

# Aintree University Hospital NHS Foundation Trust

## Inspection report

Longmoor Lane  
Fazakerley  
Liverpool  
Merseyside  
L9 7AL  
Tel: 01515255980  
www.aintreehospital.nhs.uk

Date of inspection visit: 14 May to 20 Jun 2019  
Date of publication: 26/09/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?


Good 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Aintree University NHS Foundation Hospital has a single main hospital site with the provision of private patient services at the Sefton Suite and services at Kenilworth Road in Crosby.

The trust provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit and surgical services as well as diagnostics and outpatient services. In addition to these services the trust provides specialist services for Merseyside, Cheshire, South Lancashire and North Wales.

The trust is part of the Cheshire and Merseyside Major Trauma Centre Collaborative and receives the majority of major trauma cases from the area.

The regulated activities the trust provides include: treatment of disease, disorder and injury, surgical procedures, assessment of medical treatment for persons detained under the Mental Health Act, diagnostics and screening, and services in slimming clinics.

Children may be seen but are usually referred on to the neighbouring children's hospital due to the proximity and specialism

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good  **

## What this trust does

Aintree University Hospital NHS Foundation Trust is a large teaching hospital in Liverpool.

Aintree Hospital is the main site operated by the trust with over 700 inpatient beds serving a population of around 330,000 in North Liverpool, South Sefton and Kirkby. The hospital provides care and treatment for people living in some of the most deprived areas in England.

The hospital provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit, and surgical services. In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology and alcohol services.

The hospital is one of the largest employers locally with more than 4,800 whole time equivalent staff. The trust gained foundation trust status in 2006 and was one of the first hospitals in Merseyside to do so.

The trust has the Sefton Suite - on Aintree Site (Private and NHS funded), which is registered for:

- Acute services

# Summary of findings

- Diagnostic and screening services
- Blood and Transplant services
- Treatment of disease, disorder or injury
- Surgical procedures
- Services in slimming clinics

The Sefton Suite has 16 en-suite rooms and provides private and NHS Health Care for a wide range of treatments for people over 16 years of age

Services are also provided at Kenilworth Road – Crosby (Private and NHS funded), which is registered for:

- Services in Slimming Clinics
- Surgical procedures
- Assessment of medical treatment for persons detained under the Mental Health Act
- Treatment of Disease, disorder or injury
- Blood & Transplant Service
- Diagnostic & Screening Service
- Doctors Treatment Service
- Doctors Consultation Service
- Acute Services

Kenilworth Road diagnostics centre is a private and NHS consultation centre. It offers a range of facilities, services and skills to enable both diagnosis and the opportunity of referral to other specialties.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Aintree University Hospital NHS Foundation Trust was last inspected in October 2017 and was rated as requires improvement overall. We inspected the trust on 14 to 16 May 2019 and 18 to 20 June 2019. We inspected certain services at Aintree hospital based on the level of risk and inspected the well-led aspect of the trust. We looked at medical care and surgery. We did not visit services at the Sefton Suite or at Kenilworth Road.

# Summary of findings

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

We rated the trust as requires improvement for safe, and effective, caring, responsive and well led as good.

We rated well-led at the trust level as good.

We rated the hospital as requires improvement for safe and well led. We rated effective, caring and responsive as good. We rated two of the trust's services at this inspection. In rating the trust, we took into account the current ratings of the services not inspected this time.

The trust was rated as requires improvement for Use of resources.

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website – .

