

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 

Maternity and gynaecology

Good 

Outpatients and diagnostic imaging

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Northern Lincolnshire and Goole NHS Foundation Trust (the trust) from 13 – 16 October 2015. This inspection was to review and rate the Trust's community services for the first time using the Care Quality Commission's (CQC) new methodology for comprehensive inspections. It was also an acute hospital focused inspection to follow up our concerns from the April 2014 comprehensive inspection and highlighted through other information routes.

Focused inspections do not look across a whole service; they focus on the areas defined by the information that triggers the need for the focused inspection. We therefore did not inspect all the core services at Goole hospital for this follow up inspection. Additionally not all of the five domains: safe, effective, caring, responsive and well led were inspected for each of the core services we inspected. For the 2015 inspection we inspected the effective domain for the emergency and urgent core service (the minor injuries unit). This was because it had not been rated in 2014. We inspected maternity services because of concerns we had received. Diagnostic services were inspected for the first time and we followed up the responsive domain in outpatients from our 2014 inspection.

Overall at the 2015 inspection we rated Goole hospital as good. We rated Goole minor injuries unit (MIU) as 'good' for being effective. Maternity services and diagnostic imaging services were rated as 'good' overall.

Our key findings were as follows:

- There was good evidence-based care and treatment within the MIU although some of the guidelines were past their review dates; work was taking place to action this.
- Given that this was a small MIU in a small hospital there was good access to services seven days a week.
- Women who chose to give birth at the hospital received two midwives to one woman care during labour and escalation procedures were in place to ensure there were sufficient staff. The unit provided individualised care and patients were treated with privacy, dignity and respect.
- The maternity birthing pool and antenatal clinic were visibly clean.
- The rates for patients who did not attend appointments in outpatients had improved since our last inspection, but clinic cancellation rates were worse, apart from in ophthalmology.
- Outpatients and diagnostic imaging patients received harm-free care and treatment in a clean and well-equipped hospital from staff who had received appropriate training. Although radiology was short of medical staff across the trust, this did not affect patient care.
- Patients in ophthalmology outpatients and radiology told us they were happy with the care and treatment they received. They told us staff were kind, caring and compassionate.

However, there were also areas of poor practice where the trust needs to make improvements at this hospital. Importantly, the trust must:

- seek and act on feedback from service users in radiology in order to evaluate and improve the service.
- ensure it acts upon its own gap analysis of maternity services to deliver effective management of clinical risk and practice development.
- review the rate of cancellations of outpatient appointments and rates of 'did not attend' at Goole and take action to improve these in order to ensure safe and timely care and to meet the trust's own standards of 6%.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Minor injuries unit

Rating

Good



Why have we given this rating?

We found the minor injuries unit at Goole and District Hospital to be good for the effective domain. We did not rate the service in relation to the other four domains. Evidence-based care and treatment was provided although some of the guidelines were past their review dates; work was taking place to action this. We found the unit fully supported all grades of staff in their development. There was good multidisciplinary working. However, there was no service level agreement with the local mental health trust as to how long it would take them to come and assess a patient. Given that this was a small unit in a small hospital there was good access to services seven days a week. Staff we spoke with showed a good knowledge of consent procedures, the Mental Capacity Act, and the associated Deprivation of Liberty Safeguards. We were told of a recently conducted mental health audit. Apart from this, there was no further evidence presented to us regarding the measurement of patient outcomes.

Maternity and gynaecology

Good



Overall we rated the service as good. Staff were encouraged to report incidents and systems were in place following investigation to help rapidly disseminate learning. Women during labour received two midwives to one woman care and escalation procedures were in place to ensure there were sufficient staff. The unit provided individualised care and patients were treated with privacy, dignity and respect. Women received care according to professional best practice clinical guidelines. Pain relief of choice was available for women in labour. Services were planned and delivered to enable women to have the flexibility, choice and continuity of care wherever possible. A supervisor of midwives was available for all women who had chosen to have a home birth and this included a home visit to discuss their birth plan. Staff were clear about the vision of the service they provided and were committed to providing midwife led, holistic care. Staff told us their manager was approachable, supportive; teamwork was good and they felt listened to.

Summary of findings

The trust's gap analysis based on the findings of the Kirkup Report, identified the need for a clinical risk midwife and a practice development midwife; the management team were working to address these shortfalls. We found in the midwife led unit the refrigerator temperature had not always been maintained at the desired temperature of between 2 to 8°C.

Outpatients and diagnostic imaging

Good



We rated the safe, caring, responsive and well-led domains as good; the effective domain for diagnostic imaging was inspected but not rated. When we inspected outpatients at this location in April 2014, the service overall was rated as good and the responsive domain was rated as requires improvement. This was because the hospital had a relatively high did not attend (DNA) rate (10%) and levels of cancellations of outpatient appointments (6.6%). We did not inspect diagnostic imaging at the last inspection; therefore, all five domains were included at this inspection visit. Following the last inspection, we asked the provider to make improvements. We went back on this inspection to check whether the provider had made these improvements. We found the DNA rates in outpatients had improved overall but clinic cancellation rates were worse, apart from in ophthalmology. Patients received harm-free care and treatment in a clean and well-equipped hospital from staff who had received appropriate training. Although radiology was short of medical staff across the trust, this did not affect patient care. We found patients in ophthalmology outpatients and radiology were happy with the care and treatment they received. They told us staff were kind, caring and compassionate. Staff were competent and worked to national guidance, which made sure patients received the best care and treatment. Patients were protected from the risk of harm, because policies and procedures were in place to ensure this was managed appropriately. Patients received follow-up appointments when they should receive them and there were no issues identified with backlogs at the GDH site. Staff told us they liked working at GDH, their managers were supportive and there was good teamwork.

Summary of findings

Outpatient, phlebotomy and radiology services offered at GDH met patients' needs and ensured the departments worked effectively and efficiently.

Goole and District Hospital

Detailed findings

Services we looked at

Minor Injuries; Maternity and Gynaecology; Outpatients & Diagnostic Imaging

Detailed findings

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Background to Goole and District Hospital

The trust provides acute hospital services and community services to a population of more than 350,000 people across North and North East Lincolnshire and the south west part of East Riding of Yorkshire which includes the Goole area. It became a foundation trust in 2007. Its annual budget is around £330 million, and it has 843 beds across three hospitals: Diana Princess of Wales Hospital (Grimsby) and Scunthorpe General Hospital and Goole & District Hospital (based in East Riding of Yorkshire). The trust employs around 5,200 members of staff.

North East Lincolnshire is in the most deprived data set, and North Lincolnshire is in the fourth most deprived data set, compared to other Local Authorities. A

significantly greater proportion of children live in poverty compared to the England average in both these areas. East Riding of Yorkshire is less deprived, being in the second highest quintile/data set of Local Authorities; proportionately fewer children live in poverty compared to the England average. However, Goole is one of the most deprived areas of the East Riding.

The trust was last inspected on 23 to 25 April 2014 and on 8 May 2014 (with an unannounced inspection on 6 May 2014) and was found to overall to 'require improvement', although it was rated as 'good' for having caring staff. Goole hospital was rated as 'good' overall.

Our inspection team

Our inspection team was led by:

Chair: Jan Filochowski, Clinical and Professional Adviser at CQC; NIHR; Commonwealth Fund and IHI

Head of Hospital Inspections: Amanda Stanford, Care Quality Commission

The team included: CQC inspectors and a variety of specialists, namely, Community Trust CEO/Director, Community Children's Nurse Manager, Community Matron, Health Visitor, School Nurse, Dentist, Community Paediatrician, Physiotherapist, District Nurse, Child

Safeguarding Lead Nurse, EOLC Matron, Critical Care Doctor, Critical Care Nurse, A&E Nurse, Medicine Doctor, Medicine Nurse, Surgery Doctor – Surgeon, Surgery Doctor – Anaesthetist, Surgery Nurse, Theatre Nurse, Ophthalmic Nurse – Outpatients, Midwife Matron, Midwife, Consultant Obstetrician, Child Safeguarding – Trust wide, Clinical Director, Diagnostic Radiology Doctor, Junior Doctor, Student Nurse, and experts by experience (people (or carers or relatives of such people), who have had experience of care).

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we 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?

This hospital inspection was part of a focused inspection to follow up our concerns from the 2014 inspection and new ones that we had been made aware of since. We did not inspect across the whole service provision; we focused on the areas defined by the information that triggered the need for the focused inspection. Therefore not all of the core services or the five domains: safe, effective, caring, responsive and well led were reviewed during the inspection. The inspection team inspected the following acute core services at Goole:

- Minor injuries unit
- Maternity and family planning
- Outpatients and diagnostics

We did not inspect the core services at the hospital for medicine or surgery.

Before the announced inspection, we reviewed a range of information that we held and asked other organisations to share what they knew about the hospitals. These included the clinical commissioning groups (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch organisations.

Focus groups and drop-in sessions were held with a range of staff in the hospital, including nurses and midwives, doctors, and allied health professionals. We also spoke with staff individually as requested. We talked with patients, families and staff from all the ward areas. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' personal care and treatment records.

We carried out an announced inspection on 13 – 16 October 2015.

Facts and data about Goole and District Hospital

The Trust was established as a combined hospital trust on April 1 2001 by the merger of North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospitals NHS Trust. It achieved Foundation Trust status on 1 May 2007 and on 1 April 2011 it took over community services in North Lincolnshire under the national 'Transforming Community Services' agenda.

The trust provides a wide range of services out in the community as well as at its three hospitals: Diana Princess of Wales Hospital and Scunthorpe General Hospital and Goole & District Hospital (based in East Riding of Yorkshire).

The trust overall has 772 general and acute beds and 71 maternity beds.

The trust employs 5,214.64 WTE staff across acute and community services. The staff are split into the following broad groups:

- 502.58 WTE Medical
- 1,389.20 WTE Nursing
- 3,322.86 WTE Other

The total for trust inpatient admissions (April 2013 – March 2014) was 107,403. There were 389,327 outpatient attendances (total attendances). Accident & Emergency services had 137,841 attendances.

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	N/A	Good	N/A	N/A	N/A	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

1. When we inspected minor injuries in April 2014, we rated it as good for safe, caring, responsive and well-led. At that time CQC's methodology did not include rating the effective domain. We therefore only inspected the effective domain at this inspection, so a rating could be given.
2. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.
3. Diagnostic services were inspected across all domains, outpatient services were inspected for caring and responsiveness.

