

<b>Premises visited:</b>	<b>Date of Visit:</b>	<b>HW Reference:</b>
Goole and District Hospital Woodland Avenue Goole East Riding of Yorkshire DN14 8RX	9 April 2015	2015904
	<b>Duration of visit:</b>	
	2 hours	
	<b>HWERY Representatives:</b>	
	Peter Horrocks Val Longden	

## INTRODUCTION

The Keogh review conducted in 2013, highlighted a number of concerns with the Northern Lincolnshire & Goole Hospital Trust (NLAG) with regard to outliers on mortality indicators and as a result the Trust was placed in special measures by Monitor, the health sector regulator. In July 2014, following delivery of a number of improvements by the Trust, NLAG was brought out of special measures. Following its inspection of the Trust in April 2014, the CQC gave NLAG an overall rating of 'Requires improvement'. Individually, the three hospitals that make up the Trust were given the following ratings:

- Scunthorpe General Hospital - 'Requires improvement'
- Grimsby Diana Princess of Wales Hospital - 'Requires improvement'
- Goole & District Hospital - 'Good'

Subsequent to the inspection, the Trust developed an Action Plan to bring about improvements to the areas identified in the CQC report.

As a result of these reviews, the Trust has been under an intense spotlight, with patients and the public keen to see that action is being taken and improvements are being made. As a means of monitoring progress with these actions, the Trust has expressed an interest to the three local Healthwatch organisations that serve NLAG patients to undertake Enter & View visits, welcoming the independent view that these visits would provide.

HWERY was invited to visit Goole and District Hospital and chose to focus its visit on four key areas of the hospital's activities - Ward 3 (medicine), the Maternity Antenatal Clinic, the Minor Injuries Unit, Ophthalmology Outpatients.

## FIRST IMPRESSIONS

Goole Hospital, purpose built about 30 years ago, is bright, welcoming and strikingly clean. In our visit staff proved to be universally friendly. Signing is to a high standard. Kay Newton and Heather Gallagher (Operational Matrons) gave us generous support throughout our stay.

## WARD 3- MEDICINE

We spoke to the Ward Sister, Lynn King and five of her patients. Currently there are only 15 beds in use on Ward 3; full capacity is 24. However, Sister King is now interviewing to increase staff numbers and reopen the unused beds. The ward does not admit patients directly at present but the possible future functions of the ward are being re-examined and these could include direct admission and a variety of day case functions.

### Findings:

- the skill mix deficiency noted by CQC has now been corrected
- the use of some beds for end-of-life care criticised by CQC has continued but it

was not clear as to the reasons for this, and the ward has given much thought to achieving good quality care for this purpose

- the menu for the ward includes dishes not popular with older patients and, from their point of view, might be seen as offering little choice however the patients questioned did say that what they did have was good and that they had enjoyed their meals.
- ward staff are flexible about varying food intake which may include dishes brought in by carers
- all the patients spoken to praised the care they were receiving on Ward 3 though one patient told us that she had had an unacceptably long wait after making a request for the toilet
- stroke rehabilitation uses the adjacent physiotherapy room
- discharge arrangements can be impeded by shortages of rural home carers, intermediate care beds or residential home places

Ward 3 seems to us to be well led, ready to take on new roles and providing a high quality of care in scrupulously well maintained surroundings

### **MATERNITY- ANTENATAL CLINIC**

We visited the antenatal clinic in the company of Heather Gallagher, Operational Matron. We did not speak with either of the patients we saw in the waiting room as they were supervising their children and unable to leave them to provide feedback in private.

There are two consultant-led clinics each week. The role of the unit is being reviewed taking into account the drive to be able to offer home delivery to more mothers and the availability of midwives.

Findings:

- On visiting the birthing room highlighted by the CQC, we found the room is indeed small and the pool room (previously an attraction for mothers) cannot be used for health and safety reasons. The room is across the hospital, far removed from the rest of maternity activities. If a birthing room is deemed desirable in the future shape of maternity services in Goole it should be re-sited and expanded appropriately.

### **MINOR INJURIES UNIT**

We were shown round the unit by Kathryn Barley and Lorraine Kershaw and spoke to five patients and a companion. Most of the unit is well lit, clean and suitable for purpose. The waiting room appears very small. There is a superfluity of signage at the reception and within the unit which we felt was more misleading than helpful. The nurses' station is more visible on entering the unit and is often mistaken for the reception. The speaking panel between the patient and receptionist is too high for many patients and especially for wheelchairs users. The unit provides a 24-hour service. Very few patients arrive by ambulance. There are moves to make it a nurse-led operation; currently there is full medical cover during the day and early evening but after 8.00pm it is nurse-led using an extended nurse practitioner. Other changes are being driven by CCG requirements. A consequence is that the Unit now takes fewer serious cases than before and refers more elsewhere.

Findings:

- CQC had indicated the need for a qualified paediatric nurse to be available at all times in the unit. This has not been implemented though senior staff have

undertaken training in “Paediatric life support” and “Care of the sick child in an A&E Department”.

- Apart from a temporary lighting failure the children’s area no longer requires the redecoration proposed by CQC
- Patients we spoke to indicated they were pleased with the service they got at the MIU though some wished for a more rapid turnover
- Patients and visitors did express concern, however, to us about parking charges at the hospital and the anxiety caused when stays proved to be longer than expected e.g. a patient waiting to be seen in MIU had paid for 2 hours parking and he was over his time but not in a position to go back to his car.
- Signage is confusing and would benefit from a review
- A more user-friendly alternative to the ‘speaking panel’ should be considered

The Minor Injuries Unit provides a useful service to the people of Goole within its prescribed limitations. There is an encouraging move to review and revise the functions of the Unit in line with current thinking on nurse-led provisions.

### OPHTHALMOLOGY OUTPATIENTS

We spoke to eight patients and two volunteer advisers from the Hull and East Riding Institute for the Blind (HERIB). Our visit was guided by Sister Marie Hutton as we saw the various sectors of activity including waiting areas, examination rooms and the operating theatre. The Goole Ophthalmology Department carries out a wide range of procedures and was praised by the outpatients for its prompt and expert services provided at local level. Outpatient attendance can appear to be prolonged but time is taken up by sequential procedures (drops, visual field tests, etc.) before the actual consultant interview.

Feedback from patients indicated that the Ophthalmology Unit in Goole provides a high quality and much appreciated service in its busy but well maintained facilities at Goole Hospital.

### CONCLUSIONS

We are grateful to all those staff and patients who helped us to gain these impressions of services at Goole Hospital. The quality of the environment, the attitudes of staff, the willingness to re-appraise and update what is done at the hospital all contribute to its strengths. Our visit was short but left us convinced that the hospital has much to contribute to the health of the people of Goole, who in turn seem to hold the hospital in high regard.

Signed on behalf of HWERY Board



Date 30<sup>th</sup> April 2015