### Are services safe?

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

However,

- Due to sickness and vacancies in the trust there was a high number of bank and agency staff used in some services.
- Information on patient safety was not always timely. Risk assessments were not always being completed in a timely way in some service areas and there were times when patient assessments for the deterioration of patients were not always fully completed or promptly.
- There were areas where patient records were not stored securely.
- There were areas where medication was not securely stored in line with national guidance and trust policy. There were also concerns over the management of procedures for patient group directives.
- There were areas that had equipment that did not always ensure people were kept safe in the services we looked at, and some equipment was overdue for servicing.
- Mandatory and essential training in key skills for some staff was not always up to date.
- There were systems and processes in place to keep people safe from abuse and safeguarding policies were in line with best practice guidance.
- Services controlled infection risk well. They kept equipment and the premises visibly clean.
- The majority of Incidents were reported and investigated in line with national guidance and trust policy. People did receive an apology when something went wrong.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

### Are services effective?

Our rating of effective improved. We rated it as good because:

# Summary of findings

However,

- People's care and treatment was planned and delivered based on national guidance and standards and there was participation in relevant local and national clinical audits to help improve standards of care.
- Staff monitored the effectiveness of care and treatment and used the findings to improve care and achieved good outcomes for patients
- Pain relief was effectively managed.
- There was good multidisciplinary team working throughout services with treatment plans being discussed by a range of healthcare professionals.
- Staff adhered to the Mental Capacity Act 2005 principals and guidance and the completion of capacity assessments had improved when undertaking deprivation of liberty safeguards applications.
- Staff did not always record best interest decisions when making decisions for patients who lacked capacity.
- Not all do not attempt cardiopulmonary resuscitation records had been completed fully and not all had a review date recorded.

## Are services caring?

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

- Feedback from people who used the services and those close to them were positive about the way staff treated people.
- People were treated with respect and kindness during all interactions we observed. People felt supported and said staff cared for them.
- Staff supported people and those close to them to manage their emotional responses to care and treatment. Personal, cultural, social and religious needs were understood.
- People said staff spent time with them and provided information in a way they could understand. Staff responded compassionately when people needed help and support.
- People's privacy and confidentiality was respected.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

However,

- Whilst referral to treatment times were not always being met in some services, access and flow throughout the trust had improved and the number of delayed discharges had improved.
- The trust planned and provided care that met the needs of the local community. It worked with other organisations to plan care.
- Services responded to individual needs and made reasonable adjustments to help patients access services.
- There was a translation service in place and there was access to a psychiatric liaison service when required.
- Although complaints were being responding to a timely way, where required there was not always an action plan to improve standards of care.

# Summary of findings

- There were areas where patients were not always seen in a timely way and were in hospital longer than they needed to be.

## Are services well-led?

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

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers and worked to provide development opportunities for the future of the organisation.
- The trust had a vision and strategy for what it wanted to achieve and staff in services were aware of the vision and strategies in place. These strategies were focussed on sustainability of services aligned with plans within the wider health economy and were monitored regularly.
- Managers across services promoted a positive culture that promoted and valued staff, creating a sense of common purpose based on shared values. The trust was aware there were still challenges and what action was required. Staff apologised when things went wrong. The majority of staff felt respected, supported and valued.
- Services were committed to continually learning and improving services.
- The trust had a systematic and effective approach for identifying and responding to risks across services.
- The trust communicated effectively with patients, the majority of staff, the public, and local organisations. They collaborated with partner organisations to help improve services for patients.
- The trust was committed to improving services by promoting training, research and innovation. They were involved in a number of clinical research studies.

However,

- In one service staff did not always see their senior managers and did not feel listened to by them.
- Processes to ensure that nurses were not working as a registered nurse with a lapsed registration were not always effective.
- Some performance information provided to the board was not always as open and transparent as it could have been.
- The governance systems for the management of patient group directives was not fully effective.

## Ratings tables

The ratings tables in the report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time.

## Outstanding practice

We found examples of outstanding practice in surgical and medical care (including older peoples care).

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

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 29 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

# Summary of findings

## Action we have taken

Due to the nature of some concerns we had following this inspection, we issued actions required by the trust. This meant the trust had to be compliant with the relevant regulation.