Minor injuries unit

Effective

Good



Overall

Good



Information about the service

When we inspected this service in April 2014, we rated it as good, however at that time CQC's methodology did not include rating the effective domain. We therefore only inspected the effective domain at this inspection, so a rating could be given.

The department at Goole and District Hospital was a minor injuries unit not an emergency department. More serious cases are treated in the emergency departments at Scunthorpe hospital and the Diana, Princess of Wales hospital in Grimsby.

The minor injuries unit provided a service for people who lived in Goole and surrounding areas. It was open 24 hours a day throughout the year and was staffed by doctors and nurses, led by an Associate Specialist doctor. It treated adults and children who attend with minor injuries and illness.

Between April 2014 and March 2015 the number of patients that attended the department was 19,980. Between April 2015 and September 2015 the number of attendances was 10,529.

We spoke with three members of staff and reviewed clinical records and guidelines. Our inspection team consisted of an inspector and an experienced emergency department nurse.

Summary of findings

We found the minor injuries unit at Goole and District Hospital to be good for the effective domain. We did not rate the service in relation to the other four key questions.

We found the unit supported all grades of staff in their development. There was good multidisciplinary working. However, there was no service level agreement with the local mental health trust as to how long it would take them to come and assess a patient.

Given that this was a small unit in a small hospital there was good access to services seven days a week. Staff we spoke with showed a good knowledge of consent procedures, the Mental Capacity Act, and the associated Deprivation of Liberty Safeguards.

Evidence-based care and treatment was provided although some of the guidelines were past their review dates; work was taking place to action this. We were told of a recently conducted mental health audit. Apart from this, there was no further evidence presented to us regarding the measurement of patient outcomes.

Minor injuries unit

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

Good 

We found the minor injuries unit to be 'good' for the effective domain. We did not inspect the service in relation to the other four key questions.

We found the unit supported all grades of staff in their development. There was good multidisciplinary working. However, there was no service level agreement with the local mental health trust as to how long it would take them to come and assess a patient.

Given that this was a small unit in a small hospital there was good access to services seven days a week. Staff we spoke with showed a good knowledge of consent procedures, the Mental Capacity Act, and the associated Deprivation of Liberty Safeguards.

Evidence-based care and treatment was provided although some of the guidelines were past their review dates; work was taking place to action this. We were told of a recently conducted mental health audit. Apart from this, there was no further evidence presented to us regarding the measurement of patient outcomes.

Evidence-based care and treatment

- The emergency department had in place best practice guidelines in the care and treatment of patients. These included those developed by The National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine (RCEM).
- NICE and other guidelines were available on the trust intranet although in some cases these guidelines were passed their review dates.
- We found there were protocols that had been developed for the emergency nurse practitioners, which were being reviewed by the Associate Specialist doctor. These would allow the emergency nurse practitioners in the unit to refer to the specialty teams if required.

Pain relief

- There were systems in place for the provision of pain relief by medical and nursing staff.

- We looked at the clinical records of 10 patients; five adults and five children. We found that the administration of pain relief was appropriately entered into the records.
- As there were few patients in the unit at the time of our inspection we were not able to observe the administration of pain relief to patients.

Nutrition and hydration

- Water was made available for patients and there was a vending machine in the waiting area.
- If patients that were being treated required food, porters would obtain it from the kitchens.
- We found that nursing staff and healthcare assistants would regularly check whether patients in the treatment areas required nutrition or hydration.

Patient outcomes

- We reviewed the details of an audit of clinical documentation that was being carried out in the unit, with a completion date of October 2015.
- Trust records showed that a medicines documentation audit was going to be commenced in 2015.
- The records also showed that other audits were planned for 2015/16 but had not yet commenced. These were local audits into the care and treatment of the fitting child, and mental health. These were local audits which the trust had based on Royal College of Emergency Medicine (RCEM) audits as the RCEM do not audit in minor injuries units.
- Although the trust records indicated that the audit into mental health had not started the Associate Specialist told us they had recently undertaken an audit into mental health assessments. This had involved 26 patients and initial results showed 96% compliance with the RCEM standard that mental health patients were assessed by a mental health professional within one hour.
- Between April and September 2015 a total of 97 patients left the department without being treated, or treatment not concluded. A total of 26 patients left the unit having refused treatment.

Competent staff

- We found that clinical and managerial supervision was provided to staff.
- Staff told us they received yearly appraisals to support their professional development.

Minor injuries unit

- The appraisal rates we received were for the directorate of medicine at Scunthorpe and Goole Hospitals, of which the unit was a part. They showed that across the directorate 74% of nursing staff had received appraisals against a trust target of 90%. The figures for medical staff stood at 82% whilst administration and clerical staff was at 72%.
- Staff we spoke with told us they received regular developmental training. This included an arrangement whereby they went for training sessions at the regional burns unit at Pinderfields Hospital, Wakefield.
- Staff also undertook training in “intermediate life support”.
- There was also practical training in catheterisation and suturing on simulation mannequins.
- The Minor Injuries Unit was open 24 hours a day with the service being provided by an associate specialist doctor, staff grade doctors, emergency nurse practitioners, nurses and healthcare assistants, but also doctors.
- On-call support was provided by consultants in emergency medicine based at Scunthorpe General Hospital.
- There was an x-ray department at the hospital that was open from 8.30am – 5pm. After those times patients were asked to return the next day. If the clinician felt that the x-ray could not wait until the next day the on-call radiographer would come in.
- The pathology department was open until 5pm, with the last samples being collected by the trust transport at 5.30pm. After that time and until 8.30am samples were couriered to Scunthorpe by taxi if required.

Multidisciplinary working

- Regular multidisciplinary meetings were held within the Minor Injuries Unit to share issues, and with the consultants in emergency medicine based at Scunthorpe General Hospital.
- Medical opinions and reviews of x-rays could be undertaken electronically by doctors who were based at another site.
- We were told that there had been poor response times for advice/referrals from the medical specialties but this had improved following the intervention of the Medical Director.
- There were systems in place for the referral of patients to physiotherapy and the occupational therapy teams.
- We were told there was a good relationship with the ambulance service who would alert the unit when they were conveying a patient to them.
- We found that although the local Humber mental health trust attended to assess patients there was no service level agreement as to how long they would take to attend.
- We found a small unit where staff of all grades were mutually supportive of each other.

Seven-day services

Access to information

- The department used an electronic patient record system that was printed off into hard copy notes when the patient was transferred to the ward.
- If staff wanted to access patient advice leaflets, departmental, specialty or NICE guidance and protocols they could do so through the trust intranet.
- Patient advice leaflets were available in non-English languages.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with understood the principles of consent including the Gillick Competency guidelines, which relate to the obtaining of consent from children and young people.
- The staff we spoke with were knowledgeable about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They told us if they needed advice as to how to apply the principles in practice they would ask a member of the medical staff.
- A form was available to be completed by clinical staff when assessing patients’ mental capacity.

Maternity and gynaecology

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

Information about the service

The maternity service at Goole District Hospital is a midwife led unit and predominantly serves the East Riding area. The unit supported 'low risk' women who wanted a birth without medical intervention; those who were considered as 'high risk' were transferred to Scunthorpe General Hospital for delivery. A dedicated team of midwives and staff offered a range of services both in hospital and out in the community. This included antenatal, intra partum and postnatal care, the unit had a delivery bed and birthing pool. Additionally, one day a week a consultant obstetrician held an antenatal clinic at the hospital.

From April 2014 – March 2014 the total number of births was 40 births and for April 2014 to March 2015, it was 30 births. There had been a re-design of the birthing pool room and the birthing pool was not available between October 2014 and June 2015. Between October 2014 and September 2015 the total number of births was 19; this included two home births using an inflatable pool and one birth using the birthing pool at the unit.

The inspection team included a CQC inspector and a midwifery specialist advisor. We inspected the antenatal clinic and the birthing/pool room.

We spoke with one woman who used the service, eight staff; including health care assistants, a student nurse, midwives and senior managers. We also inspected two sets of antenatal hand held notes of women attending the clinic and reviewed the trust's performance data.

The health of the population in East Riding was generally better than the England average, apart from smoking at time of delivery and the level of recorded diabetes.

Maternity and gynaecology

Summary of findings

Overall we rated the service as 'good'. This was because:

- Staff were encouraged to report incidents and systems were in place following investigation to help rapidly disseminate learning.
- Women during labour received two midwives to one women care and escalation procedures were in place to ensure there were sufficient staff.
- The unit provided individualised care and patients were treated with privacy, dignity and respect.
- Women received care according to professional best practice clinical guidelines.
- Pain relief of choice was available for women in labour.
- Services were planned and delivered to enable women to have the flexibility, choice and continuity of care wherever possible.
- A supervisor of midwives was available for all women who had chosen to have a home birth and this included a home visit to discuss their birth plan.
- Staff were clear about the vision of the service they provided and were committed to providing midwife led, holistic care. Staff told us their manager was approachable, supportive; teamwork was good and they felt listened to.

However, we also found:

- The trust had done a gap analysis against the Kirkup Report, and had identified the need for a Clinical Risk Midwife and a Practice Development Midwife. The management team told us they were working to address these shortfalls.
- We found in the midwife led unit the refrigerator temperature had not always been maintained at the desired temperature of between 2 to 8°C.

Are maternity and gynaecology services safe?

Good



Overall we rated the service as 'good' for providing safe services. This was because:

- Staff were encouraged to report incidents and systems were in place following investigation to help disseminate learning. The service was open and transparent with patients when things went wrong.
- Staff had received safeguarding training and procedures were in place to protect people from abuse.
- The birthing room had been redesigned, was available for use and was being promoted by staff.

However, we also found:

- In the midwife led unit, we found the refrigerator temperature had not always been maintained at the desired temperature of between 2 to 8°C.

