

# Northern Lincolnshire and Goole NHS Foundation Trust

# Goole and District Hospital

## Quality Report

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

## Ratings

Overall rating for this hospital	Good	
Minor injuries unit	Good	
Medical care	Good	
Surgery	Good	
Maternity and family planning	Good	
Outpatients	Good	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Goole and District Hospital is one of three acute hospitals within Northern Lincolnshire and Goole NHS Foundation Trust. This trust has been selected as one of the first trusts to be inspected under CQC's revised inspection approach. It was selected for inspection as an example of a 'high-risk' trust.

Goole and District Hospital is a small, purpose-built, community hospital providing care and treatment for the people of East Riding. This hospital has a minor injuries unit but does not provide accident and emergency, emergency medical or surgical services. These are provided at the trust's two other hospitals located at Scunthorpe and Grimsby. The hospital has approximately 30 inpatient beds as well as day beds providing medical and elective surgical services. There is a midwifery-led outpatient maternity service with a home from home delivery facility and an outpatient's facility.

We inspected Goole District Hospital (GDH) as part of the comprehensive inspection of Northern Lincolnshire and Goole NHS Foundation Trust, which included this hospital, Diana, Princess of Wales Hospital (DPOW) and Scunthorpe General Hospital (SGH).

We inspected Goole District Hospital on 24 April and 8 May 2014.

We carried out this comprehensive inspection because the Northern Lincolnshire and Goole NHS Foundation Trust was placed in a high risk band 1 in CQC's Intelligent Monitoring system.

Overall, Goole and District Hospital provided good care in all its services and we found that were safe, effective, caring, responsive and well-led.

Our key findings were as follows:

- There were arrangements in place to manage and monitor the prevention and control of infection, with a dedicated team to support staff and ensure policies and procedures were implemented. We found all areas we visited were clean. MRSA and C. difficile rates were within an acceptable range for the size of the trust.
- There were no significant vacancies with nursing or medical staff. Bank, agency and locum staff were used to fill any deficits in staff numbers. Staff could also work extra hours.
- Patients were able to access suitable nutrition and hydration including special diets. Patients reported that on the whole they were content with the quality and quantity of food provided.
- Mortality rates were improving.

We saw some areas where the trust should make improvements.

The trust should:

- Consider the relocation or refurbishment of the birthing room within the maternity unit at this hospital.
- Consider a more proactive approach to outpatient waiting times and Did Not Attend (DNA) rates and put plans in place to improve the patient experience.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Minor injuries unit

### Rating **Why have we given this rating?**

Good



Overall, the minor injuries unit was safe. Nursing and medical paediatric advice was sought from Scunthorpe General Hospital if required. We found that the children's waiting area was in need of decoration and there was an exposed socket, which could pose a risk to young children. Access to mandatory training was at 76% compliance.

There was always at least one suitably qualified emergency medicine doctor on duty 24 hours a day. On-call support was available 24 hours a day from an A&E consultant. We found that staff behaved in a caring manner towards patients.

We found that no patients waited longer than four hours in the 12 months between April 2013 and March 2014.

There were systems in place to manage the transfer of patients with serious injuries or illness. We found there was local clinical leadership of the unit with support from the A&E department at Scunthorpe.

### Medical care

Good



We found that the care and treatment patients received was safe, caring, effective, responsive to people's needs and well-led. There were some nursing and medical staff vacancies, which meant there was pressure on nursing staff to cover shifts, and medical staff to work extended hours. Bank, agency and locum staff were used to make sure that staffing levels remained safe on the ward. Staff felt that they were well-led and supported to carry out their role to the best of their abilities. They thought the trust was working to improve the care patients received and supported staff by listening to them and making changes.

There were mechanisms in place to make sure that the care people received was of a good standard. These included the use of nationally recognised tools such as the patient safety thermometer, which monitored any harm to patients such as falls or pressure ulcers. From the information we saw, there were no concerns about the quality of care delivered by the ward.

### Surgery

Good



Surgical services at this hospital were safe. The environment on the surgical wards and theatres was clean and there was evidence of learning from incidents in most areas. Medical and nursing staffing levels were

# Summary of findings

adequate. There was adequate equipment to ensure safe care and records were appropriately maintained. The World Health Organisation safety checklist was used at this hospital. Services were based on evidence-based care and treatment and there was evidence of multidisciplinary working. Patients received care and treatment from competent staff and there were robust on-call and transfer arrangements in place between this site and Scunthorpe General Hospital. The surgical services provided at this hospital were caring. Most staff reported good leadership at all levels within surgery.

## Maternity and family planning

Good



There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse, which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents.

Care and treatment was planned and delivered in a way to ensure women's safety and welfare. The unit had one birthing room, which was modelled on a 'home from home' environment. We found the room was basic and small and did not enable women to walk around freely or provide sufficient space for birthing aids or space in the event of an emergency.

The service followed national evidence-based guidelines to determine the care and treatment they provided. There was a multidisciplinary approach to care and treatment, which involved a range of providers across health care. There were no women attending clinics on the days of our inspection therefore we were unable to speak with them. We looked at a sample of Family and Friends feedback forms for April-May 2014, which showed women were extremely likely or likely to recommend the service. The records we looked at showed women were involved in their care and in developing their birth plan.

## Outpatients

Good



Outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated using root cause analysis methodology. Actions were taken following incidents to ensure lessons were learned and improvements were shared across the department. The infection control procedures were adhered to in the clinical areas and they appeared clean and regularly reviewed. Staffing levels were adequate to meet patients' need.

# Summary of findings

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The outpatient department completed surveys and took part in clinical audits to improve the quality of the service. Performance information was monitored and readily available to staff and patients. The outpatient department supported and enabled multidisciplinary working. Patients told us they felt involved in their care and treatment. Patients felt staff supported them to make difficult decisions. They told us they felt their privacy and dignity was respected.

The outpatient department understood the different needs of the communities it served. The hospital monitored who used the service and the outcomes of care for the different population groups. However, the hospital did not respond to the waiting times and Did Not Attend (DNA) rates.

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Good 

# Goole and District Hospital

## Detailed findings

### Services we looked at

Minor Injuries Unit; Medical care (including older people's care); Surgery; Maternity and family planning; and Outpatients

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# Detailed findings

## Background to Goole and District Hospital

Goole and District Hospital is one of three acute hospitals within Northern Lincolnshire and Goole NHS Foundation Trust. This trust has been selected as one of the first trusts to be inspected under CQC's revised inspection approach. It was selected for inspection as an example of a 'high-risk' trust. Northern Lincolnshire and Goole NHS Foundation Trust achieved Foundation Trust on 1 May 2007.

Northern Lincolnshire and Goole NHS Foundation Trust was one of 14 trusts, which were subject to an investigation by Sir Bruce Keogh (the Medical Director for NHS England) in June 2013, as part of the review of high mortality figures across trusts in England. As a result, the trust has been subject to enforcement action by Monitor and is currently in Special Measures.

Goole and District Hospital is a small, purpose-built, community hospital providing care and treatment for the people of East Riding. This hospital does not provide an accident and emergency facility, emergency medical or surgical services. It has approximately 30 inpatient beds as well as day beds providing medical and elective surgical services, a midwifery-led maternity service, a minor injuries unit and outpatients facility.

The Minor Injuries Unit (MIU) at Goole and District Hospital is a 24-hour service staffed by medical and

nursing staff. It is designed for the treatment of adults and children attending with minor injuries. Between April 2013 and March 2014 the minor injuries unit saw 20,019 patients. Of this number 5,019 were children.

There is one medical ward at Goole Hospital. It has 15 beds, most of which are used as rehabilitation beds. The trust repatriates patients who live close to Goole from the other hospitals within the trust at Scunthorpe and Grimsby. This ward also accommodates day case patients who are receiving treatments such as infusions and blood transfusions.

This hospital provides elective general, orthopaedic and ophthalmology surgery. There is one ward which provides general and orthopaedic surgery and has 14 beds. There is also a day surgery unit. This hospital has two operating theatres and an ophthalmic suite.

The maternity service at Goole and District Hospital is a midwifery-led outpatient service with a home-from-home delivery facility, which has a delivery bed and birthing pool. Antenatal and postnatal care is provided.

Goole and District Hospital has an outpatients department. This was attended by 34,755 patients between April 2013 and March 2014. Goole Hospital ran clinics for 21 specialities including urology, ophthalmology, and ear, nose and throat.

## Our inspection team

Our inspection team was led by:

**Chair:** Bill Cuncliffe, Colorectal Consultant Surgeon.

**Head of Hospital Inspections:** Julie Walton, Care Quality Commission.

The team of 33 included CQC inspectors and a variety of specialists such as: a consultant paediatrician, medical consultant, ENT consultant, consultant anaesthetist, junior doctor, matron, senior nurses, a nurse practitioner, a physiotherapist, a health visitor, a student nurse and experts by experience.

## How we carried out this inspection

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

- Is it safe?

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

# Detailed findings

The inspection team always inspects the following core services at each inspection:

- Minor Injuries Unit (MIU)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, the NHS England's local area team, Monitor, Health Education England and Healthwatch. We carried out an announced visit on 24 April and visited unannounced on 8 May 2014. During the

visits we held a focus group with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the trust, including the wards, theatres, outpatients, maternity and minor injuries unit.

We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records. We held three listening events on 23 April 2014 in Goole, Grimsby and Scunthorpe to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment we looked at as part of the inspection. The team would like to thank all those who attended the listening events.

## Facts and data about Goole and District Hospital

### Trust Level Context and Facts

- The annual budget is around £300 million.
- Other locations registered for this trust are Monarch House and Community Equipment Store; these were not included in this inspection.
- There was around 105,000 inpatients and around 400,000 outpatients treated across the trust 2012-2013.

### Trust Level safety

- There were 12 never events (events so serious they should never happen) between December 2012 to January 2014. These involved one drill guide retained in a patient's hand following surgery and a locum surgeon implanting the wrong lens in 11 patients' eyes during cataract surgery.
- There were 63 Serious Incidents between December 2012 and January 2014, wards accounted for the majority with 47.6% in total. Pressure ulcers Grade 3 accounted for 30.2% of all incidents reported, the majority of which occurred at the DPOW.

### Safety Thermometer data

(It must be noted that caution should be used when comparing trust Safety Thermometer results to the national average as this does not account for trust to trust variation in the demographic make-up of the population).

- For new pressure ulcers the trust performed above the national average for the entire year.
- For new UTIs the trust performed below the national average for six months of the year.
- For falls with harm the trust performed below the national average for seven months of the year.
- The trust's infection rates for Clostridium difficile and Methicillin-Resistant Staphylococcus Aureus (MRSA) lie within a satisfactory statistically acceptable range for the size of the trust.

### Effective

- Tier 1 Mortality Indicators (used for the assessment of mortality). There were zero Tier 1 indicators flagged as 'risk' or 'elevated' risk for the trust.
- Other Tier 1 indicators – a risk was identified for the proportion of patients who received all secondary prevention medications for which they were eligible.

### Responsive

- During December 2012 and April 2013 the trust struggled to achieve the 95% target for admitting or transferring or discharging patients within four hours of their arrival in the A&E department. However the performance did improve and in February 2014 saw the highest percentage at 98.7%.

# Detailed findings

- Cancelled operations – the trust performed similar to expected for patients not treated with 28 days of a last minute cancellation due to non-clinical reason and the proportion of patients whose operation was cancelled.
  - The trust performed similar to expected with regard to patients being given enough notice when they were going to be discharged and discharge delays for more than 4 hours.
- Well-led**
- Overall sickness – 4.4%, national average is 4.2%.
  - Agency spend – the trust performed better than expected for full time equivalent bed days with 1.97 compared to a national average of 1.94.
  - NHS Staff Survey 2013 – the results are organised into 28 key findings. Five of the indicators show performance that is better than the expected and placed within the top 20% of trusts nationally. Nine of the indicators were placed in the bottom 20%. Trust staff are less likely to recommend the trust as a place to work or receive treatment and report lower levels of fairness and effectiveness of incident reporting procedures and support from immediate managers.

# Detailed findings

## Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Maternity and family planning	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Minor injuries unit and Outpatients.

# Minor injuries unit

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

## Information about the service

The Minor Injuries Unit (MIU) at Goole and District Hospital provides a service for people who live in Goole, and surrounding areas. It is a 24-hour service staffed by medical and nursing staff. It is designed for the treatment of adults and children attending with minor injuries.

Between April 2013 and March 2014, the minor injuries unit saw 20,019 patients. Of this number 5,019 were children.

During our inspection, we spoke with four patients and relatives, and five members of staff. We observed care being provided and reviewed clinical records. We also inspected the environment and facilities.