We issued requirement notices. Our action related to breaches of one legal requirement in core services at Aintree Hospital

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust continues to take the necessary action to improve its services following this inspection. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

- The Department of Medicine for Older People and Stroke provides patients waiting for community placement or support at home with events and activities to enhance their well-being. Nursing teams had set up the programme and allowed patients to remember special events such as Remembrance Day, Valentine's day, pancake Tuesday and many others. The programme had included tea dances; afternoon tea, musical entertainment and games such as play your cards right and bingo.
- The therapy service delivers a 'Prehab' service. Surgical patients were given the opportunity to improve their own outcomes by optimising their nutritional and physical state prior to major surgery. They work to empower patients and encourage both the patients and their family to make healthy lifestyles changes. Since the implementation of the service length of stay has reduced by 2.4 days.
- The trust described their local geographical region as having had a knife crime epidemic. To this end the trust were working with external agencies to provide both education in venues such as schools and clubs and also to distribute bleeding control packs across the city.
- Patients who had undergone surgery for breast cancer at the trust were offered a pamper session on the morning prior to their discharge.
- Clinicians from Aintree were leading on a falls campaign with other NHS and non NHS bodies, including a local Premier League football club. The aim was to prevent falls which account for 70% of the trauma admissions at the trust.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations.

Medical care (including older people's care)

- The service must ensure that care and treatment is provided in a safe way, through the proper and safe use of medicines. Regulation 12 (2)(g)
- The service must ensure that all observation records to help identify deteriorating patients are fully completed and in a timely way. Regulation 12 (2)(a)

# Summary of findings

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

## Trust-wide

- The trust should review the effective recording of reasons why DBS checks are not required for an individual member of staff within their personal files.
- The trust should consider ways to improve diversity and equality across the trust and at board level.
- The trust should ensure that duty of candour is applied in line with trust policy.
- The trust should review information that is presented to board to make sure it is as open and transparent as it should be.
- The trust should ensure that the management of patient group directives is fully effective.
- The trust should review complaints processes to ensure that all appropriate complaints have actions in place to improve care.

## Medical care (including older people's care)

- The service should ensure that all patients always have access to a call bell .
- The service should review processes to ensure that safety alerts are applied to all areas at all times.
- The service should ensure that all areas have sufficient equipment to carry out basic care risk assessments.
- The service should ensure that risk assessments are completed in a timely way on the medical assessment unit.
- The service should ensure there are enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service should ensure that records are securely stored and maintain patient confidentiality.
- The service should ensure that discussions between staff and patients' spouse, relative, carer or significant other, are clearly recorded in patients notes in relation to mental capacity and best interest decisions.
- The service should be assured that 'do not attempt cardiopulmonary resuscitation orders' are fully completed and documented appropriately.
- The service should ensure that people could always access the service when they needed it and receive the right care promptly.
- The service should ensure that patients are not in hospital longer than they need to be.

## Surgery

- The service should ensure that all staff complete all mandatory training required to carry out their role competently and safely.
- The service should ensure that all equipment and sterile packs for surgery are kept in date for use.
- The service should ensure that all patients have their call bells within reach, especially if they are immobile.
- The service should ensure that all patients receive appropriate care in a timely manner.
- The service should ensure that confidential records are kept secure from unauthorised viewing.



# Summary of findings

- The service should ensure that medications are kept within date and labelled appropriately.
- The service should ensure that there is a robust process to ensure that only staff with a valid professional registration are working in that capacity.
- The service should ensure that there is a failsafe process maintained to make sure that patient group directives are maintained and monitored for patient safety.
- The service should ensure that all fridges are checked appropriately.
- The service should ensure that oxygen cylinders are always kept in suitable containers and not used to prop open doors.
- The service should ensure that all equipment servicing is kept within date.
- The service should ensure that cleaning chemicals are kept locked away safely.
- The service should consider the findings of this report in relation to addressing the alleged culture issues and improving communication with all the team.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. They supported staff to develop their skills and take on more senior roles.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. There were clear strategies which were focussed on sustainability of services aligned with plans within the wider health economy and the vision of the trust. The senior team monitored progress.
- There was an open culture and the trust had recently undergone further cultural assessments. The board were realistic in acknowledging that there were still challenges and were clear around the actions required. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Executives and non-executives made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- Senior leaders operated effective governance processes. Managers were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust had a clear structure for overseeing performance, quality and risk. Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Senior clinicians contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Summary of findings