Incidents

- There was a 'Maternity Services Trigger List' for incident and near miss reporting, which staff followed. This list provided a guide to staff as to those incidents, which required escalation as serious incidents.
- Midwives and staff told us they were encouraged to report incidents and were able to explain the procedure. Between August 2014 and July 2015, there had been five serious incidents reported in women's services across the trust. None of these incidents related to the Goole midwife led unit.
- Investigations and a root cause analysis (RCA) had taken place into the five incidents which highlighted lessons learnt and contributing factors. A RCA is a method of problem solving that tries to identify the root cause of incident. When incidents do happen, it is important lessons are learned to prevent the same incident occurring again. An action plan and recommendations summary had been shared with all staff.
- Staff reported having received feedback from incidents in newsletters, emails, in team meetings and one to one meetings with their manager. The feedback included learning from incidents or other concerns which had occurred within the trust. We saw changes as a result of learning from incidents. For example, due to poor record

Maternity and gynaecology

keeping staff had not recorded a woman's wishes in relation to them having screening for Downs Syndrome and the screening had been missed. As a result an action was to ensure that all midwives routinely discussed Downs screening at 14-16 weeks of pregnancy to eliminate missed screening and documented discussion outcomes. Staff were able to tell us about this incident and the action taken following lessons learned. The policy relating to antenatal screening was also updated to reflect the change in practice.

- Information provided by the trust told us 'all incidents, complaints, PALs concerns and claims were analysed and reported on a monthly basis to the Women's and Children's Directorate Governance Meetings for their oversight and action if necessary.' Incidents were also sent to the management team which included the Operational Matron, Head of Midwifery and Risk and Governance Facilitator.
- Forums in which incidents were reported included the Clinical Governance Meeting, where incidents were a standing item on the agenda, clinical review meeting and perinatal meeting with multi-disciplinary team members, 'Trust Governance and Assurance committee', departmental meetings including monthly team leader meetings, operational meetings; supervision of midwives, and the strategy and delivery meeting.
- The clinical review committee met monthly and the minutes of the meeting dated 10 April 2015 showed the staff who attended those meetings included: Lead Supervisor of Midwives (SoM), Head of Midwifery (HoM), obstetrics and gynaecology consultants, midwives, consultant anaesthetists, and other medical staff. Agenda items discussed included a review of clinical incidents, actions and learning.
- Perinatal mortality and morbidity meetings took place monthly. Cases were discussed and included, themes, recommendations, actions and learning; where appropriate.

Duty of Candour

- The trust had a policy document relating to 'Being open and Duty of Candour' dated July 2015.
- Staff gave an example of duty of candour, following an incident. The mother was spoken with directly; informed in person of why their care had not gone according to

plan and they received a written response from a senior member of staff. This showed the service was open and transparent with patients about their care and treatment when things went wrong.

- Additionally, the complaints procedure showed meetings were offered to give feedback to patients when things had not gone according to plan. Staff were made aware of lessons learned and these were included in the Women and Children's Group Newsletter.

Cleanliness, infection control and hygiene

- We saw the trust had an infection control policy and staff knew where to locate a copy.
- Trust policies were adhered to in relation to infection control; such as the use of hand gel and 'bare below the elbow' dress code.
- The staff hand hygiene audit showed compliance of 100% from October 2014 to March 2015 and May to June 2015.
- Information provided by the trust showed infection control training across women's services, had reached 85% as some staff that had recently started working there had yet to receive their training.
- The maternity birthing pool and antenatal clinic were visibly clean.
- Staff reported they had infection control training.

Environment and equipment

- In April and May 2014 CQC inspected the service and found the birthing room was small, which meant women could not walk around and there was limited space in the event of an emergency. At this inspection we found the room had been redesigned. Staff explained how this had made the space more accessible for women to walk about; use birthing aids such as birthing balls and birthing mats and in the event of an emergency.
- Staff told us although the area was a clinical environment; they were looking at ways of making it more homely. For example, involvement of the local Art college to design a mural for the pool room.
- Staff said they would be promoting the service now it had been redesigned and planned to have an open day in November 2015. Women were visiting the facilities at the time of the inspection with a view to using the service.
- Out of hours access was via an intercom system.

Maternity and gynaecology

- The midwife led unit had a separate digital locked entrance and the environment in the maternity unit was secure.
- The birthing room had emergency equipment. This included an emergency telephone, and a resuscitation flow chart of the procedure to follow in the event of an emergency. The adult resuscitation equipment was checked and recorded. However, there were occasional gaps in recording. This meant the equipment/ medication could have been out of date before the next check and therefore not available for use.
- Paediatric resuscitation equipment was available in the hospital and accessed through the hospital emergency procedure.
- Midwives had access to the equipment they would use for a home birth, in line with their guidelines: Goole Midwifery Suite Guidelines/Home Birth Guidelines (– review dates: March 2018/November 2017)
- Staff told us and we saw that they checked and signed each shift to show they had checked the equipment they had used, and were competent to use it. This included: bariatric scales, and portable suction. The sample of portable electrical equipment inspected had been tested and in date.

Medicines

- We were told the hospital pharmacist was responsible for routine checking and monitoring of medicines. Medicines were stored correctly, which included emergency medicines and we found appropriate checks had been carried out.
- Medication refrigerators were locked; daily temperature monitoring had taken place. We noted some of the recordings had exceeded the acceptable temperature range of between 2° to 8°C. For example, between the 18- 19 August 2015 the ‘maximum’ readings had were between 10.1°C and 10.7 °C; once reset, the recording reduced to the acceptable range. This meant either the staff were not following the correct procedure in resetting the thermometer, or the refrigerator thermometer needed to be monitored to ensure it is in working order.
- Oxygen was available in the birthing pool room and we found it was stored correctly.

Records

- We inspected two sets of antenatal women’s hand held notes belonging to women attending the clinic. These

notes were carried by women throughout pregnancy in line with National Institute for Health and Care Excellence (NICE) Quality Standard (QS) statement 3. We found the records were legible, dated and signed and contained the appropriate documentation and test results for their stage of pregnancy.

- We saw secure storage facilities for records, including blood results and notes. Electronic records were also kept and the procedures for safe storage were in line with data protection.
- Staff told us as part of their annual supervision with their supervisor, they had three sets of records they had completed, audited and discussed as part of their learning.
- In March 2014 the directorate achieved compliance against Level 2 National Risk Management Standards, achieving 10/10 for the quality of record keeping.
- A medical records audit commenced across the trust in April 2015. Results showed the records were dated and legible, however they were not always signed.

Safeguarding

- There was a trust wide safeguarding lead for adults and children, and a named midwife for safeguarding.
- We found there were procedures in place for protecting adults and children from abuse and we saw information relating to this in the antenatal clinic and consulting rooms.
- Women received a leaflet at booking about ‘Having a Safer Pregnancy’ and this included information about the trusts zero tolerance to violent, threatening and abusive behaviour.
- Staff showed us documentation and the screening tool used in the antenatal period, for identifying domestic abuse.
- Staff were able to explain the procedure for reporting allegations or suspected incidents of abuse, including adults and children.
- Staff were aware of safeguarding procedures which included: The early identification and reporting of Female Genital Mutilation (FGM) and the response in the event of a suspected or actual child abduction (policy– Review date April 2018).

Mandatory training

- At the previous comprehensive inspection in April and May 2014 all staff were found to be up to date with mandatory training.

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- Staff we spoke with at this inspection told us they were up to date with their mandatory training and the training records showed they were 97.4% compliant. This included safeguarding and basic life support training.
- Data provided by the trust showed 89% of staff had received adult safeguarding training, and 80% of staff had received level three children's safeguarding training. We were told by senior managers this figure was lower as new medical staff had joined the service in August 2015 and they were yet to complete their training.
- Information from the trust dated October 2015 showed staff had annual obstetric skills and drills training in areas such as cord prolapse, and post-partum haemorrhage.

Assessing and responding to patient risk

- The Goole Midwifery Suite Guidelines (expiry date March 2018) gave guidance for staff when managing women who requested a birth in the suite. It contained information about all women having an antenatal risk assessment completed at every visit and women who were not considered low risk, or suitable for a birth at the midwife led unit being referred to an obstetrician.
- Where a woman persisted in a request for a delivery at the unit against medical or midwifery advice, a meeting would be arranged with the woman, the midwife and the named Supervisor of Midwives (SoM) to discuss the request. Management plans were then put in place and copies filed in the women's hospital records; relevant staff informed: Matron, coordinator on delivery suite (Scunthorpe Hospital)/coordinator and all community midwifery teams. The guidelines also referred to the notification of social workers, where the family had one and home birth against medical advice.
- At 34 weeks gestation a birthing plan, discussion checklist was completed and the notes checked by two midwives to ensure compliance with risk assessments. This was to ensure the risk assessment fits the criteria for a low risk birth in a community or midwife led unit.
- There were guidelines and risk assessment relating to labour and/or delivery in water and staff were able to give examples.
- There was a list of indicators for transfer of women and these included: maternal request, concerns regarding foetal or maternal wellbeing.
- Where women needed consultant-led care and transfer from the midwife led unit/ deviation from the 'Home

Birth Pathway,' there was an appropriate transfer procedure in place. Staff were able to confirm the procedure and these included arrangements for transportation by a paramedic ambulance, with a midwife escort to Scunthorpe hospital which was 40 minutes away.

- We were told there had been one emergency transfer in the previous year. There was no maternity dashboard data as evidence of the number of transfers.

Midwifery staffing:

- Safe staffing levels were monitored and managed on a daily basis by the lead midwife for the unit. A daily staffing situation report was in place which was supported by an escalation process to manage staffing levels.
- Staff told us they had monthly team meetings and staffing was discussed. We inspected the duty rota 14 September – 11 October 2015. Although the unit had one midwife on long term sick leave and staff were also covering the administration role due to short term leave, they told us their staffing levels were 'Ok.' When they needed to address shortfalls they said they used the in house bank of staff and they were able to give examples when these staff were used.
- They also gave an example when they were one midwife short in clinic; this was escalated as an incident and addressed. We were also told steps were put in place to try to make sure the situation did not re-occur.
- Staff said the on-call was covered by three teams and they had three on-call night duties each month; this consisted of two midwives each night. All calls went through the delivery suite at Scunthorpe General Hospital (SGH) and staff reported cross site team working to address shortfalls particularly on night duty to cover Scunthorpe delivery suite. They told us how should they have worked their allocated hours, then arrangements were made for their shifts to be covered the next day.
- Women attending the postnatal clinic told us they had received continuity of care and support from two midwives during labour. We did not see any evidence for how this was monitored by the trust.

Medical staffing

- A consultant obstetric clinic took place each Wednesday morning. Women were risk assessed throughout their pregnancy to assist with the decision as to the safest

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place to give birth. The clinic was for those women who met the high risk criteria and needed consultant led care. This enabled these women to have antenatal care closer to their home instead of attending the consultant led units at Scunthorpe and Grimsby.

- This unit was midwifery-led and medical support if required was obtained by contacting the Delivery Suite at Scunthorpe General Hospital in the first instance.