## Summary of findings

Overall, the minor injuries unit was safe. Nursing and medical paediatric advice was sought from Scunthorpe General Hospital if required. We found that the children's waiting area was in need of decoration and that there was an exposed socket, which could pose a risk to young children. Access to mandatory training was at 76% compliance.

There was always at least one suitably qualified emergency medicine doctor on duty 24 hours a day. On-call support was available 24 hours a day from an A&E consultant. We found that staff behaved in a caring manner towards patients.

We found that no patients waited longer than four hours in the 12 month period of April 2013 to March 2014. There were systems in place to manage the transfer of patients with serious injuries or illness. We found there was local clinical leadership of the unit with support from the A&E department at Scunthorpe.

# Minor injuries unit

## Are minor injuries unit services safe?

Good



Overall, the minor injuries unit was safe. Nursing and medical paediatric advice was sought from Scunthorpe General Hospital if required. There was always at least one suitably qualified emergency medicine doctor on duty 24 hours a day. On-call support was available 24 hours a day from an A&E consultant. Although only children with minor injury and illness were treated at the MIU, all children should have access to a qualified paediatric nurse when they access emergency care and treatment.

We also found that the children's waiting area was in need of decoration and that there was an exposed socket which could pose a risk to young children.

Access to mandatory training was at 76% compliance against a trust target to achieve 95% by the end of December 2014.

There were appropriate systems in place for the management of deteriorating patients. There was a major incident plan for the trust as a whole, although this did not describe the use that would be made of the MIU during such an incident.

### Incidents

- The Strategic Executive Information System (STEIS) records serious incidents and never events. Serious incidents are those that require an investigation. Never Events are incidents that should never occur. Notifications of patient safety incidents are classified by the degree of harm to the patient. These are no harm, low, moderate, severe, abuse and death. We found there had been no recent serious untoward incidents (SUI's) involving Goole MIU.
- Incidents were discussed at regular 'medicine group clinical and quality assurance' meetings which were attended by MIU representatives and medical directorate staff from Goole and Scunthorpe.
- We reviewed meetings that took place in November, December and March 2014. However, there was no discussion of any incidents related to the MIU at Goole.
- We also reviewed the minutes of MIU staff meetings where incidents were discussed. These included a meeting held in October 2013 where an incident

involving blood not being delivered to the pathology laboratory was discussed. The action from this incident was that the patient was contacted and made aware as was their GP.

- There was also a discussion of an incident where medications had been placed in the wrong containers. Staff were advised to take care when storing medications after use.

### Cleanliness, infection control and hygiene

- We found that the environment was clean and free of clutter.
- Infection control audits were completed monthly which monitored compliance with key trust policies such as hand hygiene. MIU demonstrated compliance with these audits.
- Hand-washing facilities were readily available and there were posters advising people to wash their hands.

### Environment and equipment

- There was one entrance for people using the unit whether they walked in for treatment or were conveyed by ambulance. However, ambulances only attended the department with patients who had minor injuries, or were suffering with minor illness.
- The position of the reception area made it difficult to respect patients' dignity while booking them into the MIU. We spoke with staff who were aware of this and took care to ensure patients' privacy was respected.
- There were clearly designated areas for the treatment of patients and waiting areas for adults and children.
- The children's waiting area was located next to a children's treatment room. Although the area contained toys and was designed for children it looked old and in need of decoration. However, the area was clean.
- There was an electric socket in the area which did not have a socket cover. Electric sockets in children's areas should be covered for safety reasons.
- There was a resuscitation area opposite the main entrance. The doctor on duty explained that although they had protocols to prevent ambulances conveying patients with major injuries or illnesses sometimes members of the public walked in with serious conditions. They said that it was felt that in such circumstances the patient should be stabilised before being transferred to another unit.
- The other clinical areas of the unit were for the treatment of minor injuries with a three-bedded area for

# Minor injuries unit

the treatment of people with minor illnesses. They gave an example of this area being used for the care of patients who may have experienced an exacerbation of their asthma.

## Medicines

- Medicines were stored correctly including in locked cupboards or fridges.
- We observed controlled drugs being checked appropriately.
- There was a review of medicines by the pharmacists which took place twice a week.
- Medicines were stored in the department which patients could take home when discharged.
- We found that controlled drugs and fridge temperatures were regularly checked.

## Records

- We observed patient records being completed appropriately.
- We also saw that the department's computer system was updated in a timely manner. This recorded where people were in the department and when they had been discharged or transferred.
- We found that following a department team meeting in October 2013 the management of records was audited on an ongoing basis and discussed at team meetings.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent forms were available for both adult patients, and for people with parental responsibility to consent on behalf of children.
- There were also specific consent forms for adults who were unable to give consent. The forms contained guidance on the actions to take in such cases.

## Safeguarding

- Systems were in place for the reporting of safeguarding incidents so that they could be investigated appropriately by multi-agency safeguarding teams.
- This included designated staff having access to the child protection register, in order to check if a child was on the register and also to have any suspicions recorded on the register. As part of the process we found that local authority safeguarding authorities were contacted when appropriate.
- We found that mandatory training in safeguarding was provided, with MIU staff trained up to Level 1 for adult safeguarding and Level 2 for children's safeguarding.

- We found that 92% of nursing staff had received safeguarding adults level 1 training, while 85% had received safeguarding children level 2 training.
- We found that 100% of medical staff had received safeguarding adults level training, while 33% had received safeguarding children level 2 training.

## Mandatory training

- The level of mandatory training for MIU was at 74%. This was against a trust target to achieve 95% by the end of December 2014.
- This broke down as being 76% for nursing and support staff, and 60% for medical staff.
- We were informed by the services managers that efforts were being made to improve performance in this area.

## Management of deteriorating patients

- Patients were assessed and triaged on arrival in the department.
- There were patient treatment protocols available on the trust's intranet.
- The unit used the 'National Early Warning Score' (NEWS) assessment system. If a patient became seriously ill when being treated on the unit they were transferred to the A&E at Scunthorpe when it was safe to do so.
- We found there were protocols in place for the transfer of patients to the nearest A&E department at Scunthorpe, which was managed by the same trust. There were also procedures in place for the transfer of patients with more specialist conditions to hospitals in Hull.
- There were written protocols agreed with the ambulance service to prevent the transfer of patients whose acuity of illness or severity of injury made it unsafe to convey them to the MIU.
- This included for children where the protocols ensured that children who were not alert were not taken to MIU.
- Children with suspected non-accidental injuries were also conveyed directly to Scunthorpe General Hospital.

## Nursing staffing

- In the morning there were two qualified nurses on duty, in the afternoon there was an emergency nurse practitioner (ENP) and another qualified nurse, while at night there was an ENP and a night co-ordinator. ENPs are nurses who have completed advanced training in the treatment of minor injuries, while a night coordinator is a senior nurse responsible for managing a hospital at night.

# Minor injuries unit

- We reviewed rotas for February which confirmed these numbers.
- Support was also provided by a healthcare assistant who were rostered to support the nurses, although they did not work on all of the shifts.
- We spoke with a member of the nursing staff who thought that the numbers were low when they had busy periods.
- There were no nursing staff with advanced training in the treatment of children.
- Paediatric support was provided by paediatric-trained staff at Scunthorpe General hospital.

## Medical staffing

- The medical staff who worked in the unit were all qualified and experienced emergency medicine doctors. They were all middle grade doctors, either staff grades or associate specialists, and reported to the consultants in Scunthorpe General Hospital.
- There was always one doctor on duty in the unit at all times.
- The medical staff who worked in the unit were all qualified and experienced emergency medicine doctors. They were all in non-training grades and reported to the consultants in Scunthorpe General Hospital.
- There were no paediatricians available in the hospital.
- Paediatric support was provided by paediatric-trained staff at Scunthorpe General hospital.

## Major incident awareness and training

- There was a major incident plan for the trust.
- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management.
- The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

## Are minor injuries unit services effective? (for example, treatment is effective)

Not sufficient evidence to rate

There was always at least one suitably qualified emergency medicine doctor on duty 24 hours a day. On-call support was available 24 hours a day from an A&E consultant.

The trust told us that because it was a minor injuries unit it did not take part in College of Emergency Medicine (CEM) audits. However, we found that audits were undertaken on a local basis within the MIU. Clinical staff also linked in with Scunthorpe A&E for attendance at audit and clinical governance meetings.

## Evidence-based care and treatment

- We found there was a database on the A&E computer system which contained treatment protocols for various conditions.
- We found that clinical governance meetings held on a monthly basis in the directorate of medicine discussed new NICE (National Institute for Health and Care Excellence) guidance and updates to guidance.
- We reviewed treatment protocols and flow charts for the treatment of various conditions. We observed staff appropriately following these procedures.
- A 'national early warning system' (NEWS) protocol was used in the treatment of patients. This included time frames for treatment and instructions for the escalation of care. NEWS is a system developed by the medical and nursing royal colleges.
- We found that the ENPs had protocols for the treatment of patients with minor injuries.
- The ENPs were autonomous prescribers which allowed them to dispense medicines to patients.
- The other qualified nurses were able to dispense medicines based on patient group directions (PGDs). PGDs are produced collaboratively by qualified doctors, nurses and pharmacists.
- We found that hard copies of the PGDs were out of date although up-to-date versions were contained on the trust's intranet. When we told the nurse in charge, they destroyed the out-of-date paper copies. The systems were safe as the correct versions were available on the computer system.

# Minor injuries unit

## Pain relief

- There were systems in place for the provision of pain relief by medical and nursing staff.
- At the time of our visit the unit was quiet and we did not witness pain relief being provided.

## Nutrition and hydration

- Although we did not observe nutrition and hydration being provided to patients, there were systems to ensure this took place.

## Patient outcomes

- We found that ENPs work was appraised by a doctor once every three months. They would select 10 cases and provide feedback.
- The work of the medical staff was appraised by the consultant staff at Scunthorpe A&E.

## Competent staff

- Nursing staff told us they had regular appraisal. They felt they were given appropriate support and supervision from their clinical managers.
- The trust records for the appraisal of all staff in the trust's medical directorate, which included MIU at Goole, was 63.80% for February 2014. This showed a continued improvement from July 2013, where compliance was at 28% for the medical directorate at Scunthorpe and Goole. Until February 2014 the locations were counted separately.
- Revalidation for emergency medicine consultants throughout the trust was at 57.1% as of November 2013. This was against an expected completion rate of 64%. This was the latest data which was available from the trust.

## Multidisciplinary working

- We observed effective multidisciplinary working between the nursing and medical staff in the unit.
- The unit was not a place of safety, under the terms of the Mental Health Act 1983. However, if a patient required mental health assessment a service was provided by staff from the local mental health trust.

## Seven-day services

- There was a seven-day presence of one emergency medicine doctor for 24 hours every day.
- Advice was available by telephone from the A&E consultants at Scunthorpe.

- Advice could also be obtained over the telephone from the specialty paediatric, medical or surgical teams at Scunthorpe.
- Imaging services are available out of hours with a digital link for imaging results.
- There was an on-call physiotherapy service after 10pm.
- Pharmacy services were available on a 24 hour basis, with an on-call pharmacy for out of hours.
- An out-of-hours on-call service was provided by the local mental health trust.

## Are minor injuries unit services caring?

Good



We found that staff behaved in a caring manner towards patients.

## Compassionate care

- We found the “family and friends” forms were readily available in all parts of the department.
- During our inspection we observed that staff behaved towards patients in a caring and compassionate manner.

## Patient understanding and involvement

- We observed both nursing and medical staff fully involving patients in their care.
- Patients told us that staff fully explained to them their diagnoses and treatment options.

## Emotional support

- While in the department we did not witness emotional support being provided to patients or their relatives.
- We reviewed a leaflet which gave information about the multi-faith chaplaincy service available in the trust, including for people whose relatives had died in A&E. This included an out-of-hours service.

# Minor injuries unit

## Are minor injuries unit services responsive to people's needs? (for example, to feedback?)

Good 

We found that no patients waited longer than four hours in the 12 month period of April 2013 to March 2014. We found that systems were in place to manage the transfer of patients with serious injuries or illness. We found that staff learned the lessons from complaints.

### Service planning and delivery to meet the needs of local people

- We found that policies and procedures were in place for the transfer of patients to the A&E at Scunthorpe, or other appropriate units, if the MIU could not meet their needs. There were clear procedures for the transfer of children.

### Access and flow

- In March 2014 99.2% of patients were treated within four hours. Over the year April 2013 to March 2014 99.6% of patients were treated within four hours. The standard is that 95% of patients should be treated within four hours.
- In all 12 months of 2013/14 the unit met the standard.
- There were no concerns with regard to ambulance handover times.
- We found that in 2013 a total of 133 patients left the department without being seen.