- There had been significant improvements in the management of safeguarding processes across the trust. Together with improvement in how the trust managed the risk of access and flow across the organisation.
- The trust treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust collected data and analysed it. Managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- The information systems were secure. Data or notifications were consistently submitted to external organisations as required. The trust learned from data security breaches and all staff had access to electronic guidelines.
- The board made sure that it included and communicated effectively with patients, staff, the public, and local organisations. They collaborated with partner organisations to help improve services for patients. There were actions in place to increase learning from patient experience.
- Board members were committed to continually learning and improving services. Since the last inspection there had been improvements in the processes around learning when things went wrong, and a safety-first programme put in place to improve patient care.
- There was a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research including seeking patient views were appropriate.

However:

- There were areas for improvement in relation to the Fit and Proper Persons Requirement as the trust had made the decision that not all executives and non-executive directors required DBS checks and there was a lack of recording in personal files the reason for not undertaking DBS checks.
- Although the trust was meeting statutory requirements for equality and diversity, board members recognised that they had work to do to improve diversity and equality across the trust and at board level.
- Whilst duty of candour was being applied in line with regulatory requirements this was not always in line with trust policy.
- Board papers contained relevant information but not all actions from meetings included a person responsible for taking forward the actions and some actions had been outstanding for a long time. There was also an occasion when information presented to the board was not as open and transparent as it should have been.
- Whilst there were governance processes in place regarding medication this was not as robust as it should have been in relation to the administration of medication under patient group directives.
- Whilst the majority of complaint investigations which identified learning had action plans in place we found that on review there were some that did not have actions in place to help improve care.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Aintree Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Outstanding ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Surgery	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
End of life care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Diagnostic imaging	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
<b>Overall*</b>	Requires improvement ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# University Hospital Aintree

Longmoor Lane  
Fazakerley  
Liverpool  
Merseyside  
L9 7AL  
Tel: 0151 525 5980  
[www.aintreehospitals.nhs.uk](http://www.aintreehospitals.nhs.uk)

## Key facts and figures

Aintree Hospital is the main hospital site for Aintree University NHS Foundation Hospital.

The hospital provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit and surgical services. In addition to these services the trust provides specialist services for Merseyside, Cheshire, South Lancashire and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology and alcohol services.

The hospital receives the majority of major trauma cases from the area.

The regulated activities the trust provides include: treatment of disease, disorder and injury, surgical procedures, assessment of medical treatment for persons detained under the Mental Health Act, diagnostics and screening, and services in slimming clinics.

Children may be seen but are usually referred on to the neighbouring children's hospital due to the proximity and specialism.

We inspected medical care (including older people's care) and surgical services during this inspection. During this inspection we spoke with patients' relatives and staff. We also looked at patient records and prescription charts together with visiting wards and theatres. We also attended relevant meetings

## Summary of services at University Hospital Aintree

**Requires improvement**   

Our rating of services stayed the same. We rated it them as requires improvement because:

- Not all staff were up to date with training in key skills. There were a number of modules where compliance was low, especially for medical staff, and other modules that were below the trust target.
- The maintenance and use of premises and equipment did not always keep people safe. Sterilised equipment for surgical procedures was not always in date and some equipment was out of date for servicing. We also found oxygen cylinders were used to prop open doors and were not in appropriate holders as outlined in guidance.

# Summary of findings

- Staff did not always identify and act quickly upon patients at risk of deterioration. Staff did not always complete modified early warning score charts fully or promptly.
- The service did not always have enough nursing staff and support staff and relied upon bank and agency staff.
- They did not always manage medicines well. Some medications were out of date for manufacturers recommended usage. Governance processes for the management of patient group directives was not always effective.
- People could not always access the service when they needed it and at times had to wait long times for treatment. Although the total number of delayed discharges have improved there were still times when patients were in hospital longer than was needed.
- Staff did not always ensure records were stored securely and not left unattended.
- We were not assured of a robust governance process to ensure that staff members whose professional registration had lapsed were not carrying out registered nursing care.