Major incident awareness and training

- We saw the trust had a major incident plan which outlined the roles and responsibilities of staff in each area.
- Midwives attended skills and drills training each year and were scenarios based on maternal and neonatal emergencies. Training included evacuation from the birthing pool and all staff were well versed in use of evacuation equipment.

Are maternity and gynaecology services effective?

Good



We rated the service as 'good' for providing effective services. This was because:

- Women received care according to professional best practice clinical guidelines. Pain relief of choice was available for women in labour.
- Information about outcomes for women were routinely monitored and action taken to make improvements.
- Staff had the skills, knowledge and experience to do their job.
- A seven day service was available to meet the needs of women using the service.

Evidence-based care and treatment

- The delivery of care and treatment was based on guidance issued by professional and expert bodies. The maternity services used a combination of National Institute for Health and Care Excellence (NICE) guidelines (for example, QS22, QS32 and QS37) and Royal College of Obstetricians and Gynaecologists

(RCOG) guidelines. For example, Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour. This helped to determine the treatment they provided.

- We found at the midwife led unit, the policies were written and reviewed in line with national guidance, at the Obstetrics and Gynaecology, Clinical Governance meetings. For example, the 'Home Births Guidelines had been reviewed and authorised at the Obstetrics and Gynaecology, Clinical Governance meeting, in November 2014. Staff told us, they were encouraged to report any out of date, policies and guidelines. To keep staff up to date, any updated guidelines were discussed at their monthly team meetings.

Pain relief

- Pain relief was available and this included Entonox, tens machine and use of the birthing pool.
- Women we spoke with who had attended the postnatal clinic told us they had received their pain relief of choice during labour.
- During our inspection there were no women in the midwife led unit so we could not confirm how effective pain management was.

Nutrition and hydration

- Women were given advice on healthy lifestyle choices and nutrition during pregnancy; we also saw information relating to this in the antenatal clinic.
- Monday to Friday there was a dining area within the hospital and shop where women and visitors to the service could access food and drinks.
- Out of hours women were encouraged to bring their own food with them and had access to beverages in the midwife led unit.
- The service had achieved level 2 UNICEF Baby Friendly in July 2015. The UNICEF Baby Friendly initiative is a worldwide programme that encourages maternity hospitals to support women to breastfeed.
- The trust dashboard figures showed the breastfeeding initiation rates had been combined for Goole Midwife led unit with those of Scunthorpe General Hospital (SGH) and ranged between 58.7% in October 2014 to 69.4% in August 2015.

Patient outcomes

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- The CQC 'Intelligence Monitoring Report' – May 2015, did not identify any maternity outliers across the Trust for the following areas: maternal readmissions, emergency or elective caesarean sections, neonatal readmissions, puerperal sepsis and other puerperal infections.
- The dashboard data provided by the trust were combined figures for Goole maternity unit and Scunthorpe General Hospital. Between October 2014 and September 2015, the third degree tear rate following a normal birth was 2.5%. Blood loss following birth of more than 1500ml was 1%, which was also a combined percentage for both hospital sites.
- We were told there had been one emergency transfer in the previous year. There was no maternity dashboard data as evidence of the number of transfers.

Competent staff

- Midwives had statutory supervision of their practice, and staff confirmed they had access to a supervisor of midwives for advice and support 24 hours a day.
- Information provided by the trust showed across the trust there were 223 midwives and 98% had completed their annual supervisory review.
- Figures provided by the trust showed the supervisor to midwife ratio was 1:14 and this was slightly better than the national guidance of 1:15.
- Community midwives worked on call each month and this included working at Scunthorpe in the maternity delivery suite. This helped them keep up to date with their competencies and skills as the number of births per midwife was very low in the Goole service.

Multidisciplinary working

- Staff reported good communication, information sharing between departments and cross-site working within the team.
- Midwives at the hospital and in the community worked closely with GPs and social care services while dealing with safeguarding concerns or child protection risks.
- Weekly antenatal clinics with the Consultant Obstetrician were supported by the midwives at the unit.
- Where mothers were in need of mental health support the consultants liaised with their GP, and there were also established links with specialised services and a mother and baby unit, for mothers requiring inpatient facilities.
- Across the trust there were midwives available for support and guidance and with special interests as part

of their role. These included a consultant midwife for teenage pregnancy and sexual health with a public health lead, two Infant feeding leads one with a parent education element to the role, an antenatal screening co-ordinator and three safeguarding midwives.

- 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.

Seven-day services

- The service was available each day. The midwife led unit opened as and when required, with systems in place to ensure staff were available. Medical support and advice was available via telephone and staff said there were no issues accessing this.
- The service included antenatal and postnatal care. The availability of evening and weekend clinics supported choice for women and those who were not able to attend during the day.
- Community midwives were trained in postnatal 'check ups' and new-born and infant physical examination (NIPE). This helped the continuation of a midwife led care and discharge from the service.

Access to information

- There was relevant clinical information displayed in the antenatal clinic for women and their partners to read.
- A 'Hand held book' was used for recording women's antenatal, intra partum and postnatal care. This was kept by the women during their care and was completed as part of a record of their care between GP's, midwives and obstetricians.

Consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

- We found the midwives understood the purpose of the MCA (2005) and the Children's Act 1989 and 2004.
- Information provided by the trust showed 85% of staff had received MCA and DoLS training.
- Staff knew about Gillick competency assessments of children and young people. These were used to check whether these patients had the maturity to make decisions about their treatment.

Maternity and gynaecology

Are maternity and gynaecology services caring?

Good 

We rated the service as 'good' for caring. This was because:

- The unit provided individualised care to people using the service and they were treated with privacy, dignity and respect.
- The CQC patient survey 2013, showed positive responses from women about the care they received during labour.

Compassionate care

- Results from the CQC maternity survey 2013 relating to maternity services across the trust, showed for antenatal care, labour, birth, and postnatal care they scored about the same as other trusts. There were three areas the service scored better than other trusts. These included: How women were spoken with by staff and was it in a way they could understand; were they treated with respect and dignity, and their confidence and trust in the staff caring for them during their labour and birth.
- We saw the unit had sought monthly feedback from women and people using the service. In August 2015 they had received 93% positive responses in comments from 14 people about the service. Comments included, "Friendly staff" "Midwife very helpful and kind, willing to help whenever needed. Would definitely come back again. Thank you"

Understanding and involvement of patients and those close to them

- The aim of the service was to work in partnership with women and their family throughout pregnancy, birth and afterwards; to offer the services and support they will need.
- Women we spoke with stated they had been involved in decisions regarding their choice of birth and were informed of the risks and benefits of each. They told us they felt involved in their care and supported by staff.
- In the CQC survey completed in 2015, for being involved enough in decisions about their care during labour and birth, women scored the trust 8.5 out of 10 (which was about the same as other trusts and no change from the 2013 score).

- All women booked into the unit had a named midwife and their contact details should they have any concerns.
- When using the birthing facilities women were encouraged to bring their birthing partners and family with them and made welcome as part of the event.

Emotional support

- We observed staff speaking with patients in a kind and caring manner and making them feel at ease.
- 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.

Are maternity and gynaecology services responsive?

Good 

We rated the service as 'good' for being responsive. This was because:

- Services were planned and delivered to enable women to have the flexibility, choice and continuity of care wherever possible.
- A supervisor of midwives was available for all women who had chosen to have a home birth and this included home visits to discuss their birth plan.
- The staff were welcoming and offered a service with a range of birthing equipment to support low risk, normal births.
- There was access to an interpreter services for women whose first language was not English.
- Complaints were taken seriously and acted upon in an agreed timescale.

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 care that met the health needs of women.

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- Services were planned and delivered to enable women to have the flexibility, choice and continuity of care wherever possible.
- A supervisor of midwives was available for all women who had chosen to have a home birth and this included home visits to discuss their birth plan.

Meeting people's individual needs

- The service aimed to provide a local midwife service for women in the Goole area; from April 2014 to March 2015, there were 30 births. There had been a re-design of the birthing pool room and as a result the birthing pool was not available between October 2014 and June 2015. Between October 2014 and September 2015, the total number of births was 19 which included two home births.
- Women carried their own paper records with them and had contact numbers for their midwives, this included outside of normal working hours. Parent education classes were available in the community setting and information relating to labour and birth was provided at antenatal appointments.
- Staff could access interpreter services if required for women whose first language was not English.
- Information booklets and guidelines were available for women using the service and these included: Home Birth Guidelines, information about the Goole Midwifery Suite, Role of Birth Partners, Vitamin K, Information for Parents, and Having a Safer Pregnancy.
- The staff were welcoming and offered a service with a range of birthing equipment to support low risk normal births.
- We saw photographs and names were displayed in the antenatal area, this meant women and visitors to the unit could see which staff worked there.

Learning from complaints and concerns

- The service had a system in place for handling complaints and concerns. Their complaints policy dated March 2015 was in line with recognised guidance. The trust had a designated complaints manager and a customer service department.
- We saw information on the intranet and on the notice board in the antenatal clinic advising patients and visitors of how to complain. The leaflet available in the clinic was called, 'Tell us what you think, customer services' And 'How to make a complaint suggestion or pay a compliment about our hospitals.' The role of the

complaints manager and the customer service department were explained in the information and there were contact telephone numbers and addresses to assist patient in accessing these services.

- There was a 'Complaints and Concerns Training Workbook' for staff to complete and be signed by their manager to show they had completed the training. This was to give staff an awareness of the procedures to follow should someone wish to express their concerns or complain.
- Staff we spoke with were aware of the complaints policy and the procedure to follow should someone wish to complain.
- The women we spoke with during the inspection told us they had not needed to complain or raise concerns with the service. They also told us they would speak with one of the staff should they have a complaint.
- We did not see specific data for the Goole midwife led unit in their management of complaints. However, the complaints and performance analysis document showed complainants had the opportunity to meet with staff to discuss and receive answers to their concerns and this was then followed up in writing.
- Information was seen in the quarterly 'Trusts Governance and Assurance Committee' report (dated 14 September 2015), that an analysis of complaints had taken place by the complaints manager. Goole Midwife led unit had not received any complaints between June 2014 and June 2015. The information showed between August 2014 and June 2015 100% of complaints across the trust had been closed each month within their agreed timescale.
- Staff told us they were made aware of lessons learned from complaints and these were included in staff emails, newsletter, and at their team meetings.

Are maternity and gynaecology services well-led?