### Meeting people's individual needs

- There were systems in place for the provision of translation services for people whose first language was not English.
- The senior nurse on duty informed me that they had a list of people who could provide British Sign Language (BSL) interpretation services. Not all staff were aware of this.

### Learning from complaints and concerns

- We reviewed staff meeting minutes which showed that discussions were held into issues raised through complaints. Staff we spoke with gave us examples of how the unit had learnt from complaints. An example of this was, when a staff meeting which took place in

October 2014 there was a discussion regarding a meeting that was being arranged with a complainant. Staff were reminded of the importance of record keeping.

## Are minor injuries unit services well-led?

Good 

We found there was local clinical leadership of the unit with support from the A&E department at Scunthorpe.

### Vision and strategy for this service

- The lead consultant for A&E services in the trust told us that work was taking place on developing a vision and strategy for the service. This included a closer working relationship with the A&E department in Scunthorpe and the minor injuries unit at Goole.

### Governance, risk management and quality measurement

- As an organisation the trust had systems in place for governance, the management of risk and the measurement of quality which are replicated in the A&E department.
- These included monthly meetings at Scunthorpe General Hospital to discuss clinical governance issues which were attended by MIU medical staff and senior nursing staff. We found these meetings fed into trust level quality assurance meetings, and down to staff meetings held in the MIU.

### Leadership of service

- At the time of the inspection the MIU was managed clinically by a lead consultant based at Scunthorpe, and a senior nurse. The consultant came to the department once a week when they held clinics and met with the staff.
- They then reported into a senior consultant responsible for the clinical management of the departments at Scunthorpe, Grimsby and Goole. There was an overarching system of management in that the department is part of the directorate of medicine which is managed by a clinical director, a general manager and a senior nurse.
- There was a senior nurse responsible for the unit but they were not available on the day of our inspection.

# Minor injuries unit

## **Culture within the service**

- Although nursing staff we spoke with were generally satisfied with the support they got, we were not able to gain an insight into the culture of the unit.

## **Public and staff engagement**

- Nursing and medical staff told us they felt listened to and there were processes within the department and the trust to gain the views of staff.
- However, we did not see any evidence outside of the friends and family test of the A&E department engaging with the general public.

## **Innovation, improvement and sustainability**

- We found there were systems within the trust which encouraged innovation, and evidence of improvement work at the trust's two A&E locations at Scunthorpe and Grimsby.
- However, we found no evidence of the Minor Injuries Unit's involvement in the innovation, improvement and sustainability work being undertaken by the trust.

# Medical care (including older people's care)

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
<b>Overall</b>	<b>Good</b>	

## Information about the service

There is one medical ward at Goole hospital. It has 15 beds, most of which are used as rehabilitation beds. The trust repatriates patients who live close to Goole from the other hospitals within the trust at Scunthorpe and Grimsby. Patients on the ward are generally stable. However, there are occasions when people who are in need of end of life care are placed on the ward.

The ward also accommodates same day case patients who are receiving treatments such as infusions and blood transfusions. Using this facility means people can receive their care close to home. Some patients may be under the care of another trust but there is a reciprocal agreement in place about these patients. A nurse is employed specifically to monitor and support day-case patients.

We looked at the nursing and medical records of two patients, carried out observations and spoke with patients, relatives and staff about the ward. We spoke with three patients and their relatives, observed a nursing handover between staff, spoke to one doctor, the ward manager, one nurse, one physiotherapist and one occupational therapist during our inspection.

## Summary of findings

We found that the care and treatment patients received was safe, caring, effective, responsive to people's needs and well-led. There were some nursing and medical staff vacancies, which meant there was pressure on nursing staff to cover shifts, and medical staff to work extended hours. Bank, agency and locum staff were used to make sure that staffing levels remained safe on the ward.

Staff felt that they were well-led and supported to carry out their role to the best of their abilities. They thought the trust was working to improve the care patients received and supported staff by listening to them and making changes.

There were mechanisms in place to make sure that the care people received was of a good standard. These included the use of nationally recognised tools such as the patient safety thermometer, which monitored any harm to patients such as falls or pressure ulcers. From the information we saw, there were no concerns about the quality of care delivered by the ward.

# Medical care (including older people's care)

## Are medical care services safe?

Good



Overall, the care received by patients at Goole District hospital was safe. Incidents were learned from, patient harms were monitored, and the ward was clean and well maintained. Staff were monitored to ensure they were aware of hand hygiene techniques. There was sufficient equipment and it had been tested regularly to make sure it was safe to use.

Nursing staffing levels were on the whole safe. However, there were some issues with sickness, vacancies and the skill mix of staff. These were being addressed and the trust was supportive of the action taken by the ward manager to deal with these issues.

Medical staffing levels on the ward were safe. However, there were no permanently employed medical staff on the ward. While the current staff were competent, due to the nature of locums, there was a risk to consistency of the level of care and the quality of the medical staff. The ward was in need of some permanent members of medical staff.

### Incidents

- There had been some never events within the trust, which had been reported and investigated appropriately. Staff were aware of the events and had received information about lessons learned.
- There had been 30 serious incidents reported trust wide for medical areas between December 2012 and March 2014, none were reported for this hospital.
- There were systems in place to report incidents. Staff were all able to access the system. Lessons learned were discussed with and fed back to staff by the ward manager.
- Due to the trust's previously high mortality rates in some specialties, it had regular mortality and morbidity meetings. In recent months, the standardised hospital mortality indicator (SHMI) has improved.

### Safety thermometer

- The trust had signed up to the NHS North of England Transparency Project, which meant that from November

2013 the trust would be publishing data on the degree of harm experienced by patients including pressure ulcers, falls, staffing levels and performance on the patient experience (Family and Friends Test).

- Safety thermometer information was clearly displayed at the entrance to each ward. This included information about all new harms, falls with harm, new venous thromboembolism (VTE), catheter use with urinary tract infections and new pressure ulcers. The trust was performing slightly worse for pressure sores, particularly in the over 70s. The trust median was 2.5 as opposed to the England median of 1.4.
- The trust was performing better than the England median for falls and catheter-acquired infections.
- Patients were being risk assessed for falls, and the trust was undertaking work to try to reduce the incidence of avoidable falls.

### Cleanliness, infection control and hygiene

- During observations of the ward, including bathrooms the ward was clean and tidy in appearance.
- According to the latest trust infection control report for 2012/2013, every patient who was admitted to Ward 3 was screened on admission to ensure that they were not carrying an infection.
- There were policies and procedures in place to ensure that any patients carrying an infection were managed appropriately, including barrier nursing procedures where applicable.
- We saw evidence that the ward had been infection free for over 200 days. This was confirmed by the ward manager and there was a certificate from the trust infection control team on display in the corridor of the ward.
- There was personal protective equipment (PPE) and alcohol hand gels on display in the ward and at the entrance to each bay. Staff were observed using the PPE and hand gels when they entered and left people's bays and before and after delivering treatment and care. Staff were regularly audited to make sure that they were following the correct hand hygiene techniques. The ward manager told us that any staff identified as not using the correct techniques were given information about where their technique was lacking and retested. The manager told us the latest audit showed 100% compliance although we did not see the results.

# Medical care (including older people's care)

## Environment and equipment

- When we carried out observations on the ward, we saw that there was enough equipment to safely meet people's needs. For example, there were sufficient hoists and slings, stand and turn aids and walking frames to make sure that people were supported to move in the most appropriate and safe way.
- According to the training data supplied to us by the trust, 100% of staff were up to date with their moving and handling training. This meant that patients were supported by staff who knew how to do so safely.
- There was resuscitation equipment available and accessible on the ward. Trust data showed that 67% of staff had received resuscitation training.
- The resuscitation equipment had been checked regularly to make sure it was in good working order and that drugs were within date. The doctor on the ward during the week was experienced in life support techniques. This meant that people would receive the appropriate care in case of an emergency situation.

## Medicines

- Medication was stored securely.
- There was a doctor present on the ward 12 hours each day to prescribe medication as needed. Medication needed out of hours was accessed via the doctors on call.
- Medication records showed that drugs were given to patients in accordance with instructions and charts were signed appropriately.

## Records

- The record keeping on the ward was of a good standard and contained information about discussions with patients and their families, evidence of hourly roundings, repositioning charts, food and fluid charts and skin integrity. On the whole records had been completed fully although some fluid charts had not been totalled.
- For the two sets of records we looked at, risk assessments had been completed and reviewed by staff at Goole District Hospital to make sure that they were accurate. When risk assessments indicated that patients needed extra support such as to prevent pressure sores developing, this had been put in place.
- Both sets of records we looked at, both contained information about 'Do not attempt Cardiopulmonary

resuscitation' (DNACPR) decisions. Some of the information had been completed prior to the person being transferred to Goole and some information had been completed after the person arrived at Goole.

- Some records were in electronic format accessible via a computer. All disciplines of staff were able to access and contribute to these records.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was documentary evidence that patients were consented appropriately. We observed staff asking people for verbal consent prior to assisting them.
- We saw that staff understood the Mental Capacity Act 2005 and were able to identify when it should be used and apply it appropriately.

## Safeguarding

- All staff were up to date with their mandatory adult safeguarding training.
- All staff were up to date with their Level 1 safeguarding children training.
- The ward manager and staff were aware of the process to follow if they had any concerns about safeguarding issues on the ward.

## Mandatory training

- Information provided to us by the trust showed that overall, mandatory training was at 83% complete.
- Some courses such as moving and handling and adult safeguarding were at 100%.
- Some mandatory training courses were below 50%, such as Medicines Management Awareness and Blood Transfusion Competency Assessment.
- The majority of mandatory training, 15 out of 19 were at 70% complete.

## Management of deteriorating patients

- Goole District Hospital used a system called Web V to manage and monitor patients. The system was used in conjunction with the National Early Warning Score (NEWS) and allowed staff to monitor whether patients were receiving timely repeat observations and whether their condition was improving, stable or deteriorating.
- The service used hourly roundings. This meant that staff routinely checked on each patient at least every hour, so they could assist people and also identify any changes in people's conditions.
- When patients were identified as deteriorating, staff told us they were aware of action to take. They told us that

# Medical care (including older people's care)

they were able to access medical support 24 hours a day either from medical staff on the ward, or from doctors on call. They said there were never any problems accessing support if patients were deteriorating.

## Nursing staffing

- Staffing levels for wards were calculated using a recognised tool. Work had recently been undertaken by the trust to reassess the staffing levels on wards and increase them. This was to ensure that staffing establishments reflected the acuity of patients.
- The staffing establishment and actual staffing levels were displayed on a notice board in the corridor. On the day we inspected the ward, actual staffing levels were the same as the establishment staffing levels.
- There had been problems with long term sickness on the ward, but bank and agency nurses were used to make sure that staffing levels were safe. To ensure continuity of care regular bank and agency staff who were familiar with the ward were used whenever possible.
- We observed a shift handover between nurses. Each patient was discussed in detail and any changes in their health, wellbeing, care, moving and treatment needs were discussed. This made sure that the staff coming on duty were fully aware of any changes and made sure that patients received the correct treatment.
- The ward manager told us that although they were meeting their staffing establishment, sometimes they had problems with the skill mix of staff.

## Medical staffing

- There was specialist registrar grade presence on the ward 12 hours a day, five days per week.
- The junior doctor rota had several vacancies at senior house officer level and therefore all junior doctors were locums. Data given to us by the trust for February 2014 showed 6.95 WTE junior doctor locums were employed.
- Junior doctors told us there were adequate numbers of junior doctors available out of hours and that consultants were contactable by phone if they needed any support.
- The doctor working on the ward Monday to Friday between 8am and 8pm was a locum. The ward was predominantly staffed by locums. Some locum cover was regular and long term but some locums were not. There were no permanent middle grade doctors working in the medical directorate at Goole.

- Consultant ward rounds were carried out by two consultants, twice each week. Consultants were available on call out of hours and doctors told us they didn't have any problems getting senior doctor support if they needed it.

## Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management.
- The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified. There were arrangements in place to deal with winter pressures such as an escalation process when there were extreme pressures on beds such as opening extra beds on some wards and bringing extra staff to help deal with increased demand.

## Are medical care services effective?

Good



Patients who used Ward 3 received care that was on the whole effective. There was sufficient nutrition and hydration available, they could access pain relief when required, and were mostly treated by competent staff who were able to meet their needs and supported to do so.

There was clear evidence of multidisciplinary working and good links to therapy services and services in the community. Some of the services patients needed were available only on weekdays, but there was nursing and medical cover every day.

Staff worked to NICE and locally agreed guidance in the treatment of patients. Staff followed the pathways of care and when patients needed extra care, staff were able to access specific equipment. According to the trust's audit action plan, there were a number of national and local audits that were currently running behind schedule and escalation was needed to ensure continued participation.