However,

- Staff understood how to protect patients from abuse and they controlled infection well. The service had enough medical staff. There were safeguarding processes in place across services.
- The service managed patient safety incidents well and lessons learned from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values. Whilst some staff did not always feel valued, the majority of staff felt respected, supported and valued.
- Services engaged well with patients and staff to plan and manage services and all staff were committed to improving services.

# Medical care (including older people's care)

Good  

## Key facts and figures

A range of medical services are provided at Aintree University Hospital including cardiology, nephrology, diabetes, endocrinology, respiratory medicine, stroke care, rheumatology, haematology and acute oncology. There are 526 inpatient beds located across 20 medical wards and units.

Between January 2018 and December 2018, the trust had 33,367 medical care admissions. Emergency admissions accounted for 23,215 (70%), 9,137 (27%) were day case and the remaining 1,015 (3%) were elective.

Admissions for the top three medical specialties were:

- Acute Medicine
- Cardiology
- Clinical Haematology

We inspected the medical department as part of an unannounced inspection (they did not know we were coming) between 14 and 16 May 2019. We made an additional visit as part of the well led inspection on 18 June and we visited the stroke ward I pray doing.

During this inspection we visited the following wards and units;

- Acute Medical Unit
- Ambulatory acute wards (MAB/FAB)
- Acute cardiac care unit
- Ventilation inpatient centre
- Frailty assessment unit
- Endoscopy suite
- Ward 1-Discharge lounge
- Wards 8 and 9-Cardiology
- Ward 10-
- Ward 11-Gastroenterology
- Ward 14 – Renal dialysis
- Ward 15-Nephrology
- Ward 21-Endocrinology
- Wards 22 and 23- Respiratory
- Ward 24-Haematology
- Wards 30 and 32 Care of older people
- Ward 31-Aintree 2 home, a nurse led ward

# Medical care (including older people's care)

- Ward 33 -Stroke unit

We spoke to twenty-one patients and relatives. We also spoke with 60 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, pharmacists, allied health professionals including physiotherapists, occupational therapists, generic therapy assistants, podiatrist, pharmacists, volunteers, domestics, housekeepers and ward clerks.

We observed care and treatment and looked at 19 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data. In addition, we observed a morning bed management/operational meeting, a safety and governance meeting, safety huddles and board rounds.

The service was last rated as requires improvement following the inspection in November and December 2017 with the report published in February 2018. We published a report in March 2018 where we found improvements had been made against a warning notice that had been issued, we found the area still required improvement, so we issued a requirement notice. A focused inspection report was published in April 2019 which was a medical care focused inspection. Medicine was previously rated as requires improvement.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff understood how to protect patients from abuse and they controlled infection well. The service had enough medical staff.
- The service managed patient safety incidents well and lessons learned from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. However, people could not always access the service when they needed it and had to wait long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.
- Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.



# Medical care (including older people's care)

However,

- Not all staff were up to date with training in key skills.
- Whilst the majority of the maintenance and use of premises and equipment kept people safe there were areas that required improvement to ensure people were always kept as safe as possible.
- The service did not always have enough nursing staff and support staff and relied upon bank and agency staff.
- They did not always manage medicines well and staff did not always assess risk to patients and act on them in a timely way.
- Staff did not always ensure records were stored securely.
- Staff did not always identify and act quickly upon patients at risk of deterioration. Staff did not always complete modified early warning score charts fully or promptly.
- Patients could not always access services when required and there were times when patients were still in hospital longer than they needed to be.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always complete and update risk assessments for each patient in a timely way and remove or minimise risks. Staff did not always identify and act quickly upon patients at risk of deterioration. Staff did not always complete modified early warning score charts fully or promptly.
- The service did not have enough substantive and support staff due to vacancies and sickness and therefore relied heavily on support from bank and agency staff to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines. We found an issue with a lack of documentation for procedures and processes for administering medication under patient group directives. We also had concerns with the recording of controlled drugs on some of the wards and drugs that were past their expiry date and not always stored correctly in line with guidance.
- The service did not always make sure that medical staff completed mandatory and essential training in key skills. Compliance levels with some modules were low and there were a number of modules that were below the trust target.
- Whilst the majority of the design, maintenance and use of facilities, premises and equipment kept people safe there were areas that required improvement to ensure people were kept as safe as possible. One ward had a potentially dangerous window blind cord, another ward had an airflow cylinder with an oxygen meter attached and two wards had oxygen cylinders that were not secured safely in line with guidance.
- Staff did not always ensure records were stored securely and easily available to all staff providing care. On two wards there were records where a number of loose pages were not bound within the files. On another two wards patients' notes were not stored securely in locked cabinets. We found a handover sheet in a patient's records which was a concern due to confidential patient information.