Good



Overall, we rated the service as 'good' for being well led. This was because:

- Staff were clear about the vision of the service they provided and were committed to providing midwife led, holistic care.

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- Staff told us their manager was approachable, supportive; teamwork was good and they felt listened to.
- Staff were passionate about their role and motivated in delivering a service which they were proud of.
- At the Royal College of Midwives award in 2014, the midwifery team was recognised twice for promoting a 'normal birth experience' and was finalists in the 'supervisor of midwives team' category.

However, we also found:

- Following publication of the Kirkup report, the trust's gap analysis identified the need for a Clinical Risk Midwife and a Practice Development Midwife. The management team were working to address these shortfalls. They were also aware of the risks and shortfalls of the service.

Vision and strategy for this service

- The vision of the service was clearly displayed on the notice board in the antenatal clinic, for people visiting to see. It stated, 'Every woman and child in our locality is healthy and happy;' Their mission statement was, 'To provide safe, effective and leading edge care to the population we cover through nurturing high performing teams that prioritise patient experience'; and their strategic objectives.'
- The birthing room had not been used for several months whilst it was being redesigned. Therefore, the births at the unit had declined and this was reflected in the trust dashboard data. Staff told us of their plans to publicize the newly designed birthing/ pool-room, with a view to increasing the use of the facilities and births.
- Staff we spoke with had a clear vision of the service and their commitment to providing midwife led, holistic care.

Governance, risk management and quality measurement

- The trust completed a gap analysis against the finding in the Kirkup Report. This identified the need for a clinical risk midwife and a practice development midwife. Discussions during the inspection and following with the HoM and Obstetric Clinical Lead, confirmed they thought there was a need for the post and the shortfall in not having them had been added to the trust risk register.

- We were told that the practice development midwife post and job description had been agreed and funded. And that a business case had also been made for the Clinical Risk Midwife post and had been agreed. We were told the funding for the post would be secured in November 2015.
- The clinical governance meetings for the trust's maternity service met monthly. The minutes of the meeting for July 2015 covered areas such as: The Governance Dashboard, complaints analysis report, lessons learned and action plans, RCA incident action plans, risk register, NICE guidance and action plan, safety alerts, mandatory training updates, trust mortality morbidity updates, falls action plan to address shortfalls and lessons learnt. This showed the service monitored and responded to identified risks.
- Senior staff told us that the monthly clinical governance meetings reviewed and reallocated the severity of the open risks.
- The 'Women and Children's Group Risk Management Strategy' (version 5.1, expiry date March 2017,) had been written as an integral part of the Trust wide Risk Management Strategy and outlined their responsibilities. It set out the commitment of the Women & Children's Group to manage risk and their strategy for achieving this objective. The objectives included 'Support and develop staff to be fully risk aware. Where risk management is imbued within the service culture and is integrated into the working practices of all grades and disciplines of staff' and 'Encourage the open reporting of incidents, within a culture of fair blame and ensures that lessons are learnt from those mistakes and that measures to prevent recurrence are promptly applied.'
- The strategy had been approved by the Children's Services Governance, Obstetrics & Gynaecology Governance, and the Trust Governance & Assurance Committees in February and March 2014.
- The document included the reporting and management of incidents and referred to the trust wide policy, 'Incident Reporting Policy/Procedure.' Staff we spoke with, including the Risk Manager were able to describe the risk management processes and the procedure for reporting and management of incidents.
- On the notice board as a reminder for staff was a copy of Women and Children's Group, process for managing risk.

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- Staff were aware of their responsibility to report incidents. A root cause analysis into serious incidents occurred which provided learning points for staff and this was then used to make improvements in care.

Leadership of service

- Management structures showed clear lines of accountability and staff were aware of their roles and responsibilities.
- All staff told us the Chief Executive communicated well and information was disseminated to them via team meetings, emails, intranet and newsletters and face to face meetings.
- Staff told us their manager was approachable, supportive; teamwork was good and they felt listened to.
- We found managers encouraged staff to participate in on-going learning, professional development and were open to ideas and suggestions for improvement.

Culture within the service

- Staff told us the Chief Executive visited Goole hospital every three months and was available to all staff who wished to speak with her.
- They told us there was an open and supportive culture and were encouraged to report incidents and risks. They told us they were kept up to date with any action taken following an incident or complaint and this included lessons learned.
- They said they were supported by their colleagues and the trust was a good place to work.
- Staff were passionate about their role and motivated in delivering a service which they were proud of.

Public engagement

- We spoke with the Chair of the Northern Lincolnshire, Maternity Service Liaison Committee (MSLC). The MSLC is run by a group of parent representatives who work with midwives, doctors, healthcare professionals and commissioners to guide and influence maternity services at North and North Lincolnshire. The Chair told us the trust were open and honest with the MSLC and part of their role included attending clinical governance meetings and development of maternity guidelines.
- As part of their role the MSLC looked at what was working and what needed to change. We were told meetings took place every two months; meeting minutes for April 2015 showed eight people attended

and included patient representatives, Head of Midwifery & Gynaecology, a Supervisor of Midwives, and a Breastfeeding Support Midwife. Items discussed included: a Tongue-tie referral pathway for breastfed babies; the maternity dashboard figures and steps the service were taking to reduce the stillbirth rate, and perinatal mental health. We saw from the minutes a working group had met (the midwife with lead role for public health was part of this group) to discuss perinatal mental health and were drafting recommendations to the Maternity Partnership Board. These were to be discussed at a subsequent MSLC meeting. This showed the service was proactive in working with the public and people who used the service; with a view to keeping them informed and improving the service.

- The trust also had a 'Quality and Patient Experience committee,' and a 'Patient Experience Strategy.' The committee had carried out an inpatient survey and identified three areas for improvement; these areas were not part of the women's service.

Staff engagement

- Staff reported they had an annual 'Our Stars 2015' awards ceremony for staff of Northern Lincolnshire and Goole NHS Foundation Trust. The most recent one was held on Friday October 2 2015. The event saw nine awards given to dedicated staff and volunteers. One of the awards went to a community midwife, and included a community midwife who saved the life of a man whilst on duty.
- Staff told us they had monthly briefing to keep them up to date with events across the trust; the Chief Executive was also said to be available for staff to meet with them and discuss any issues of concern; they had a 'Blog' sent out emails and keep staff informed. Staff also talked about their monthly team/across site meetings where incidents, learning, training, and changes were discussed. They said they were kept informed.

Innovation, improvement and sustainability

- The midwifery service had bid and successfully secured funding of £36,550 from the Nursing Technology Fund. A national fund, which the Prime Minister established in 2012, to support nurses, midwives and health visitors to make better use of digital technology. With the funding a number of digital pens for community midwives were purchased. The pens would be used to write on specially designed patient notes; the community

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midwife would then place the pen in a docking device, which would upload the information on a computer without the midwife having to spend time re-inputting the data into the computer. Some of the midwives told us they had received the pens in readiness of the system going live at the beginning of November 2015.

- At the Royal College of Midwives award in 2014, the midwifery team was recognised twice for promoting a 'normal birth experience' and was finalists in the 'supervisor of midwives team' category.

Outpatients and diagnostic imaging

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

Information about the service

Goole and District Hospital (GDH) had outpatients, phlebotomy and radiology departments. These were part of clinical support services within the trust. Pathology services, known as 'Path Links' was a directorate in its own right.

The radiology department had two plain film X-ray rooms, one ultrasound room and supported the site's minor injuries unit (MIU). The outpatients department held clinics every week, including ophthalmology, general medicine, cardiology, dermatology, rheumatology, gastroenterology, orthopaedic, urology, immunology and endocrinology. The ophthalmology unit was separate from the main outpatient's area. There was no pathology laboratory service on site. Staff received samples in the pathology reception area and sent them on to the other trust sites for testing. The phlebotomy service held clinics five days a week and provided a service to the inpatient wards.

Between 1 October 2014 and 30 September 2015 the outpatients department at GDH held an average of 319 clinics per month and saw 34,474 patients. Radiology attendance figures at the Goole site during this period was 24,930.

During the inspection, we visited the outpatients, ophthalmology, phlebotomy and radiology departments.

We spoke with five patients and one relative in ophthalmology and five patients and their carers in the

radiology waiting area. We also spoke with 13 staff including one radiologist, the head of radiology, the general manager of pathology, support workers and administrative staff.

We reviewed five patient care records in the ophthalmology clinic to track patient's care. We observed the outpatients, phlebotomy and radiology areas, where we checked equipment and looked at patient information.

Outpatients and diagnostic imaging

Summary of findings

We found the outpatients and diagnostic imaging core service to be 'good' overall. Safe, caring responsive and well-led were rated as 'good'. The effective domain for diagnostic imaging was inspected but not rated.

When we inspected outpatients at this location in April 2014, the service overall was rated as good and the responsive domain was rated as requires improvement. This was because the hospital had a relatively high did not attend (DNA) rate (10%) and levels of cancellations of outpatient appointments (6.6%).

We did not inspect diagnostic imaging at the last inspection; therefore, all five domains were included at this inspection visit.

Following the last inspection, we asked the provider to make improvements. We went back on this inspection to check whether the provider had made these improvements.

We found the DNA rates in outpatients had improved overall but clinic cancellation rates were worse, apart from in ophthalmology.

Patients received harm-free care and treatment in a clean and well-equipped hospital from staff who had received appropriate training. Although radiology was short of medical staff across the trust, this did not affect patient care.

We found patients in ophthalmology outpatients and radiology were happy with the care and treatment they received. They told us staff were kind, caring and compassionate.

Staff were competent and worked to national guidance, which made sure patients received the best care and treatment. Patients were protected from the risk of harm, because policies and procedures were in place to ensure this was managed appropriately.

Patients received follow-up appointments when they should receive them and there were no issues identified with backlogs at the GDH site. Staff told us they liked working at GDH, their managers were supportive and there was good teamwork.

Outpatient, phlebotomy and radiology services offered at GDH met patients' needs and ensured the departments worked effectively and efficiently.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good



At the last inspection in April 2014, we rated outpatients as good for being safe.