## Evidence-based care and treatment

- Staff worked in line with National Institute for Health and Care Excellence (NICE) guidelines. However, the

# Medical care (including older people's care)

trust was only assured of 70% compliance at the time of the publication of the Quality Accounts 2013/14, this was across all directorates. The aim was to be 90% compliant by March 2014. The Governance and Assurance Committee received updates quarterly and information in February 2014 showed that the 90% had not been achieved.

- The quality accounts also reported that the compliance with assessing trust technology approved guidelines was at 85.5%, which was risk rated red at the time of the report. Lead clinicians had not always been assigned and gap analysis not consistently completed or returned to administrators.
- Ward managers held ward staff meetings and produced newsletters to make sure that all staff working on wards were aware of any changes to working practice or equipment used. We saw minutes of governance meetings that demonstrated that when new guidelines were received a lead was identified who would undertake a gap analysis for their service so any changes to practice could be enacted.

## Pain relief

- Patients were able to request pain relief and there were systems in place to make sure that additional pain relief could be accessed via medical staff if required.
- Patients we spoke with had no concerns about how their pain was controlled.
- A palliative care nurse funded by Macmillan cancer worked at the trust and was able to work with patients who were experiencing pain at the end of their lives.
- As a result of participating in the National Pain Audit 2013/14 the trust had identified the need to improve the quality of advice given to patients on managing pain, particularly following consultation.

## Nutrition and hydration

- Patients were able to access suitable nutrition and hydration including special diets during meal times and when these had been pre-planned. However, it was not always possible to access things like soft diets outside of meal times.
- We saw one patient who needed a soft diet being given solid food which they could not and did not eat. They were not provided with an alternative and therefore missed a meal.
- Patients reported that on the whole they were content with the quality and quantity of nutrition

- We observed that there were jugs of water on patient's side tables and these were changed regularly throughout the day. One balance chart was reviewed, which was fully completed.
- Following the Sir Bruce Keogh Review the trust had implemented a hydrant project and introduced the MUST screening tool (Malnutrition Universal Screening Tool) to better identify patients at risk of malnutrition and dehydration.
- The trust had also began rolling out volunteers at mealtimes to assist feeding of dependant patients, alongside a generic snack list for ward areas for patients at risk of malnutrition.
- We were informed of a trial of a new role of dysphagia assistant for patients with known swallowing problems to ensure feeding regimes are in place.
- The trust has changed its catering supplier and was reporting higher satisfaction with the quality of food.

## Patient outcomes

- There were no Tier 1 mortality indicators for the trust, which meant that there was no evidence of risk for the composite indicator for in-hospital mortality and Dr. Foster composite of hospital standardised mortality ratio indicators (HSMR) or the summary hospital level mortality indicator (SHMI). There had been a reduction in the SHMI rate and the trust was now at 109, which is within the 'as expected' range.
- There were three mortality outliers for acute cerebrovascular disease, acute bronchitis and chronic obstructive pulmonary disease. Action plans were in place to address issues identified.
- There was a trust wide programme of audits including national audits and local audits.
- Clinical audits took place to ensure that staff were working to expected standard and following guidelines. According to the trust's Annual Quality Account 2013/14 - 19 national clinical audits were reviewed and actions were identified as a result.
- There were no specific audits identified as taking place solely on the medical ward at Goole. However, trust-wide medical audits included; Medicine documentation and consent and health record keeping standards.
- The latest patient dashboard patient safety indicators showed that the ward had a low number of patient harms including pressure sores, falls and infections on the medical ward at Goole District Hospital.

# Medical care (including older people's care)

- There was no evidence of increased risk of readmission after either an elective or emergency admission to the trust.
- Patients on the ward tended to have a longer than average length of stay than the rest of the trust because the ward was classed as a rehabilitation ward.
- The ward had participated in trust wide audits such as 'Audit of nursing documentation incorporating falls' and re-audit of 'Recognition and escalation of care for acutely ill adults using the national early warning score (NEWS)' where they were found to be meeting all relevant standards.
- Staff were able to access local policies using the intranet and were aware of specific policies that affected the work carried out on the ward.

## Competent staff

- Nursing staff received supervision and appraisal and the ward manager was working towards making sure all staff received at least the trust policy minimum of six hours supervision each year.
- Many of the medical staff working on the ward were locums. Because of the number of vacancies and locum staff, there was an increased risk that some of the short-term locums may not have the skills and competencies to meet people's needs.
- The trust wide medical division annual appraisal rate for all staff was 61%. There was no hospital or discipline specific information available.

## Multidisciplinary working

- There was clear evidence of multidisciplinary working on the ward. There was regular input from physiotherapists, occupational therapists and other allied health professionals when required.
- There was evidence that the trust worked with external agencies such as the local authority when planning discharges for patients.

## Seven-day services

- There was a medical presence on the ward seven days per week between 8am and 8pm and on call access to medical staff at other times. Consultants ward rounds took place twice each week.
- Patients were seen by allied health professionals week days. Nursing staff followed care plans at weekends to continue rehabilitation therapy with patients.

## Are medical care services caring?

Good



The hospital was caring. Patients who had used Ward 3 told us that the care and treatment they received was very good. Relatives were equally happy with the treatment their family members received. Patients found staff to be helpful and supportive.

Although patients said they weren't really involved in planning their care, they were happy to ask questions and were confident in the treatment and support they were receiving.

## Compassionate care

- From analysis of the CQC Intelligent Monitoring Report there was no evidence of risk regarding compassionate care, meeting physical needs, patient overall experience, treatment with dignity and respect and trusting relationships.
- The 2013 CQC adult in patient survey showed that the trust was average when compared with other trusts in 8 out of the 10 areas reviewed.
- For the inpatient survey Friends and Family Test (FFT) the trust performed above the average for three of the four months reported, with October scoring the highest. The trust response rates were significantly lower than the national average indicating that scores are less likely to be representative.
- The four patients we spoke with were happy with the care and compassion they received on the ward.
- Throughout the inspection we saw patients being treated with compassion and respect and their dignity was preserved.
- Call bells on the ward were answered promptly.
- Hourly roundings took place to make sure that staff were aware of any emerging needs of patients.
- Patient led assessment of the care environment (PLACE) showed that Goole and District Hospital scored 91.2% for privacy dignity and respect.

## Patient understanding and involvement

- Patients were aware of why they were on Ward Three.
- Patients hadn't been involved in formulating their care plans but they were aware of what treatment they would be having, and why.

# Medical care (including older people's care)

## Emotional support

- Patients reported that they felt able to talk to ward staff about any concerns they had either about their care, or in general.
- There was information within the care plans to highlight whether people had emotional or mental health problems.
- There was a relatives' room available for private discussions and sensitive conversations could take place.

## Are medical care services responsive?

Good



Services at Goole District Hospital were flexible to meet the needs of patients. There was access to specific support for people who had more complex needs, such as dementia and learning disabilities. Patients had access to the support services they needed such as to therapists when they needed them.

Occasionally patients were transferred to the hospital at unsociable hours of the night but this was avoided whenever possible. When patients deteriorated, there was good access to medical support. The ward was responsive to the comments, complaints and concerns raised and discussed them at team meetings. However, patients were not actively given information about how to make a complaint.

## Service planning and delivery to meet the needs of local people

- The service at Goole District Hospitals has 14 beds and receives patients who need rehabilitation or who wish to be close to their home and family. Patients are transferred from other hospitals within the trust.

## Access and flow

- There was no data specific to this hospital about bed occupancy levels. However, the latest data provided to us by the trust showed that occupancy levels were around 81%, lower than the national average of 87.5%
- Most of the patients on the ward had been transferred from the two larger hospitals within the trust.

- Most patient transfers to other sites took place between the hours of 7am and 9pm (71%), but 29% of patients were transferred between 9pm and 7am. This was mostly due to bed pressures.
- Most patients at Goole District Hospital were only transferred to another ward or hospital if there was a clinical need to do so. Most patients were discharged from the ward.

## Meeting people's individual needs

- The trust had a dementia strategy in place, with an accompanying action plan and was work in progress. The action plan was monitored by the Quality and Patient Experience Committee. A quality matron had been given the lead for dementia and dementia champions had been identified across wards.
- The trust was working towards achieving a nationally agreed dementia CQUIN (Commission for Quality Innovation – a payment reward scheme agreed by local commissioners aimed at encouraging innovation), for which it was required to ensure that patients were identified and assessed on admission with regards to dementia.
- Dementia Friends training had been delivered to some staff, including the Trust Board by the Alzheimer's Society. Staff we spoke with had an awareness of how to support people living with dementia. Dementia training was being rolled out across the trust but was not mandatory. We were unable to access ward specific information about the number of staff who had undergone dementia training.
- The ward had access to interpreting services using a three-way telephone service. Some leaflets and patient information was available in different languages on request but was not routinely available on the ward.
- The trust had a learning disabilities team that staff could contact if they needed advice. The carers of people with learning disabilities were encouraged to stay with the person to support the person and make sure that their hospital admission was the least disturbing possible.

## Learning from complaints and concerns

- Staff were informed about the learning of complaints and concerns. Information was disseminated to staff using a monthly newsletter. Feedback was also given at ward meetings.

# Medical care (including older people's care)

- Patients were not aware of the complaints procedure and were not routinely given information about how to complain. However, patients and relatives felt that they could raise concern and be confident that they would be listened to on this ward.

## Are medical care services well-led?

Good



The medical ward at Goole District Hospital was well-led. There was evidence that staff were encouraged to try new ways of working. Staff felt supported. Quality of care was monitored regularly using nationally recognised tools and action was taken to ensure that standards of care continually improved.

Staff were aware of the vision of the trust and told us that the executive team at the hospital were visible and accessible.

### Vision and strategy for this service

- The trust had a clear vision and strategy.
- Staff on the wards were aware of this strategy and supportive of the direction of the trust.

### Governance, risk management and quality measurement

- Wards used a quality dashboard and safety thermometer to measure their performance against key indicators. Where wards were consistently falling below the expected levels of performance, action was taken to improve performance.
- Trust-wide quality matrons were employed to lead the drive to improve quality.
- There were regular governance meetings and the outcome of these was fed back to staff at ward meetings.

### Leadership of service

- Staff reported that they felt supported by their line manager and senior managers.

- Staff felt that the executive team at the trust was visible and accessible and receptive to concerns being raised.
- Managers were encouraged to make decisions about their wards in a supportive way and had the freedom to make decisions using their own initiative.

### Culture within the service

- Staff spoke positively about the care they provided for patients on the ward.
- Staff and managers reported that there was an open and honest culture of reasonable blame and accountability within the trust.
- There was good team working on the ward between staff of different disciplines and grades.
- Service level data was not available for this specific ward. Trust-wide results of the staff survey were poorer than the national average relating to staff being able to provide the care that patients needed. However, staff on this ward did not think this reflected their ward.
- Although the trust was spread out over a large geographical area, staff still felt that they were part of the trust. They felt included.

### Public and staff engagement

- The trust took part in the 'Family and Friends' test, but overall response rates for the trust were poor. We were unable to access data specific to wards at Goole District Hospital.
- There was information in public areas about the Patient Advice and Liaison service (PALS).
- Patients were not routinely provided with information about how to make a complaint.
- The trust was using patient stories as a way of trying to improve the quality of care people received and raise awareness of the impact that poor care can have on patients.

### Innovation, improvement and sustainability

- Managers told us that they were supported to try new ways of working to improve the effectiveness and efficiency of the wards.
- Junior doctors undertook quality improvement and clinical audit work.

# Surgery

Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●
Overall	Good	●

## Information about the service

This hospital provides elective general, orthopaedic and ophthalmology surgery. It does not provide emergency surgery. There is one surgical ward, which has 14 beds. There is also a day surgery unit. This hospital has two operating theatres and an ophthalmic suite.

We visited the ward and day surgery unit. We also visited the operating theatres.

We talked to six patients and nine members of staff including a matron, ward manager, nursing staff (qualified and unqualified), and medical staff both senior and junior grades. We observed care and treatment and looked at care records for six people. We received comments from people who contacted us to tell us about their experiences. Before the inspection, we reviewed performance information from, and about, this hospital.

## Summary of findings

Surgical services at this hospital were safe. The environment on the surgical wards and theatres was clean and there was evidence of learning from incidents in most areas. Medical and nursing staffing levels were adequate. There was adequate equipment to ensure safe care and records were appropriately maintained. The World Health Organisation safety checklist was used at this hospital. Services were based on evidence-based care and treatment and there was evidence of multidisciplinary working. Patients received care and treatment from competent staff and there were robust on-call and transfer arrangements in place between this site and Scunthorpe General Hospital.

The surgical services provided at this hospital were caring. Most staff reported good leadership at all levels within surgery.