However,

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff managed clinical waste well.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment although some were not fully completed.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under the joint advisory group on GI endoscopy.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. In the main they knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health and there had been improvements in the processes.

However,

- For patients who had deprivation of liberty safeguards in place, we found staff discussions between staff and patients' spouse, relative, carer or significant other, around best decisions were not routinely detailed in patients notes. We also found that the services did not always use agreed personalised measures that limited the patients' liberty.

# Medical care (including older people's care)

- We found some shortfalls in the recording of decisions around resuscitation which lacked evidence of a mental capacity assessment having been completed. In addition, four of the records recorded no review or review date.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- People were respected and valued as individuals. Feedback from people who used the services was continually positive about the way staff treated them. We saw and heard of many examples of staff going above and beyond what may be expected of them and staff undertaking kind acts with patients.
- Patients felt really cared for and that they mattered. Staff often went 'the extra mile' to provide care and activities.
- There was a strong person-centred approach to the care provided and staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs which was reflected in how care was delivered.
- Staff had the skill and provided emotional support to patients, families and carers to minimise their distress. This was seen as being as important as the physical care provided. They understood patients' personal, cultural and religious needs.
- Staff were committed to working in partnership with people and empowered them to have a voice. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**  

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. This included those with a learning disability and those living with a cognitive impairment. They coordinated care with other services and providers.
- There was access to communication aids to help patients become partners in their care and treatment. There was also access to translation services and leaflets to inform patients and their families.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service had improved the number of patients who were in hospital longer than was necessary. At the last inspection between 1 April 2016 and 31 March 2017 there had been a total of 4028 delayed discharges. At this inspection between 1 February 2018 and 31 January 2019 there had been 1986 delayed discharges.

# Medical care (including older people's care)

- The service had put in place an integrated discharge team since the last inspection and there was a clear focus on discharge planning.

However,

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national averages. Gastroenterology was considerably below the England average for admitted referral to treatment.
- The average length of time a non-elective patient in geriatric medicine was more than one third longer than the England average.
- The trust was performing worse than the national operational standard for patients receiving their first cancer treatment within 62 days of an urgent referral and for part of 2018/19 was below the England average.
- Due to a seasonal surge of patient admissions, the rate of delayed discharges was deteriorating between January 2019 and March 2019.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. There had been positive changes in leadership and the service took part in performance reviews with actions to continually improve standards.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

## Outstanding practice

We found examples of outstanding practice. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas that require improvement. For more information, see the Areas for improvement section of this report.

# Surgery

Requires improvement  

## Key facts and figures

The surgery core service at Aintree University Hospital provides elective, non-elective and private care and treatment for specialties including major trauma, trauma & orthopaedics, maxilla-facial, ear nose & throat, dermatology, upper gastrointestinal, hepatobiliary, emergency general surgery, breast, vascular surgery, ophthalmology, oral surgery, urology, gastroenterology, alcohol services and private patient services.

The trust is part of the Cheshire and Merseyside Major Trauma Centre Collaborative and receives the majority of major trauma cases from the area.

Surgery services at Aintree hospital consist of four main theatre suites; Main A (which has seven theatres), Main B (which has five theatres), the Elective Care Centre (day case theatres which has four theatres and two treatment rooms) and the Accident and Emergency Department (AED) (which has three theatres). Each suite has a dedicated recovery area.