During this focussed inspection visit we rated the diagnostic imaging services as 'good' for being safe because;

- Patients received harm-free care and treatment at the GDH site. Staff reported incidents appropriately, incidents were investigated, shared, and lessons learned.
- Cleanliness and hygiene in the departments was good, equipment and the environment we inspected was visibly clean. Cleaning checklists were up to date and staff adhered to the use of personal protective equipment. There was sufficient well-maintained equipment to ensure patients received the treatment they needed in a safe way.
- Staff were aware of the procedures to follow to protect vulnerable adults or those with additional support needs. There were enough nursing and medical staff, with appropriate training in the outpatients and radiology departments to ensure patients received safe care and treatment.
- There were vacancies across the trust for radiologists. However, the department was managing this shortfall and had plans to recruit radiologists from abroad. We found there was no detrimental effect on patients due to the shortage of medical staff in radiology.

Incidents

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- There had been no never events and no serious incidents reported in radiology between August 2014 and July 2015 at the GDH site.

- In the radiology department, all staff were aware of hospital policies and procedures and knew how to report incidents. Staff told us they knew with how to report incidents on the hospital's 'Datix' incident reporting system.
- Between 1 October 2014 and 8 October 2015 10 incidents had been reported in radiology at GDH. Of these, two were appointment errors and two were notes errors. There was also one medication error, one adverse reaction to a drug and one confidential information breach.
- We saw good evidence of learning from incidents. For example, we reviewed the information relating to a recent incident related to the 'triple check' for patient identification. We saw the information had been shared across sites, and was in the team brief and staff newsletter.
- While we were in the department we heard staff asking patients the 'triple check' questions to confirm their identity (name, date of birth and address or other identifier)
- Staff we spoke with confirmed learning from incidents was discussed within the team and at team meetings.
- Staff told us they would escalate any errors on scans; they showed us a form, which staff used to alert other staff about errors, this was scanned onto the system when it was completed.

Cleanliness, infection control and hygiene

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Clinical and non-clinical areas in radiology appeared visibly clean and tidy, with equipment stored appropriately.
- There had been no infection prevention and control incidents reported at this site between 1 October 2014 and 6 October 2015.
- Quality assurance checklists for infection control and health and safety were in place. We reviewed these and saw the daily and weekly checks required were all signed and up to date.
- We saw staff complied with infection prevention and control policies, for example wearing personal

Outpatients and diagnostic imaging

protective equipment and participation in hand hygiene audits. Hand hygiene audits reviewed for June and July 2015 both scored 100%. We observed that staff complied with the bare below the elbows policy.

- We saw sharps containers labelled correctly and toys in the play area and walking aids with stickers attached, these stickers indicated to staff that these items were clean and ready to use.
- We reviewed documents relating to room cleaning inspections and saw these were up to date.
- The trust provided examples of environmental audits at the GDH site, which had scored 98% overall in November 2014.
- Patients we spoke with in the radiology waiting area all told us they were happy with the cleanliness of the department.

Environment and equipment

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- The environment was clean, tidy, uncluttered, spacious and free from trip hazards. The department had two plain film dark rooms and an ultrasound room, which supported the minor injuries unit at the GDH site.
- The reception area and adjacent office space was spacious and appropriate for its purpose.
- The patient waiting area was tidy with sufficient seating for patients visiting the department. There was access to drinks and magazines for patients who were waiting. There were toilet facilities available for patients and a children's play area adjacent to the main waiting area.
- A Medical Device Management and Procurement Policy, dated February 2015, was in place for the trust, this included how the trust managed and procured all medical devices and equipment. This policy documented management and procurement policy responsibilities for all staff trust wide involved with medical devices.
- The trust had a register of equipment and the service reports we reviewed were all up to date.
- The radiology department had two X-ray machines, one of which was less than six years old. The second machine was over 10 years old; however, staff told us this was only used as a backup.

- During the course of our inspection, we observed specialised personal protective equipment was available for use within radiation areas. Staff were seen to be wearing personal radiation dose monitors and these were monitored in accordance with legislation.
- Staff told us they were provided with appropriate protective equipment to undertake their role safely.
- Restricted access areas were locked appropriately and signage clearly indicated if a room was in use. Patient changing facilities were appropriate.

Medicines

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Medicines were managed safely at the GDH site. There was no drugs fridge and medications stored included paracetamol. Medicines were stored in locked drugs cupboards within the department. We reviewed stock lists and check lists and found these were up to date.
- Emergency drug boxes were observed to be sealed.
- Emergency resuscitation equipment for was available in the minor injuries unit; records showed staff checked this daily, including the defibrillator.

Records

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- At the time of inspection, we saw patient personal information and medical records were managed safely and securely.
- The Picture Archiving and Communications System (PACS) and Radiology Information System (RIS) co-ordinator checked all the films and reports from the previous day were in place. PACS is a nationally recognised system used to report and store patient images. This system was available and integrated across the three trust hospitals sites (Goole, Grimsby and Scunthorpe). The PACS system at the trust also linked with the Hull system.
- The service used a combination of paper referrals, from the minor injuries unit and GPs, and electronic referrals.

Outpatients and diagnostic imaging

- The departmental checklist showed that the COSHH risk assessments for substances used in radiology were checked weekly.

Safeguarding

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- The radiology department had safeguarding policies and guidance in place for both children and adults.
- Safeguarding training was mandatory for all staff in the department. According to the trust mandatory training submissions at 23 September 2015, the compliance rate for safeguarding training in the radiology department at GDH was 100% for safeguarding children (levels 1 and 2).
- Safeguarding adults training rates were 100% for general radiology staff and 83% for medical staff. The trust target for training compliance was 95%.
- Staff told us they used the hospital's Datix incident-reporting system for reporting safeguarding concerns.
- Staff we spoke with knew who the trust safeguarding leads were for children and adults. They were aware of their responsibilities regarding safeguarding and knew how to escalate any concerns.
- Staff told us they felt the local line managers were supportive, and said they had no problems escalating concerns.

Mandatory training

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Staff we spoke with confirmed their mandatory training was all up to date, including administrative and support staff. They explained the training was a mixture of e-learning and face-to-face sessions.
- Records reviewed on site confirmed staff training and training records were comprehensive and of a good standard.
- Mandatory training figures submitted by the trust showed overall compliance rates of 82% for information

governance, 87% for equality and diversity, 85% for infection control and 85% for moving and handling. However, these figures were not broken down by hospital site or core service.

- Staff told us they felt well supported in relation to training opportunities, both internal and external. They stated that there were opportunities for professional growth and they were encouraged to further their careers.

Assessing and responding to patient risk

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Policies, procedures and local rules were in place for radiology. In one of the X-ray rooms, we observed that the local rules on display were out of date; staff replaced immediately when we pointed this out to them.
- The manager confirmed the trust had arrangements in place to seek advice from an external Radiology Protection Advisor (RPA) in accordance with relevant legislation. The hospital had a service level agreement (SLA) in place with the RPA at a neighbouring trust. The head of general radiology told us the RPA was easily accessible via bimonthly meetings and telephone. All of the staff we spoke with knew who the RPA was and how to contact them in the event of an incident.
- The manager told us the department had appointed and trained Radiation Protection Supervisors (RPS). Their role was to ensure that equipment safety and quality checks and ionising radiation procedures were performed in accordance with national guidance and local procedures. The head of radiology told us staff liaised with the RPS at the Scunthorpe site when they needed advice.
- We observed that radiation protection information was available in a folder and staff had all signed to confirm they had read it.
- All staff were observed to be wearing body dosimeters (dose meters) on the front of their torso. A radiation dosimeter is a device that measures exposure to ionizing radiation. Staff told us they changed their dosimeters once a month. We saw the dosimeters were in date and had their expiry date on back.

Outpatients and diagnostic imaging

- We reviewed recent reports from RPA inspection visits, IRMER inspections and general X-ray system performance and radiation protection reports. We did not identify any concerns from these.
- We observed diagnostic reference levels (DRLs) were on display in the X-ray rooms. Risk assessments, including COSHH risk assessments, were all up to date.
- Staff described how they would ensure pregnancy tests were performed for patients aged between 12 and 55. We saw pictorial representations were available for people whose first language not English. Staff in the MIU performed the pregnancy tests and the results were scanned onto the RIS. Staff confirmed they would not carry out a scan on a female patient of childbearing age if they were not able to confirm their pregnancy status.
- Imaging requests, which included pregnancy checks, were scanned into the patient's electronic records.
- Systems and processes for the management of deteriorating patients were well established at the GDH site.
- We heard reception staff undertaking appropriate patients identification checks when patients presented in the department. We also heard staff at different stages of the patient journey carrying out the triple check of patient details. Staff carrying out the triple check asked patients to confirm their name, date of birth and address.
- The head of general radiology told us rotational staff completed an induction pack.
- There were three administrative staff at the GDH site, two receptionists, who alternated between reception duties and booking appointments. The third staff member provided PACS and RIS support for the diagnostics and therapeutics IT support team. This member of staff was based at the Goole site and rotated to the Scunthorpe site. They told us they were responsible for ensuring all of the images from the previous days digital scans were on PACS; they escalated any reports that were not recorded to a radiologist.
- One of the medical staff told us they did not like using voice recognition, as it was not always reliable, they felt the radiologists would benefit from more clerical support.
- Staff we spoke with felt staffing levels were good; they told us there were enough staff to meet the care and treatment needs of the patients attending the GDH site in a safe and timely way.
- Patients we spoke with all felt there were enough staff on duty and said the wait times were acceptable. One patient said, "They don't rush you but you're seen on time," another said, "You don't usually have to wait long. If you've got an appointment with the consultant upstairs you are seen on time."

Nursing staffing

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- There were sufficient numbers of appropriately trained and skilled staff to meet patients care and treatment needs in radiology. Radiology did not use any agency staff.
- Three radiographers staffed the radiology department at all times, two radiographers were permanently at Goole and one was rotational from the Scunthorpe site. Staff told us staff from the Scunthorpe site covered for annual leave and sickness.
- Documents submitted by the trust showed there was one band 6 nurse and 1.55 WTE band 5 nurses at the GDH site, plus 3.4 healthcare assistants (HCAs), 2.51 radiographers and a band 3 in radiography.

Medical staffing

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- There were significant numbers of medical staff (radiologist) vacancies across the trust at the time of the inspection. Documents submitted showed the service had 10 WTE radiologist vacancies, 11 radiologists in post and a 0.8 WTE locum consultant radiologist for the three trust sites. Staff we spoke with confirmed there were 10 radiologist vacancies.
- One radiologist we interviewed told us they had retired and come back to work in the department at the GDH site. They told us they reviewed the majority of the general plain film reporting for the whole trust.