# Surgery

## Are surgery services safe?

Good



Surgical services at this hospital were safe. The environment on the surgical wards and theatres was clean and there was evidence of learning from incidents in most areas. Medical and nursing staffing was adequate. Equipment was appropriately checked and cleaned regularly. There was adequate equipment to ensure safe care. Records were adequately maintained.

The World Health Organisation safety checklist was used at this hospital.

### Incidents

- Between December 2012 and January 2014 the trust reported twelve Never Events relating to surgical areas. We saw serious incident investigations had taken place and actions identified and implemented to ensure that there was learning from the incidents. Eleven of the events were to do with the implantation of a wrong lens by the same locum surgeon during ophthalmic surgery.
- Most staff we spoke with were aware of the Never Events and could describe how practice had changed as a result. For example, revised practice for completing documentation in a specific area was now in place. A member of staff in theatre was not aware this change of practice was in place in other sites within the trust.
- We found the reporting of patient safety incidents was in line with that expected for the size of trust.
- There had been 11 serious incidents reported trust wide for surgical areas between December 2012 and March 2014.
- Staff said that they were encouraged to report incidents, felt confident to do so and were aware of how to complete this. Ward managers review any incidents. If the incident required further investigation the surgical matron would complete this. Feedback was given to ward managers who confirmed that any themes from incidents were discussed at staff meetings or displayed in staff rooms through a monthly newsletter. Staff were able to give examples of where practice had changed as a result of incident reporting.

- Incidents were discussed at ward manager meetings and the surgical matron attends a monthly matron forum, which had attendance from across three sites and promoted shared learning.
- Mortality and morbidity meetings were in place in all relevant specialities and there was oversight by the Surgery and Critical Care Group Governance Committee which covered all three hospital sites. Mortality is a standing item at this governance committee. All relevant staff participated in mortality case note reviews and or reflective practice.

### Safety thermometer

- Safety thermometer information was clearly displayed on information boards in every surgical ward. This information included avoidable falls and pressure ulcers. The trust was performing above the England average for new pressure ulcers and venous thromboembolism (VTE), and below the England average for falls from harm and catheter and new urinary tract infections.
- Each ward had a quality dashboard which included monitoring of safety thermometer information. Any areas for improvement identified were discussed with the surgery matron and ward managers to produce action plans.
- Risk assessments for pressure ulcers, VTE and falls were completed appropriately on admission.

### Cleanliness, infection control and hygiene

- Ward and theatre areas appeared clean and we saw staff regularly wash their hands and use hand gel between patients. Bare below the elbow policies were adhered to.
- Infection control information was visible in all ward areas, with each ward having an infection prevention and control information board. This information included how many days a ward had been free from *Clostridium difficile* infections.
- MRSA and *C. difficile* rates were within an acceptable range for the size of the trust.
- Infection control audits were completed every month, which monitored compliance with key trust policies such as hand hygiene. All areas within surgery at this hospital had demonstrated full compliance from April 2013 to present.

# Surgery

## Environment and equipment

- The environment on the surgical wards and in theatres was safe.
- Equipment was appropriately checked and cleaned regularly. There was adequate equipment on the wards to ensure safe care.
- We reviewed staff checks on resuscitation equipment and defibrillation machines, which should be checked weekly and daily respectively. On one ward we observed some gaps in records for daily checks of the defibrillation machine, for example over a 12-day period there were four missing entries. The ward manager was aware and had actions in place to rectify this.

## Medicines

- Medicines were stored correctly in a drugs trolley which was locked at all times. Fridge temperatures were checked daily on all of the surgical areas.
- Medicine charts were completed. Where medicines had not been administered as prescribed, codes and an explanation were completed to indicate the reasons why.

## Records

- All records were in paper format. Nursing and health care professionals documented in the same place. Medical staff maintained separate records.
- Records were kept securely when not in use.
- Medical health record keeping standards were audited annually. The most current audit report identified no significant issues within surgery.
- Nursing staff audit two sets of records a month as part of an annual nurse documentation audit, as well as reviewing ten sets of records every month as part of each ward's quality dashboard. These did not identify any significant issues.
- All surgical wards complete appropriate risk assessment. These included risk assessments for falls, pressure ulcers and malnutrition. Risk assessments we reviewed were comprehensively completed.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately. We saw examples of patients who did not have capacity to consent to their procedure. Staff could describe how and when the Mental Capacity Act 2005 would be applied, as well as deprivation of liberty safeguards.

## Safeguarding

- The trust had a safeguarding adult's policy and guidance which had been recently revised and was in draft form. All staff we spoke with were aware of this policy and guidance and could describe how to report a safeguarding issue and the role of the local safeguarding adult services.
- Compliance with adult safeguarding level 1 training ranged from 67% to 100% across all surgical areas at this hospital.

## Mandatory training

- We looked at staff mandatory training records for this hospital. Overall, trust information for this hospital showed that theatre compliance rate was 84%, surgical wards was 88%, orthopaedic (including medical staff) was 83%, and general surgery (including medical staff) was 98%.
- Staff we spoke with stated that access to mandatory training and e-learning had improved in the last year.

## Management of deteriorating patients

- The use of the National Early Warning System (NEWS) scoring system, a recognised early warning tool for the management of deteriorating patients, was embedded within surgical services. Wards used an electronic system to record patient's vital signs, and this is used for early identification of a deteriorating patient. The electronic board informed staff if a patient's vital signs were deteriorating.
- There were clear guidelines for escalation. Staff were aware of the appropriate action to take if patients scored higher than expected.
- The World Health Organization (WHO) Safety Checklist was used at this hospital. We observed completed documentation to confirm this. Staff said that safety briefs prior to the start of theatre lists do take place, documentation we reviewed confirmed this. There were no debrief sessions.

## Nursing staffing

- Staffing levels for wards were calculated using a recognised tool. Work had recently been undertaken by the trust to reassess the staffing levels on wards and increase them. This was to ensure that staffing establishments reflected the acuity of patients.
- Ideal and actual staffing numbers were displayed on every ward we visited.

# Surgery

- The vacancy rate for nursing staff at this hospital was around 3 WTE for qualified nurses. Theatre had a largest vacancy rate at around 2 WTE. There were no significant vacancies for health care assistants. The trust was actively recruiting into these posts.
- A ward manager stated that it had been agreed that the ward would not open any additional beds over 14 until all vacancies were filled.
- Bank and agency staff were used to fill any deficits in nursing staff numbers. Staff could also work extra hours. Agency use was very low, with the preferred option being staff working extra hours and the use of bank staff.
- All bank and agency staff completed an appropriate local induction on arrival for their shift.
- Nursing handovers occurred twice a day using patient information from the ward electronic system. This was detailed, comprehensive and identified any risks regarding patient care.

## Medical staffing

- Surgical consultants completed a weekly ward round, but they could be contacted if ward staff had concerns about a patient.
- A staff grade doctor completed daily ward rounds and was available on the ward between 8am and 8pm. After 8pm the medical team cover the surgical ward.
- There were no medical staffing vacancies within surgery at this hospital.
- Medicals handovers involved both formal face-to-face and telephone handovers and occurred when there were issues or concerns that arose post operatively. Medical staff said that the handover process was robust, when required.

## Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014. Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

## Are surgery services effective?

Good



Surgical services at this hospital used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working. Effective pain relief and nutritional arrangements were in place. Patients received care and treatment from competent staff. There were robust on-call and transfer arrangements in place between this site and Scunthorpe General Hospital.

## Evidence-based care and treatment

- Policies are based on NICE and Royal College guidelines.
- The trust's quality and audit department completed audits to assess compliance with policies and procedure.
- Ward managers undertook regular audits (hand hygiene, records, falls). We saw that action was taken where issues were identified, for example increased staffing and introducing link roles.

## Pain relief

Patients were assessed pre-operatively for their pain relief post-operatively. This was completed at pre-assessment of the patient.

Patients were able to request pain relief and there were systems in place to make sure that additional pain relief could be accessed via medical staff if required.

- Patients had no concerns about how their pain was controlled.

## Nutrition and hydration

- Staff had completed nutrition and hydration assessments on all appropriate patients in the five care records we reviewed. These assessments were detailed and used the Malnutrition Universal Screening Tool (MUST).
- Care pathways for nutrition and hydration were in place and had been comprehensively completed.
- Where appropriate, we observed drinks within easy reach of patients.
- We observed that nutritional and fluid intake was monitored where appropriate.

# Surgery

- Patient-led Assessments of the Care Environment (PLACE) scored this hospital 72% for food. The trust has since changed its catering supplier. Patients had no concerns about the quality of food.
- Dietician advice and support was available if a patient was a risk of malnutrition.

## Patient outcomes

- There were no current CQC Mortality Outliers relevant to surgery.
- Patient Reported Outcome Measures for surgery were within expected limits.
- The directorate participated in all national audits that it was eligible for and, overall, performance was satisfactory.
- Day case surgery was performed just below national expectation at 86.4% of cases from March 2013 to March 2014. The British Association of Day Surgery recommends that 90% of certain surgeries are completed as day cases.

## Competent staff

- We looked at medical and nursing staff appraisal records. Compliance rates for nursing staff having appraisals varied between wards and theatres from 69% to 100%. Compliance rates for medical staff varied from 67% to 100%.
- The ward managers told us of the actions in place to improve compliance levels. For example, introducing a cascade approach for nursing staff to complete appraisals.
- Revalidation processes for nursing and medical staff were in place and up to date.

## Multidisciplinary working

- Each ward had the input of a physiotherapist and occupational therapist during weekdays.
- The physiotherapists and occupational therapists worked closely with the nursing teams on each ward. They used the same documentation as the nursing staff and attended nursing handovers.
- There was pharmacy input on each ward during weekdays and was available on call out of hours.

## Seven-day services

- There was no consultant surgeon or surgical staff grade presence at weekends. The medical registrar or staff grade provide cover during this time.

- There were robust on call and transfer arrangements in place between this site and Scunthorpe General Hospital.
- Information provided by the trust showed that there had been 1 transfer required to Scunthorpe General Hospital after midnight during 2013.
- Physiotherapy or occupational therapist was available on weekends.
- Pharmacy input was available on call out of hours.
- Radiology was available on call at weekends and out of hours and there were arrangements in place to access scans.

## Are surgery services caring?

Good



The surgical services provided at this hospital were caring. Comments from most patients we spoke with, the care we observed, and the results of patient surveys and the Family and Friends test, all indicated that most patients received caring and compassionate care.

## Compassionate care

- Throughout our inspection we observed patients being treated with compassion, dignity and respect. We saw that call bells were answered promptly and patients told us of a “gold standard of care”, and “excellent care”.
- The six patients we spoke with were happy with the care and compassion they received on the ward.
- We saw that comfort rounds were undertaken.
- We saw that doctors introduced themselves appropriately and that curtains were drawn to maintain patient dignity.
- There were facilities on every ward for staff and relatives to have more sensitive conversations if required.
- Ward managers confirmed that if patients were very unwell, visiting times would be flexible.
- The trust’s “family and friends” test response rate was significantly lower than the England average. Ward manager was aware of this and had introduced ways to help increase these response rates. The ward manager confirmed that the response was now 100%.
- There were no surgical wards at this hospital in the “family and friends” Test that people would be “unlikely” or “extremely unlikely” to recommend.

# Surgery

- The 2013 CQC adult in patient survey showed that the trust was average when compared with other trusts in 8 out of the 10 areas reviewed. One of the areas the trust was below average was in operations and procedures, in terms of being given an explanation of what would happen before an operation or procedure and being told what to expect to feel this.

## Patient understanding and involvement

- Patients and relatives stated they felt involved in their care. They had been given the opportunity to speak with the consultant looking after them.
- Ward managers we spoke with told us that they are always visible on the wards so that relatives and patients could speak with them.
- Ward information boards displayed who was in charge of wards for any given shift and who to contact if there were any problems.

## Emotional support

- Patients reported that they felt able to talk to ward staff about any concerns they had either about their care, or in general.
- There was information within the care plans to highlight whether people had emotional or mental health problems.

## Are surgery services responsive?

Good



Overall, we found services were responsive. Access and flow arrangements were in place and the hospital was meeting people's individual needs.

## Service planning and delivery to meet the needs of local people

- The trust had an escalation and surge policy and procedure to deal with busy times. This gave clear guidance to staff regarding how to proceed when bed availability was an issue. The hospital operated with a colour-coded system, purple being no bed availability.
- Staff had a good understanding of this procedure and were aware of their role in this.

## Access and flow

- Referral to treatment times in less than 18 weeks for admitted completed pathways for this hospital was 97% against a target of 90%.

