports staff competence and confidence. Expanding access to specialised courses, refresher programmes, and mentorship opportunities will enhance clinical capability.
- **Communication:** Both interdepartmental and family communication were key determinants of patient experience. Strengthening protocols for timely updates, shared decision-making, and digital communication platforms can mitigate misunderstandings and improve satisfaction. As well as introducing posters or information to patients on their right to a second professional opinion.
- **Environmental & Infrastructure Enhancements:** Space constraints, workflow interruptions, and limitations in equipment were frequently noted. Investment in purpose-built clinical areas, IT systems, and therapeutic spaces for the Play Team would improve operational efficiency and patient experience.
- **Staff Wellbeing & Recognition:** Formal and informal wellbeing systems are vital. Maintaining counselling services, reflective practice opportunities, and recognition initiatives will support retention and reduce burnout.
- **Child-Focused Support:** The Play Team and other specialist support interventions have a measurable impact on patient experience. Sustaining and expanding these services will improve emotional regulation and engagement for paediatric patients.

Summary

Paediatric services across Kettering General Hospital demonstrate **high levels of professionalism, dedication, and child-centred care**. Staff consistently described their work as challenging but rewarding, emphasising team cohesion, mutual support, and a commitment to maintaining high standards despite resource and operational constraints.

Parents and carers reported positive experiences, highlighting staff competence, empathy, and clear communication, which fostered trust and reassurance. Minor frustrations were noted in areas such as waiting times, clarity around care plans, and logistical challenges associated with repeated appointments or disruptions to family routines.

Environmental factors, including space constraints, IT and equipment limitations, and occasional workflow interruptions, were noted as areas requiring attention. The Play Team illustrated the importance of specialist therapeutic support, particularly for emotional regulation, and highlighted the need for investment in **dedicated activity spaces and resources**.

Training and professional development were generally strong, though opportunities for further growth, particularly in emerging paediatric practices and refresher courses, were identified. Staff wellbeing and recognition were also highlighted as critical enablers of performance and retention.

In conclusion, the review identifies a **skilled, resilient workforce delivering compassionate care**, with clear opportunities to enhance service delivery through targeted investment in infrastructure, training, communication, and wellbeing. These improvements are likely to strengthen patient experience, staff satisfaction, and operational efficiency across paediatric services.



healthwatch


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