Outpatients and diagnostic imaging

- Staff we spoke with told us there were plans to recruit between five and eight radiologists from India; these new recruits were awaiting confirmation from the General Medical Council.
- Staff told us there were problems when the radiologists were on leave, as work had to be outsourced and this had an adverse effect on turnaround times. One radiologist told us, “The problems with recruiting medical staff is trust wide.”
- A radiologist from the Scunthorpe site covered supplementary sessions at GDH. We found the department worked very well and provided a good service for patients. Radiologists had adapted to work under the constraints of the workforce shortage.
- Radiologists provided an on call service from home out of hours.

Major incident awareness and training

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- There was a hospital major incident policy and business continuity plan. Staff we spoke with were aware of their role in these contingency plans should a major incident occur.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

During this focused inspection visit the effective domain for diagnostic imaging services was inspected but not rated. We found:-

- Radiology policies, procedures and audits complied with national regulations and standards. The service monitored radiation exposure, participated in relevant audits and held discrepancy meetings.
- The trust based their radiology policies on nationally recognised guidance such as NICE and Royal College guidelines.
- All patient appointments were within six weeks of their referral. Patient information, such as x-rays and medical records, was readily accessible. Medical records were a mixture of electronic and paper records.

- Staff in radiology received appropriate training and professional development to carry out their roles and there was evidence of good multidisciplinary working.
- The service operated a five-day service, with ultrasound opening on Saturday mornings. Radiologists provided an on-call service outside normal working hours. Patients gave their consent before receiving any care and treatment.

Evidence-based care and treatment

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Policies and procedures were available on the trust intranet. These complied with Radiology Protection Association (RPA) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidance and requirements. These included procedures:-
 - To identify correctly the individual to be exposed to ionising radiation
 - Making enquiries to establish whether female is pregnant or breastfeeding
 - To ensure clinical evaluation of medical exposures
 - To minimise patients receiving accidental unintended dose ionising radiation
- The trust had an annual plan for audits in radiology, this included audits relating to IR(ME)R. Staff told us their next IR(ME)R audit was due to be done in February 2016.
- IRMER trust wide audit on compliance with IRMER report from March 2015 showed ‘significant assurance’ that the guidance relating to ionising radiation regulations were being followed
- Results of this audit showed an improvement in the results for clinical evaluations being present in the notes compared with previous audits. The results from previously audited areas had improved across the trust with compliance of more than 90% at each site; Google compliance had improved from 43% to 100%.
- All patients in this audit had their radiation dose recorded on RIS; this was an improvement from the last audit where this figure was 61%.

Patient outcomes

Outpatients

- Domain not included in this inspection.

Outpatients and diagnostic imaging

Diagnostic Imaging

- Between 1 October 2014 and 30 September 2015, the radiology department saw 24,930 patients at the Goole site. Radiology waiting time data submitted by the trust showed all patients attending the GDH site had been seen within 6 weeks, and all but one had been seen within five weeks. One patient had waited 6 weeks for their appointment in July 2015 and no patients had waited more than 6 weeks.
- The diagnostic department undertook a range of national statutory audits to demonstrate compliance with the radiation regulations. For example, diagnostic imaging had a procedure for the use of diagnostic reference levels (DRLs). We saw that the radiation protection advisor audited DRLs; records reviewed showed compliance was good overall.
- The trust was aware of recommended national reference doses for radiation exposure. Diagnostic reference levels (DRL's) are an aid to optimisation in medical exposure. We observed that DRL exposure checks and local rules were on display.
- The radiologists held regular discrepancy meetings; this showed the department complied with Royal College of Radiology (RCR) Standards.

Competent staff

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Managers told us formal arrangements were in place for induction of new staff and rotating radiographers. Rotating radiographers had their own induction packs and we reviewed these documents. Managers signed off staff induction documents on an ongoing basis. There were bespoke induction packs for different grades of staff.
- Staff told us they were encouraged to undertake continuous professional development and that this was supported within the department. Staff said they were given opportunities to develop their clinical skills and knowledge through training relevant to their role.
- Radiologists had a formal process of appraisal and regular contact with the other trust radiology departments, including telecom meetings every fortnight.

- Staff we spoke with told us their appraisals were up to date. Data submitted by the trust showed 100% of general radiology staff at the GDH site had received their annual performance and development review (PADR) by the 23 September 2015.

Multidisciplinary working

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- We observed good working relationships between radiographers, radiologists, managers and support workers and administrative staff within the department. The department also liaised with the minor injuries unit on a regular basis.
- Support was available from the other two hospital sites (Scunthorpe and Grimsby) and the neighbouring trust. There was a service level agreement in place with the neighbouring trust for radiation protection advisor support and oversight.

Seven-day services

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- The department was open five days a week from 8.30am to 5pm and radiologists provided on call cover from home outside these hours.
- The ultrasound department was open Monday to Friday 8.30am to 5pm and half a day on Saturdays.
- CT radiology on call was outsourced to an external company from 8pm to 7am at the Scunthorpe and Goole sites.

Access to information

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Staff were able to access patient information such as x-rays and medical records appropriately, through electronic and paper records.

Outpatients and diagnostic imaging

- There were integrated PACs and RIS systems across all three sites in radiology. This facilitated reporting from all locations.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Staff had all received training in the Mental Capacity Act and data submitted by the trust showed 100% compliance with this training in radiology at the GDH site.
- Staff we spoke with understood the consent procedures in radiology. They told us if a patient could not identify himself or herself, for whatever reason, the procedure would not proceed.
- Staff explained that consent for procedures was implied, and patients were not required to sign to confirm their consent.
- Staff told us that if a GP referred a patient to the department and there was no clinical history then they would return the referral and request more information.
- For hospital inpatients, staff explained that they would check the patient's wristbands. Referrals from the inpatient wards were electronic.

Are outpatient and diagnostic imaging services caring?

Good



At the last inspection in April 2014, we rated outpatients as 'good' for being caring. Diagnostic imaging was not inspected at the last inspection.

During this focussed inspection visit we rated the service as 'good' for being caring because:-

- Staff in outpatients and radiology demonstrated a good rapport when interacting with patients and relatives. Patients told us all the staff were caring, friendly and helpful.

- Patients and relatives told us staff involved them in their care and treatment and they understood why they were attending the hospital. They said staff provided appropriate emotional support and reassurance when they needed it.

Compassionate care

Outpatients

- We spoke with five patients and one relative in the ophthalmology outpatients waiting area; they all told us the service was very good and they were happy overall.
- Feedback from patients via a recent Healthwatch survey indicated that the ophthalmology unit in Goole provided a, "High quality and much appreciated service in its busy but well maintained facilities at Goole Hospital."
- We saw patient's feedback information from the Friends and Family Test on display in the ophthalmology department's staff room. We noted comments included, "excellent care," "friendly staff," "comfortable."

Diagnostic Imaging

- Patients were cared for respectfully and with empathy; staff respected their dignity. We observed and heard caring and compassionate interactions between staff and patients.. We saw and heard reception staff being caring and courteous when greeting patients at the reception desk.
- We observed radiology staff treated patients with respect; they were courteous to patients and provided them with positive support during their care and treatment in the department.
- We spoke with five patients in the radiology waiting area who all told us they were very happy with the service provided at the hospital. They told us all the staff were caring, friendly and helpful.
- Comments included:-
 - "It's a lovely hospital."
 - "I think it's a good hospital here."
 - "I can't fault them."
 - "I have no complaints; there's nothing that could be improved."
 - "I've been coming here for years; it's spot on."

Understanding and involvement of patients and those close to them

Outpatients

Outpatients and diagnostic imaging

- Patients we spoke with told us they understood why they were attending the hospital and had been involved in discussions about the care and treatment they could have. They confirmed staff had made sure they understood the treatment options available to them.
- However, several of the patients in ophthalmology commented on the long wait times and the fact that patients were not always seen in order of arrival. One relative said, "I don't know what takes so long, we weren't expecting to be this long." One elderly patient said, "I got here at 5 to 8 and I'll be lucky if I get seen before 12." When we asked what their appointment time was they said it was 10am. This showed patients were not always aware of the length of time their procedures might take.
- When we asked staff about this they told us patient's letters informed them there were several procedures to be completed and to be prepared to be in the department for around two hours.

Diagnostic Imaging

- Patients and relatives confirmed that staff involved them in their care and treatment. Patients told us staff listened to them and had informed them of what was happening; they were happy with staff explanations and said staff made them feel comfortable.

Emotional support

Outpatients

- We observed staff speaking with patients in a kind and caring manner.
- Patients in the ophthalmology outpatients waiting area all told us the staff were caring, supportive and friendly. One patient said, "It's absolutely marvellous here. They make you feel so welcome; they're more like friends than nurses."
- We saw staff names and photographs were on display in the reception area, this meant patients could see which staff worked in the department.
- We saw patient information leaflets were available about emotional wellbeing services in the area.

Diagnostic Imaging

- We observed that all staff (radiologists, radiographers and support workers) talked to patients and reassured them during their procedures.

Are outpatient and diagnostic imaging services responsive?

Good



At the last inspection in April 2014, we rated outpatients as 'requires improvement' for being responsive. This was because the hospital had a relatively high did not attend (DNA) rate (10%) and high levels of cancellations of outpatient appointments (6.6%).

During this focussed inspection visit we rated outpatients and diagnostic imaging service as 'good' for being responsive because:-

- The did not attend rates in outpatients had improved overall but clinic cancellation rates were worse, apart from in ophthalmology.
- The trust had systems to ensure the service could meet patients' individual needs, such as those living with dementia, a learning disability or physical disability, or those whose first language was not English.
- The trust had systems to capture, review and take action on concerns and complaints raised within the department, which improved the experience of patients. In the last 12 months, outpatients and radiology at the Goole site did not receive any formal complaints.

Service planning and delivery to meet the needs of local people

Outpatients

- The facilities and premises at GDH were appropriate for the outpatient services delivered there. The department was on the ground floor of the hospital and was easily accessible for patients with mobility problems or physical disabilities.
- Local transport was available for patients that required it and bus times were on display in the hospital entrance. There was also a local 'Goole Medibus' service; this was a door to door service for patients to use when travelling to hospital, doctor and dentists appointment in the area. One patient in the ophthalmology waiting room told us, "They (staff) even book the ambulance for me."

Outpatients and diagnostic imaging

- Staff told us the Scunthorpe site was running extra ophthalmology clinics in the evenings and at weekends to manage their backlog in appointments; they said staff from ophthalmology at the Goole site provided support for these clinics.