- Between October 2013 and December 2013 the trust's bed occupancy rate was 77.1% which is below the England average of 85.9%. The trust's bed occupancy averages have been consistently below the England averages over the period 2001 to 2013. (NB trust level data).
- There was a day surgery unit and a pre-assessment service. All surgical patients at this hospital are elective admissions. The pre assessment process is robust to ensure that potential post-operative issues due to pre-existing medical problems are kept as low as possible.
- The discharge planning process commenced at the pre-assessment stage.
- Electronic GP discharge summary was in use within surgical ward areas. Staff reported that there were no delays with this process.
- The trust scored similar to expected when compared to other trusts regarding the proportion of patients whose operation was cancelled.
- Elective cancellation rates on the day of operation at this hospital was low between April 2013 and March 2014, with approximately 32 out of 248 operations being cancelled for non-clinical reasons. Other reasons were patient cancellations and clinical reasons.

## Meeting people's individual needs

- Support was available for patients with dementia and learning disabilities. The ward had dementia champions as well as a learning disability liaison nurse who could provide advice and support with caring for people with these needs.
- A translation telephone service was available so that patients who didn't speak English could communicate. Within the department it was possible to request a translator.
- There were multiple information leaflets available for many different conditions and procedures. These could be made available in different languages.

## Learning from complaints and concerns

- Complaints were handled in line with the trust policy. If a patient or relative wanted to make an informal complaint they would speak to the person in charge of the ward who would try and resolve the issue. If it could not be resolved they would be directed to the Patient

# Surgery

Advice and Liaison Service (PALS). If they still had concerns following this they would be advised to make a formal complaint. This process was outlined in leaflets and posters which were available on all wards.

- The surgical matron received all of the complaints relevant to her unit. She would then speak to the relevant ward manager and staff involved. She would also offer to meet with the complainant.
- Staff we spoke with gave us examples of how wards had learnt from complaints. Each ward used “you said, we did” to show patients and relative how complaints had resulted in improvements being made on wards.
- Discussion of lessons learnt were completed at the surgery and critical care clinical governance groups and quality and safety days.

## Are surgery services well-led?

Good



Most staff reported good leadership at all levels within surgery. They reported a positive shift in culture in the last 12 months and increased engagement and visibility of the Chief Executive and the board of directors. Staff said it was more of a listening organisation.

Governance, risk and quality systems were in place. Quality and patient experience was seen as a priority.

### Vision and strategy for this service

- The trust had a clear vision and strategy.
- Staff we spoke with on the wards were aware of this strategy and supportive of the direction of the trust.

### Governance, risk management and quality measurement

- Surgery and critical care clinical governance meetings were held monthly. These involved all three sites within the trust.
- Complaints, incidents, audits and quality improvement were discussed.
- Feedback from these meetings was given to ward managers at their weekly meetings.
- Managers could provide examples of where they had identified issues and taken action to address these.

- Wards used a quality dashboard and safety thermometer to measure their performance against key indicators. Where wards were consistently falling below the expected levels of performance, action was taken to improve performance.
- A surgical risk register was in place. This had controls and assurance in place to mitigate risk. It was regularly reviewed.

### Leadership of service

- The surgical matron was visible and completed daily walk rounds to talk to staff and patients.
- The ward had a band 7 ward manager. She confirmed that she did have some supernumerary time weekly.
- The ward manager said there was a good professional relationship between clinicians and nurses and they worked as a team.
- Staff said that they felt supported by the management team.
- Most staff felt that the executive team at the trust was visible and accessible and receptive to concerns being raised.

### Culture within the service

- Staff spoke very positively about the care they provided for patients on the ward.
- Staff and managers reported that there was an open and honest culture of reasonable blame and accountability within the trust.
- There was good team working on the wards between staff of different disciplines and grades.
- Although the trust was spread out over a large geographical area, staff still felt that they were part of the trust. They felt included.

### Public and staff engagement

- The trust’s “family and friends” test response rate is significantly lower than the England average. Ward managers and the matron were aware of this and had introduced ways to help increase these response rates.
- There was information about the Patient Advice and Liaison service (PALS) in public areas.
- The trust was rated as better than expected or tending towards better than expected for eight of the 28 NHS staff survey key findings 2013. Areas in this range included staff experiencing harassment, bullying or abuse from patients, relatives or the public and percentage of staff reporting errors, near misses or incidents witnessed in the last month.

# Surgery

## **Innovation, improvement and sustainability**

- Managers told us that they were supported to try new ways of working to improve the effectiveness and efficiency of the wards.
- There were some examples of innovation and improvement, such as the introduction of quality and safety days. However, the impact of these initiatives was not yet evident.

# Maternity and family planning

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
<b>Overall</b>	<b>Good</b>	

## Information about the service

The maternity service at Goole District Hospital is a midwifery-led outpatient service with a home-from-home delivery facility, which has a delivery bed and birthing pool. The unit serves the East Riding area. Women who are classed as 'high-risk' are transferred to Scunthorpe General Hospital for delivery. Antenatal and postnatal care is provided.

We visited the antenatal clinic and birthing room. We spoke with five community midwives, one health care support worker and senior managers. We looked at care records. We also reviewed the trust's performance data.

## Summary of findings

There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse, which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents.

Care and treatment was planned and delivered in a way to ensure women's safety and welfare. The unit had one birthing room, which was modelled on a 'home from home' environment.

The service followed national evidence-based guidelines to determine the care and treatment it provided. There was a multidisciplinary approach to care and treatment, which involved a range of providers across health care. There were no women attending clinics on the days of our inspection therefore we were unable to speak with them. We looked at a sample of Family and Friends feedback forms for April-May 2014, which showed women were extremely likely or likely to recommend the service. The records we looked at showed women were involved in their care and in developing their birth plan.

# Maternity and family planning

## Are maternity and family planning services safe?

Good 

There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse, which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents. A national trigger tool and maternity dashboard was used to identify and report incidents specific to maternity care.

Maternity services were clean and effective procedures were in place to monitor infection prevention and control.

Staffing levels were set and reviewed using nationally recognised tools and guidance. The service was aware of a shortfall in midwifery staffing and staffing and escalation protocols were followed to ensure staffing and skill mix levels were safe on each shift. Women told us they had received continuity of care and one-to-one support from a midwife during labour.

Care and treatment was planned and delivered in a way to ensure women's safety and welfare. Risk assessment tools were used to ensure appropriate referral of women developing critical illness during or after pregnancy.

Clinical records were completed to a good standard. Each record contained a clear pathway of care that described what women should expect at each stage of their labour. When not in use records were kept safe in line with data protection guidelines.

### Incidents

- Maternity had no recent Never Events. Trust policies on reporting incidents were embedded. All staff we spoke with said they were encouraged to report incidents.
- A national trigger tool and maternity dashboard was used to identify and report incidents specific to maternity care. There was a proactive and reactive response to incident management. Incidents were discussed at the clinical governance group each month. Records showed there was learning and actions had been taken where required. Individuals involved in serious incidents could request feedback from the governance teams.

- A directorate learning lessons newsletter was available for staff regarding incidents.

### Safety thermometer

- Maternity did not use the safety thermometer to monitor patient harms and 'harm free care'. The head of midwifery informed us information specific to maternity risks was being developed and would be in place in the next six weeks.
- Records we looked at evidenced risk assessments for venous thromboembolism (VTE) were carried out. An audit in October 2013 for Scunthorpe and Goole hospitals showed 100% of women had been assessed for VTE at booking and delivery and 80% postnatally.

### Cleanliness, infection control and hygiene

- The maternity unit was visibly clean. Staff reported they had received infection control training. Policies were adhered to such as 'bare below the elbows' dress code and we saw staff regularly washed their hands.
- Cleaning schedules were in place and there were clear processes for checking the cleanliness of the environment and decontamination of equipment.
- The service had won the 'trust gold award' for infection prevention and control.
- There were no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacterial infections or Clostridium difficile infections detected in the last six months for the maternity services.

### Environment and equipment

- The unit had one birthing room, which was modelled on a home from home environment. The room was located away from the maternity outpatient area and was not in close proximity to the clinic midwives. We found the room was basic and small which did not enable women to walk around freely or provide sufficient space for birthing aids or space in the event of an emergency. Records showed an application had been put forward for NHS funding to relocate the room, but the bid was not successful. Some funding was available for refurbishment.
- A formal risk assessment of the environment had not been undertaken. The matron told us they were aware of the issues and following the inspection would carry out a formal review of the home from home service.
- Equipment was appropriately checked regularly. There was a cardiotocograph (CTG) machine available in clinic which was linked to Scunthorpe Hospital for

# Maternity and family planning

interpretation. Adult resuscitation equipment was available, but there was no infant resuscitator. Midwives told us they would use the same equipment which would be available at a home birth.

## Medicines

- Medicines were stored correctly and appropriate checks carried out.
- Temperatures for fridges storing medicines were checked.

## Records

- Clinical records were completed to a good standard. Each record we looked at contained a clear pathway of care which described what women should expect at each stage of their labour. When not in use records were kept safe in line with data protection.
- Records showed a risk assessment was performed at each antenatal appointment. Where no risks were identified this was documented on the risk assessment form. The place of birth and associated risks were discussed with women and documented in the health records.
- Record keeping was audited on an ongoing basis and action taken to improve the quality of record keeping. In March 2014 the directorate achieved compliance against Level 2 national risk management standards achieving 10/10 for quality of record keeping.
- The child's health record (RED Book) was given to parents at their first antenatal visit by the health visitor who spent time with parents explaining the contents.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately and correctly. Women were given choices about their care and the risks, benefits and alternative options were discussed. The consent process was supported by written information
- There were clear procedures for patients who did not have capacity to consent. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were adhered to.

## Safeguarding

- There were two trust-wide safeguarding midwives for maternity services. Midwives in each of the areas also had link roles for safeguarding.

- Staff were aware of the safeguarding policies and procedures and had received training in this area. They were also aware of the trusts' whistleblowing procedures and the action to take.

## Mandatory training

- Mandatory training was up to date. Staff we spoke with confirmed this.
- There were two safeguarding midwives for maternity services. Midwives in each of the areas also had link roles for safeguarding.

## Management of deteriorating patients

- The service used the Maternity Early Obstetric Warning Scoring System. There were clear directions for escalation and staff spoken to were aware of the appropriate action to be taken if patients scored higher than expected.
- We looked at completed charts and saw that staff had escalated correctly, and repeat observations were taken within the necessary time frames.

## Midwifery staffing

- There were three community midwifery teams consisting of 19.61 qualified midwives and 4.81 healthcare support workers. The unit was using an acuity tool to ensure staffing levels and skill mix was safe.
- Staff reported there were two midwives on call which caused problems in attending home births due to the geographical spread. The matron told us they were undertaking a review of on-call arrangements and new staff had been recruited.
- There was a safe staffing and escalation protocol to follow should staffing levels per shift fall below the agreed roster.
- Trust data for 2012 showed the rate of women receiving 1:1 care in labour was 99.1%.
- There was a formal written handover between midwives and midwife to health visitor handover.

## Medical staffing

- A consultant led clinic was held each week. Women who required medical care during pregnancy were referred to the consultant led clinic. Women who required admitting to hospital were referred to Scunthorpe General Hospital.

# Maternity and family planning

## Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014. Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.
- Business continuity plans for maternity were in place. These included the risks specific to each clinical area and the actions and resources required to support recovery.
- A trust assurance process was in place to ensure compliance with NHS England core standards for Emergency Preparedness, Resilience and Response. A mix of training was available for key staff utilising emergency plans such as table-top exercises and practical training.

## Are maternity and family planning services effective?

Good



Maternity used national evidence-based guidelines to determine the care and treatment provided. There was a multidisciplinary approach to care and treatment, which involved a range of providers across health care systems to enable services to respond to the needs of women.

The service participated in national and local clinical audits. Records showed most recommendations from audits had been fully implemented.

Patient outcomes were monitored and reviewed. Data showed normal delivery rates were higher than that reported nationally, emergency caesarean section rates were significantly lower than expected and maternal and neonatal readmission rates were lower than expected. Where indicators were not within the expected range there was evidence that the service was taking action to improve in this area.

A process was in place to identify learning and development for staff. Staff told us they had received appraisals and there was a proactive approach to midwifery supervision. Midwives expressed a positive experience of supervision.

## Evidence-based care and treatment

- Maternity used a combination of NICE (e.g. QS22, 32 and 37), and RCOG guidelines (e.g. Safer Childbirth: minimum standards for the organisation and delivery of care in labour) to determine the treatment they provided. Local policies were written in line with this and were updated three years or sooner if national guidance changed
- The directorate participated in a variety of local audits such as documentation, swab checks, third and fourth degree tears, stillbirth review and antenatal steroids for pre-term labour. There was a clinical audit action plan for 2013/2014, which identified the date action was required, person responsible and evidence of completion. Records showed most recommendations had been fully implemented.

## Pain relief

- Information was given to women to make them aware of the pain relief options available to them. Drugs for pain relief were given for women in labour but not the full range that was available at other sites in the trust.

## Nutrition and hydration

- Women were given advice on healthy lifestyle choices and nutrition during pregnancy.

## Patient outcomes

- The rates of homebirths for Goole were 6.5%, which was higher than the national rate of 2.39%.
- Normal delivery rates were higher than those reported nationally.
- The trust had lower rates of caesarean sections compared with nationally.
- Emergency caesarean section rates were significantly lower than expected.
- Maternal readmission rates were lower than expected.
- Neonatal readmission rates were lower than expected.
- There were four transfers from the birthing room at Goole to Scunthorpe Hospital in 2012/2013.
- The directorate participated in the Royal College of Obstetrics and Gynaecologists 11 Maternity quality indicators. The directorate had passed in three of the

# Maternity and family planning

four data areas. Action had been taken to improve within this area and included audits for third and fourth degree tears and induction of labour. The directorate participated in all of the clinical audits it was eligible for.

## Competent staff

- Newly qualified midwives undertook a preceptorship programme.
- There was a proactive approach to midwifery supervision. Midwives expressed a positive experience of supervision. The ratio of midwives to supervisors was within national recommendations.
- The trust had a target of each directorate achieving 95% compliance for appraisal by the end of the year. Records showed that 69% of staff in maternity had received an appraisal. All staff we spoke with confirmed they had received an annual appraisal.

## Multidisciplinary working

- Staff told us they received support from the medical team on call in the event of an obstetric emergency.
- There were clear processes for multidisciplinary working in the event of maternal transfer by ambulance, transfer from homebirth to hospital and transfers postnatal to another unit. This was achieved using the ACCEPT approach to ensure the right patient had to be taken at the right time by the right people to the right place by the right form of transport and received the right care throughout.
- Communication was sent to the GP by email automatically on discharge from the department. This detailed the reason for admission and any investigation results and treatment undertaken.

## Seven-day services

- There was out-of-hour's access to pharmacy services.

## Are maternity and family planning services caring?

Good



There were no women attending clinics on the days of our inspection therefore we were unable to speak with them. We looked at a sample of Family and Friends feedback forms for April-May 2014, which showed women were extremely likely or likely to recommend the service.

The records we looked at showed women were involved in their care and in developing their birth plan.

There were facilities to ensure women and their families were supported following bereavement. Access was available to a named bereavement midwife. There were bereavement policies and procedures in place for supporting parents. Formal bereavement training for midwives was being arranged.

## Compassionate care

- In the CQC Maternity Services Survey 2013, 119 responses (a response rate of 14.3%) were received from women about their care at this trust. The trust performed about the same as other trusts for labour and birth and better than other trusts for staff during labour and birth and care in hospital after birth.
- We looked at a sample of family and friend's feedback forms for April-May 2014 which, showed the majority of women were extremely likely or likely to recommend the service at Goole to their family or friends. Family and Friends cards were given to women at discharge and boxes were available in clinical areas to submit comments.
- There were arrangements in place to ensure privacy and dignity within clinic areas. We found staff to be caring and friendly.

## Patient understanding and involvement

- Records we looked at showed women were involved in developing their birth plan and had received information to enable them to make choices about giving birth.
- All women booked into the unit had a named midwife and their contact details. In addition, there was a 24-hour, seven-day-a-week 'hotline' for women to call if they had any concerns.
- Women had access to their hand held records throughout their pregnancy.
- Where women requested home births but this was considered against midwifery and medical advice a meeting was held with the supervisor of midwives to discuss the request. Records showed a clear management was developed and all relevant staff informed of the plan.

## Emotional support

- Access was available to a named bereavement midwife.

# Maternity and family planning

- There were policies and procedures in place for supporting parents in cases of stillbirth or neonatal death this included referral to the Blue Butterfly group, which was facilitated by the chaplaincy and offered support to families following bereavement.
- Although staff provided caring and compassionate care to parents following pregnancy loss they told us they had not received any formal training in bereavement. Minutes from the April 2014 foetal loss meeting showed that supervisors of midwives were organising training sessions for later in the year.

## Are maternity and family planning services responsive?

Good



The services worked with local commissioners of services, the local authority, other providers, GPs and patients to coordinate and integrate pathways of care that met the health needs of women. There was integrated working between the children's centres and midwifery team, which had led to women accessing antenatal services earlier.

There were arrangements in place for access to the service and discharge or transfer of women to meet their needs. Information was shared effectively with agencies, such as GPs, social services and community services.

The service responded to the needs of vulnerable patients. Specialist midwives provided support in areas such as teenage pregnancy and substance misuse. There was a team of peer support workers at the hospital and in the community who provided advice and support for women who chose to breastfeed. A range of leaflets about care and treatment was available in different formats and languages. Access was available to interpreting services.

Complaints were handled in line with the trust's policy. Information was given to women about how to make a comment, compliment or complaint. There was learning from complaints and concerns and action and improvement to services was taken where required.

### Service planning and delivery to meet the needs of local people

- The service was aware of the risks to the service such as staffing levels and skill mix, geography of the three trust sites and investment in community services. It worked

with local commissioners of services, the local authority, other providers, GPs and patients to co-ordinate and integrate pathways of care that met the health needs of women. There was integrated working between the children's centres and midwifery team which had led to women accessing antenatal services earlier.

### Access and flow

- Most women self-referred to the unit or were referred to the midwife through the GP. Women received an assessment of their needs at their first appointment with the midwife. The midwifery package included all antenatal appointments, ultrasound scans and all routine blood tests. Midwives were available on-call 24 hours a day for advice.
- Maternity team care was provided for those women for whom midwifery-led care was not advised. Women were seen by an obstetric team following initial assessment. There was a consultant-led clinic available once a week or women were seen at Scunthorpe Hospital.
- Three out of the five midwives were trained to carry out examination of the new-born for all low risk pregnancies which meant women and babies could be discharged without the need to see a doctor.
- The unit did not have to close 2012/13 due to overcapacity.
- 55% of pregnant women accessing antenatal care were seen within 10 weeks compared with 32.50% seen within 20 weeks.

### Meeting people's individual needs

- The service responded to the needs of vulnerable patients. There were specialist midwives who provided support in areas such as teenage pregnancy and substance misuse.
- There was a team of peer support workers in the community who provided advice and support for women who chose to breastfeed. The service had achieved Level 1 UNICEF Baby Friendly Accreditation and was working towards Level 2. This was a worldwide programme which encouraged maternity hospitals to support women with breastfeeding. While good work was ongoing with breastfeeding peer support workers, breastfeeding initiation and continuation rates were below the national average.
- A report from 2011 showed the trust was consistently above all the screening uptake targets and a failsafe visit in 2012 demonstrated good counselling and information given to women.

# Maternity and family planning

- A range of leaflets about care and treatment was available in different formats and languages. Access was available to interpreting services.

## Environment

- The unit had one birthing room which was modelled on a home from home environment. We found the room was basic and small which did not enable women to walk around freely. Records showed an application had been put forward for NHS funding to relocate the room. However, the bid was not successful. Some funding had been agreed for refurbishment.

## Learning from complaints and concerns

- Complaints were handled in line with trust policy. Information was given to women about how to make a comment, compliment or complaint. There were processes in place for dealing with complaints at ward level or through the trusts Patient Advice and Liaison Service.
- An Afterthoughts service was available for women and their partners if they had questions following birth. This involved a face-to-face appointment with the midwife.
- Learning from complaints and concerns was discussed.

## Are maternity and family planning services well-led?

Good



Staff spoke positively about the service they provided for women. Quality and patient experience was seen as a priority and everyone's responsibility. Staff told us they were encouraged to raise concerns about patient care and this was acted on. Staff were dedicated and worked well as a team.

Staff were aware of their roles and responsibilities. They reported that leadership in the unit was good and they received the necessary support to undertake their role. Most staff told us senior managers were visible and known to them.

The service understood the views of patients about their care. Concerns and best practice were shared to improve the service.

Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience.

## Vision and strategy for this service

- The trust's vision and values which promoted compassion, dignity, respect and quality was visible in clinical areas.
- The service was in the process of scheduling staff engagement events to help inform the women's and children's vision and strategy. Key themes were organised around the five national domains contained in the NHS Outcomes Framework (December 2013).

## Governance, risk management and quality measurement

- In March 2014 the trust achieved Level 2 accreditation against national maternity clinical risk management standards achieving a score of 46/50.
- Monthly governance meetings were held where incidents, complaints, claims, audits and guidance were discussed. Staff were kept up to date with this information through newsletters, staff meetings and team briefings.
- Risks were escalated to the trust risk register and monitored each month.

## Leadership of service

- Staff were aware of their roles and responsibilities. Management structures showed clear lines of accountability.
- Staff reported that leadership within the unit was good and they received the necessary support to undertake their role.
- Openness and honesty was the expectation for the service and was encouraged at all levels.
- Most staff told us senior managers were visible and known to them.

## Culture within the service

- Staff spoke positively about the service they provided for women. Quality and patient experience was seen as a priority and everyone's responsibility.
- Staff told us they were encouraged to raise concerns about patient care and this was acted on.
- Staff were dedicated and worked well as a team.
- Staff sickness levels were within expected numbers.

# Maternity and family planning

- Trust figures for January 2014 showed staff were reporting ongoing increases in staff engagement, morale and the ability to implement change at both ward/department and trust level. Staff told us morale in the unit was good.

## **Public and staff engagement**

- The service took account of the views of women and their families through the Maternity Services Liaison Committee, a multidisciplinary forum where comments and experiences from women were used to improve standards of maternity care.

- Service user representatives were invited to the labour ward forum and patient information group.

## **Innovation, improvement and sustainability**

- Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience. Digital pens were being introduced for community midwives to write on specially designed patient notes. The digital technology would enable midwives to transfer patient information electronically avoiding duplication and transcription errors

# Outpatients

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Requires improvement	
Well-led	Good	
Overall	Good	

## Information about the service

At Goole and District Hospital 34,755 patients attended outpatient clinics between April 2013 and March 2014. Goole Hospital ran clinics for 21 specialities. We visited outpatient clinics for urology, ophthalmology, and ear, nose and throat.

We spoke with eight patients and carers, four staff and looked at eight sets of patient notes. We looked at the patient environment, the availability of equipment, cleanliness and we looked at information provided to patients.

## Summary of findings

Patient outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated using root cause analysis methodology. Actions were taken following incidents to ensure lessons were learned and improvements were shared across the department. The infection control procedures were adhered to in the clinical areas and they appeared clean and regularly reviewed. Staffing levels were adequate to meet patients' needs.

The outpatient department completed surveys and took part in clinical audits to improve the quality of the service. Performance information was monitored and readily available to staff and patients. The outpatient department supported and enabled multidisciplinary working. Patients told us they felt involved in their care and treatment. Patients felt staff supported them with making difficult decisions. Patients told us they felt their privacy and dignity was respected.

The outpatient department understood the different needs of the communities it served. The hospital monitored who used the service and the outcomes of care for the different population groups. However, the hospital did not respond to the waiting times and Did Not Attend (DNA) rates.

# Outpatients

## Are outpatients services safe?

Good



Staff at all levels told us they felt encouraged to raise concerns and problems. Patient outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated using root cause analysis methodology. Staff and patients and their relatives were kept informed about the progress of the investigation. Actions were taken following incidents to ensure lessons were learned and improvements shared across the department. The infection control procedures were adhered to in the clinical areas and they appeared clean and regularly reviewed. Staffing levels were adequate to meet patient need.

### Incidents

- Staff stated that they were encouraged to report incidents and received direct feedback from their matron. Themes from incidents were discussed at meetings and staff were able to give us examples of where practice had changed as a result of incident reporting.
- Staff told us they learn from incidents across the trust. For example, a serious incident had occurred in the Outpatient Department at Scunthorpe General Hospital regarding patient identity (ID) checking. An ID check process had been developed and implemented at Diana Princess of Wales Hospital and training was given to all new medical staff.
- Following an incident; where the wrong-sized lens had been implanted into the eye; staff in ophthalmology had redesigned the assessment sheet and stamp to prevent the error re-occurring.

### Cleanliness, infection control and hygiene

- The trust participated in the national outpatient survey in 2011 and they scored 8.9/10 for cleanliness in the outpatient departments. Clinical areas were clean.
- Toilet facilities were clean. The trust participated in the national outpatient survey in 2011 and they scored 8.7/10 for describing the toilets in the Outpatients Department as clean.
- We saw staff regularly wash their hands and use hand gel between patients.
- We saw that bare below the elbow policies were adhered to by staff.