Diagnostic Imaging

- The facilities and premises were appropriate for the radiology services delivered there. The department was on the ground floor of the hospital and was easily accessible for patients with mobility problems or physical disabilities.

Access and flow

Outpatients

- Referral to treatment (RTT) performance for non-admitted patients had fallen since April 2013, but had remained above the 95% standard and the England average throughout this period.
- Referral to treatment performance for incomplete pathways had been between 96- 98% since April 2013, above the standard of 92% and the England average.
- All cancer waiting time measures had been consistently higher than the England average since Q1 2013/14. This meant patients waited less than the national average for their appointments.
- We found the 'did not attend' rates had improved slightly overall compared to the last inspection in April 2014, from 10% to 9.3%. Clinic cancellation rates in outpatients had increased overall, from 6.6% at the last inspection to 11% between April and September 2015.
- However, clinic cancellation rates were very low in ophthalmology. Between September 2014 and August 2015, 1.1% of ophthalmology clinic lists were cancelled and 41.4% were reduced or frozen. The 'did not attend' (DNA) rate in ophthalmology for the same period was 7.9%.
- We reviewed the trust's 'Referral to treatment access policy' and found that the trust target for outpatient clinic cancellations was 6% and the trust DNA rate target was 6%.
- Since the last inspection, outpatients had introduced a reminder system using text messages for patients and the ophthalmology department was piloting call reminders, to ensure patients were aware of their appointments. Staff felt the text messages had not had much impact on missed appointments.

- We asked five patients in the ophthalmology waiting room about cancelled appointments. Two patients told us they had never had an appointment cancelled, one patient could not remember and two told us their appointments had been changed once, from one day to the next.
- One patient said, "I'm a regular and I've never had an appointment cancelled in seven years." Another said their appointment was changed from Monday to Tuesday in the same week, "But it wasn't a problem."

Diagnostic Imaging

- Between 1 October 2014 and 30 September 2015 radiology at the GDH site undertook; 649 Computed Tomography (CT) scans; 306 fluoroscopy; 1140 Magnetic Resonance Imaging (MRI) scans; 4399 ultrasound and 14654 X-rays. Staff told us that in September 2015 there were 1460 X-rays, 23 theatre procedures, 425 ultrasounds and 57 DNAs.
- Data provided by the trust showed that between October 2014 and September 2015 0.07% (74) of patients waited more than six weeks for their appointment across the three hospital sites. The three sites had 103,991 radiology appointments in this period.
- Data submitted by the trust showed performance against the eight national and local cancer targets was compliant in six out of the eight categories in July 2015. The two categories which were not compliant were:-
 - 62-day wait urgent GP referral to treatment was 80.42% against the national standard of 85%
 - 62-day wait consultant screening service was 84.62% against the national standard of 90%.
- Staff told us, and data provided by the trust confirmed, that there was no backlog of patients waiting for appointments in radiology at the GDH site. Staff told us that if a patient cancelled then another appointment was allocated straight away, in the next available slot.
- We observed staff working on the appointments system on the computer screen. Staff explained how referrals were received, in either paper or electronic format. They said when the referrals were received, administrative staff allocated patients into appointment slots straight away.
- The radiology department was open five days a week from 0830-1700. Radiologists were on call from home outside these times. Ultrasound was open five days a week plus Saturday mornings.

Outpatients and diagnostic imaging

- Patients in the radiology waiting area told us they did not usually wait long to be seen.

Meeting people's individual needs

Outpatients

- We did not identify any problems with the outpatient's bookings system in at the GDH site. Staff in ophthalmology outpatients explained the booking process to us. They also explained what happened if a clinic was cancelled; the secretaries organised all patients to be rebooked in the next available slots. Ophthalmology staff told us there were, "Very few cancelled clinics at Goole."
- Staff told us the local population was stable and made up of mainly elderly people. They said there were "not many" people where English was not their first language living locally. Staff told us the secretaries organised translation services for these patients if this was required.
- Outpatient services were planned, delivered and coordinated to accommodate patients with complex needs. This included patients living with dementia, learning disabilities or physical disabilities. Staff told us the trust had a lead nurse for dementia.
- Staff told us the patient referral identified those patients that needed extra support at their appointment and this was flagged with clinic staff so they could organise extra support.
- There was good signage in the hospital and in the department.

Diagnostic Imaging

- Staff we spoke with were aware of the procedures when dealing with patients with special needs; they told us patients with learning disabilities or dementia and children would be fast-tracked. We saw a radiographer wearing a child-friendly apron.
- We saw the department had certificates and awards on display for their work with children within the department. There was information about the roles and responsibilities of radiographer's when caring for children on display and supporting information from the Society of Radiographers.

- We asked staff about interpretation services. They told us the system used was booked via Big Word or if the patient needed a translator to be present in person then staff requested this through the patient advice and liaison service (PALS).

Learning from complaints and concerns

Outpatients

- Complaints were handled in line with the trust policy. The trust had not received any formal complaints relating to outpatients at the GDH site between 1 October 2014 and 6 October 2015.
- We saw patient and visitor information leaflets were available for 'How to give us your feedback.' This leaflet explained how to make a comment, compliment or complaint. It gave contact details and opening times for the patient advice and liaison service (PALS) offices and told patients what would happen if they made a complaint.

Diagnostic Imaging

- Complaints were handled in line with the trust policy. The trust had not received any formal complaints relating to radiology at the GDH site between 1 October 2014 and 6 October 2015.

Are outpatient and diagnostic imaging services well-led?

Good



. At the last inspection in April 2014, we rated outpatients as 'good' for being well led. Outpatients was not inspected for the well led domain at this inspection.

During this focussed inspection visit we rated your diagnostic imaging services as 'good' for being well led because:-

- Staff told us they felt supported and could develop to improve their practice. There was an open and supportive culture where incidents and complaints were reported, lessons learned and practice changed.
- The hospital engaged with staff and patients. They gave them opportunities to provide feedback about their experiences of the services. Staff regularly engaged with patients waiting for appointments.

Outpatients and diagnostic imaging

- Staff in radiology told us their managers supported them. They were visible and provided clear leadership. Staff and managers told us there was an open culture and they could express their opinions, which the trust listened to

Vision and strategy for this service

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Diagnostic imaging was part of the clinical support services (CSS), which managed radiology services across the three hospital sites. The head of radiology services was accountable to the associate medical director and associate chief operating officer. Clinical support service also had a business manager and two business support managers.
- Staff we spoke with understood the departmental structure, and who their line manager was.
- We interviewed the management team during the inspection. No significant issues were identified within radiology during the inspection. The managers were aware of the need to recruit more radiologists and this work was ongoing.

Governance, risk management and quality measurement

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Governance arrangements were in place within radiology, which staff were aware of. The clinical support services (CSS) division held monthly governance meetings and business meetings. Radiology held medical exposures committee meetings and radiation protection committee meetings.
- The service held monthly team briefing meetings at the GDH site. Staff told us any changes to risk assessments, policies and procedures were discussed at these meetings.
- Staff confirmed managers gave them feedback about incidents and lessons learned the team meetings. Comments, compliments, complaints, audits and quality improvement were also discussed.

- The hospital had a risk register in place and managers updated this accordingly. Managers were aware of the risks within their departments and were managing them appropriately. None of the risks on the radiology risk register related to the GDH site.
- Staff told us the radiologists gave feedback to the radiographers about the quality of the images. Quality assurance systems and feedback was made via the departmental computer system.
- We reviewed the trust's radiation safety guidance and organisational structure document. This showed the structure for overall radiation safety across all sites, including reporting structures and responsibilities.
- Meetings were held with the Radiation Protection Advisor (RPA) and Radiation Protection Supervisor (RPS), which were recorded. The RPA was based at the local trust and a service level agreement was in place. The RPS was a radiographer based on site.

Leadership of service

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- Staff spoke positively about their local line managers; they said they were supportive and that there was regular contact with them. One member of staff said staff support went, "Right up to chief operating officer."
- Staff told us the radiologists were supportive of the local staff and gave good feedback to the radiographers.
- Staff told us there were good relationships between staff, managers and the associate chief operating officer. However, some staff told us the associate medical director was, "Not visible in radiology."

Culture within the service

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- We found there was good collaborative working between the staff teams at Scunthorpe and GDH; however, these services did not link with the Grimsby site. The head of general radiology told us they managed the Scunthorpe and Grimsby sites.

Outpatients and diagnostic imaging

- Staff we spoke with told us it was a “positive culture” with good teamwork. They said there were no problems escalating any concerns or worries.
- Staff spoke positively about the service they provided for patients. Staff were aware of the importance of providing a quality service with a positive patient experience
- Staff worked well together and there was obvious respect between different staff groups within the department.
- Staff told us morale was good in radiology.

Public engagement

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- The trust did not submit any evidence to demonstrate public engagement in radiology at the GDH site.
- The clinical support services governance meeting minutes from August 2015 stated that the trust’s friends and family test (FFT) meetings had been disbanded.

When we asked the planned care manager about this, they said there was a delay in receiving patient’s FFT feedback and they were hoping to get feedback updated soon.

Staff engagement

Outpatients

- Domain not included in this inspection.

Diagnostic Imaging

- The head of general radiology told us there was a team briefing once a month at the Goole site; the staff in the department confirmed this. The head of general radiology for Scunthorpe and Goole led these meetings.
- Staff were aware of the drop in sessions held by trust executives. Staff told us they knew how to contact senior managers. They said senior managers were approachable and that they would be happy to contact them if they needed to.
- Staff told us staff could easily access information on the intranet.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The trust must seek and act on feedback from patients in radiology in order to evaluate and improve the service.
- The trust must ensure it acts upon its own gap analysis of maternity services to deliver effective management of clinical risk and practice development.
- The hospital must review the rate of cancellations of outpatient appointments and rates of 'did not attend' at Goole and take action to improve these in order to ensure safe and timely care and to meet the trust's own standards of 6%.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The trust did not have effective systems and processes established to assess, monitor and improve the quality and safety of the services provided.</p> <p>The trust must:</p> <ul style="list-style-type: none">• seek and act on feedback from patients in radiology in order to evaluate and improve the service. Reg 17(2)(a)• act upon its own gap analysis of maternity services to deliver effective management of clinical risk and practice development. Reg 17(2)(b)• review the rate of cancellations of outpatient appointments and rates of 'did not attend' at Goole and take action to improve these. Reg 17(2)(a)