- There were weekly cleaning audits within the department that showed the clinic was cleaned and any issues were identified and improvements to the cleaning schedule were implemented.
- The outpatient department completed infections control audits, which demonstrated good levels of compliance in this area.

### Environment and equipment

- We looked at equipment and found it was appropriately checked and cleaned regularly. There was adequate equipment available in all of the outpatient areas. Staff confirmed they had enough equipment.
- The outpatient department completed an Ophthalmology Environmental Audit and the children's toys were highlighted needing to be cleaned every day. Actions were discussed at the outpatient team meeting on the 9 April 2014 and a sign-off sheet has been produced and was now completed by staff.
- Resuscitation trolleys in outpatients were centrally located and checked regularly. Single-use items were sealed and in date, and emergency equipment had been serviced.

### Medicines

- Medicines were stored correctly, including in locked cupboards or fridges where necessary. We found all fridge temperatures were checked in all clinic areas.
- Patients were counselled for new medication and written information was given.
- The trust participated in the national outpatient survey in 2011 and they scored 8.3/10 for being told the reason for a change medication in a way they could understand.
- But they scored 4.9/10 for being told about medication side effects to watch out for.

### Records

- Staff told us it was very rare for them not to have the full set of patient notes for clinic appointments.
- Regular audits of the quality of record keeping were undertaken against key performance indicators for tracking and availability of patient notes. The results of the audit were not available at the time of the inspection. The outpatient department reviewed 10 sets of patient notes each month for completeness and

# Outpatients

availability. Information from the audits were presented in graphs and showed that patient notes were complete and available. We could not find evidence of actions taken following audits of record keeping.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We looked at patient notes and patients were consented appropriately and correctly.
- Nursing staff told us they had completed Mental Capacity Act (2005) training. We found nursing staff understood the Mental Capacity Act (2005) (MCA) and how this related to outpatients in terms of best interest decisions and the vulnerable adult.
- Medical staff were unclear how the Mental Capacity Act related to outpatient care.

## Safeguarding

- The trust had policies for safeguarding children and vulnerable adults. Staff were aware of the policies and procedures.

## Mandatory training

- We looked at staff mandatory training records. Records confirmed that 94.4% of staff were up to date with their mandatory training. The monthly review completed by the trust showed 92% of outpatient nursing staff had completed their mandatory training. And 86% of outpatient's ophthalmology staff had completed their mandatory training in March 2014.

## Nursing staffing

- The number of patients who attended clinics held each week was used to calculate the staffing need for the clinic.
- There were adequate numbers of nursing staff available to meet patient's needs. Nursing staff and patients told us there was always enough staff.
- We looked at the numbers for staffing agreed by the trust and these matched the number of staff working on staff rotas we looked at on the day of the inspection.
- The outpatient department try to have the minimum standard for nurse-to-doctor ratio as one nurse to two doctors.
- Staffing levels for the Ophthalmology clinic on the day of the inspection were: three associate specialists, two qualified nurses and five health care assistants to one doctor and one registrar.

- Bank Staff have a general induction and are buddied with a permanent member of staff for the clinic
- Bank staff did not complete any clinical paperwork.
- The trust reviewed their sickness rates and in March 2014 outpatient nursing sickness rates were 17.34% but this has now reduced to 6.9% following staff leaving.
- Outpatient's ophthalmology sickness rates were 0.36%. It was identified for outpatient nursing there were two staff on long-term sick.

## Medical staffing

- Medical staff were managed by the speciality divisions such as medicine and surgery. The divisions review and manage mandatory training, supervision and appraisal.

## Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included.
- Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

## Are outpatients services effective?

Not sufficient evidence to rate

The outpatient department completed surveys and took part in clinical audits to improve the quality of the service. Performance information is monitored and is readily available to staff and patients. The outpatient department supports and enables multidisciplinary working and can demonstrate that multidisciplinary care delivery meets patient needs and delivers positive outcomes.

## Evidence-based care and treatment

- Staff told us they spent time talking with patients explaining their treatment plans and options.

## Patient outcomes

- Results for the Outpatient Survey 2011 Patients scored the trust 8.8 out of 10 for overall impression of the outpatient visit and 8.1 out of 10 score for overall impression about the appointment.
- The trust completed a trust-wide Ophthalmology Planned Care Outpatient Audit in April 2012 to assess

# Outpatients

the appropriateness of ophthalmology outpatient appointments in the hospital setting. Following results from a benchmarking exercise against trusts of similar size to NLAG had shown that the trust was seeing too many reviews.

- The audit had also offered the opportunity to look at variations of care within the department across the trust.
- Action from the audit had identified that there was an opportunity to reduce the number of follow-ups by seeing more patients after 6–12 months rather than after 3–6 months.

## Competent staff

- There were formal processes in place for staff to receive training and annual appraisals.
- Staff confirmed they had received training and told us they had had an appraisal.
- The monthly review completed by the trust showed 74% of outpatient nursing staff had had their Professional Development and Appraisal Review (PDAR). 100% of outpatient's ophthalmology had had their Professional Development and Appraisal Review in March 2014.
- The trust identified that the PDAR rates in outpatient nursing was not compliant due to two staff being on long-term sickness.
- Revalidation for doctors was completed by the trust, which currently employs 47 Trust Grade doctors, 31 of which have been with them for less than a year and therefore will not have had a full year's service in a non-training grade post.

## Multidisciplinary working

- There were nurse-led clinics for visual field assessments in ophthalmology.

## Seven-day services

- A number of outpatient clinics had run 'ad hoc' evening or weekend clinics to help them meet their targets. This showed that the outpatient clinics were responsive to the needs of patients and to their feedback. The trust ran extra clinics on a Saturday in March 2014. These included: Dermatology clinics four sessions, and Dermatology biopsies four clinic sessions.
- The trust also ran extra weekday clinic sessions for ophthalmology clinics at Goole to reduce the waiting time for patients. The longest waiting time for new patients in ophthalmology was now 13 weeks.

## Are outpatients services caring?

Good



Patients told us they felt involved in their care and treatment. Patients felt staff supported them to make difficult decisions. Patients told us they felt their privacy and dignity was respected.

## Compassionate care

- Throughout our inspection we witnessed patients being treated with compassion, dignity and respect.
- We looked at patient records and found they were completed sensitively and detailed discussions that had been had with patients and their relatives.
- The environment in the outpatient department allowed for confidential conversations.
- All patients were treated privately in consultation rooms.
- Chaperones were provided where required.
- When patients had been identified as needing extra support this was flagged so staff could organise extra support at their appointment.

## Patient understanding and involvement

- Patients stated they felt that they had been involved in decisions regarding their care.
- Patients told us they had no issues about the outpatient service.
- Patients told us they had opportunities to ask questions. Staff explained the treatment and patients were able to talk with staff about any concerns.

## Emotional support

- Patients and relatives told us they had been supported when they had been told difficult diagnoses and had received sufficient support.

## Are outpatients services responsive?

Requires improvement



The outpatient department understood the different needs of the communities it serves. The hospital monitored who used the service and the outcomes of care for the different population groups. However, the hospital did not respond to the waiting times and Did Not Attend (DNA) rates.

# Outpatients

## Service planning and delivery to meet the needs of local people

- The trust reviewed outpatient performance monthly. Performance reviewed includes: staffing levels and staff sickness, vacancy and use of bank staff.
- The hospital had introduced extra clinic sessions to meet the demand for patient referrals to ophthalmology.

## Access and flow

- Referral to treatment times in less than 18 weeks for non-admitted completed pathways for this hospital was 98% against a target of 90%.
- The trust performed well in the 2011 Outpatient Survey in terms of how quickly it offered patients an appointment, its choice of appointment times and how it explained to patients what would happen at their appointment.
- The trust scored 9.1/10 in the outpatient survey completed in 2011 for not having to wait long for an appointment; from the time they were first told they needed one.
- The trust monitored their Did Not Attend (DNA) rates at operational management level for Goole Hospital. The DNA rate was 10.0% for 2013-2014. DNA rates were managed by operational management staff.
- However, in outpatients staff had reviewed the DNA rates. Following the survey in 2011 staff had reviewed their DNA rates but could not find any common themes or trends. The department had introduced voice mail reminders but this had not improved the DNA rates for the service.
- We received information from the trust for cancelled appointments by the trust. This appeared to show that the trust had high levels of cancellation of outpatient appointments. The cancellation rates overall for the outpatient department was 6.6% and for example individual speciality rates were dermatology was 20.5%, orthopaedics was 0.2%, trauma was 0.0% and audiology was 4.6%.
- We spoke with the trust who told us the information be treated with a note of caution. This was raw data which was taken from the electronic record system and included issues such as patients whose appointment had been changed within the same clinic, for example appointments changed from 3.30pm to 1.30pm, and appointments which have been changed or brought forward at the request of the patient.

- The trust told us it managed cancelled appointments weekly to ensure that if any patient is cancelled, they are re-appointed as appropriate. This was also discussed at the monthly business meetings for each group and oversight and challenge was provided at the Finance and Performance Committee and Trust Board. We saw evidence that appointment cancellations were discussed at the Finance and Performance Committee.
- We looked at the outpatient survey for 2011 and the trust scored 6.3/10 for starting the appointment on time.
- The trust scored 6.5 out of 10 for knowing what would happen during the appointment.
- The trust scored 6.4 out of 10 for starting the appointment on time and 3 out of 10 for being told how long the wait would be, for patients waiting longer than 15 minutes.
- Clinic and discharge letters were sent to GPs electronically within three days of the appointment.
- Patients had to request if they would like copies of their hospital letters.
- The outpatient clinics had signs saying "If waiting longer than 30 minutes please inform a member of staff".
- The hospital scored 99.7% for referral to treatment for two-week standards for suspected cancer patients.

## Meeting people's individual needs

- There was good signage in the department.
- Information is displayed in the clinic advising patients of the waiting time.
- Volunteers assist patients with checking in for appointments and direct people to where ever they need to be, within the hospital.
- Staff had access to a telephone translation line.
- The hospital has a dementia champion within the outpatient department.

## Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Initial complaints would be dealt with by the outpatient matron, but if this was not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service (PALS).
- We reviewed two complaints received and action plans. The trust responded to the complaint and an action plan was implemented and completed. Action from the complaint was that the outcome of the investigation was to be shared at a team meeting. However, we did not see evidence of any lesson learned being shared with staff.

# Outpatients

- The staff tried to resolve patients' issues immediately.
- Staff explained the complaints procedure to us. However, complaint information was not easily available. We also found that PALS information was not on display in the department.
- The PALS service was located near the reception of the hospital. If patients did not feel confident about raising an issue it was not clear how they were made aware of the process to follow.

## Are outpatients services well-led?

Good



The outpatient department focused on patient care. Staff understood the vision and values of the organisation. Staff and patient engagement was encouraged to achieve continuous improvement.

### Vision and strategy for this service

- There was a leadership structure for the hospital and staff understood the structure, who their line manager was and who they reported to on the structure.
- Staff understood the strategy for the service.
- The executive directors and senior managers undertook announced and unannounced visits to outpatient areas to observe the running of the service. Following the visit and evaluation report is sent to the department visited.

### Governance, risk management and quality measurement

- Quarterly team meetings were held within the directorate and all staff were encouraged to attend, including junior members of staff. We looked at the minutes for September 2013, January 2014 and April 2014. The meetings looked at incidents, complaints and PALS information, staffing and service review.
- The outpatient department registered risks on the central operations risk register.

- The risk register was monitored through monthly central operations governance meetings.
- High risks were monitored by the Trust Governance and Assurance Committee.

### Leadership of service

- There was a leadership structure for the department and staff understood the structure, who their line manager was and who they reported to on the structure.

### Culture within the service

- Staff within the directorate spoke positively about the service they provided for patients. Quality and patient experience was seen as a priority and everyone's responsibility.
- Staff worked well together and there was obvious respect between not only the specialities but across disciplines.

### Public and staff engagement

- The trust had taken part in the outpatient survey in 2011 and they had scored 8.6/10 for the overall experience in outpatients.
- Patients Satisfaction Survey completed annually. Patient Satisfaction Survey for 2013 found patients wanted written information.
- Results from the 2013 NHS Staff survey placed the trust in the bottom 20% nationally for effective team working, for the percentage of staff who reported communication between senior management and staff.
- The hospital held quality safety days. In April 2014 the quality safety day reviewed complaints, incidents and claims, and central operations.

### Innovation, improvement and sustainability

- Innovation was encouraged from all staff members across all disciplines.
- The trust ran a best-practice day where staff displayed and shared experience.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

- Review the location of and facilities within the birthing room at Goole District Hospital and ensure that these are risk assessed.
- Review the use of the Family and Friends tests, to improve uptake and completion across departments.