There are five general surgical wards and other specialist wards which include urology, trauma, head and neck and orthopaedic facilitating pre and post-operative care for patients. There is also a private patient suite which, at the time of our inspection, had both NHS and private surgical patients being cared for there. We inspected the surgical department as part of an unannounced inspection (they did not know we were coming) between 14 and 16 May 2019. We visited six surgical wards, ward 28, ward 29, Surgical Assessment Unit, ward 4, elective surgery, ward 2 major trauma and ward 1. We visited all four theatre suites and a selection of theatres from each theatre suite. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection we spoke with 62 members of surgical staff of all grades including nurses, doctors, anaesthetists, health care assistants, operating department practitioners, matrons, student nurses and student physiotherapists. Further to this we held focus groups during the inspection for groups of staff including junior doctors, theatre nurses and administrative staff.

We looked at 16 sets of patient records and spoke with six patients.

## Summary of this service

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

- Compliance of several mandatory and essential training subjects were well below the trust target.
- There were a number of sterilised equipment for surgical procedures which were in date and some equipment was out of date for servicing.
- We observed that an oxygen cylinder was used to prop open a door and was not in an appropriate holder.
- Some medications were out of date for manufacturers recommended usage.
- We found records left unattended in a patient waiting area.
- We were not assured of a robust governance process to ensure that staff members whose professional registration had lapsed were not carrying out registered nursing care.
- There was not an effective governance system in place for the management of patient group directives for the administration of medicines.

# Surgery

- Several staff felt that there were cultural issues within the department.

However,

- There were robust safeguarding processes in place with access to senior safeguarding staff at all times.
- The service controlled infection risks well. Staff kept themselves, all equipment and all premises clean.
- The service provided care and treatment based on up to date national guidance. The service carried out audits and evaluations to ensure both compliance and the effectiveness of care provision.
- Staff cared for patients and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion.

## Is the service safe?

**Requires improvement** ● ↓

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

- Several areas of mandatory and essential training were well below the trusts target, such as administration of intravenous medication where doctors had 12.5% compliance and nurses had 45.3% compliance. Whilst the compliance rates of mandatory training were improving, the updated intravenous medication data fell far below the trust target for nurses administering medications such as intravenous paracetamol.
- The maintenance and use of facilities, premises and equipment was not consistently organised to minimise risk to patients of potential harm. Not all fridges had been checked appropriately. Some equipment was out of date for servicing and calibration. One oxygen cylinder was not in a suitable holder and we found propping open a door. Rotating fans were on floors in corridors creating a trip hazard.
- Cleaning chemicals were not in locked rooms to protect the public and sterilised equipment packs were not always in date.
- Several patients did not have access to their call bell should they want or need to summon assistance.
- There were two occasions when we observed that patient clinical observations had not been done in a timely way.
- Staff did not ensure that all records were continually stored securely. We found confidential records left unattended in a patient waiting area.
- The service did not use systems and processes to safely prescribe, administer and store medicines. We found issues with medications such as being out of date, not labelled and in an open system.

However,

- There were robust safeguarding processes in place with access to senior safeguarding staff at all times.
- The service controlled infection risks well. Staff kept themselves, all equipment and all premises clean.
- Staff completed appropriate, documented, risk assessments for all patients being cared for in their department.
- The service had a shortage of staff, but they continually managed and moved staff to keep patients safe.
- The service managed safety incidents well. Staff recognised incidents and reported them accordingly.

# Surgery

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on up to date national guidance. The service carried out audits and evaluations to ensure both compliance and the effectiveness of care provision.
- Staff gave and assessed patients, so they received appropriate and sufficient nutrition and hydration to meet their needs and wishes.
- Staff mostly managed pain well. Patients had access to a variety of analgesia should they require it.
- The service achieved good outcomes for patients and benchmarked its outcomes against other comparable services.
- Managers appraised staffs work performance and provided them with support to improve service provision.
- Staff of differing professions worked together with the same aim of providing excellence in care provision.
- Surgical services were available seven days per week, 24 hours per day.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients and their families with compassion. Feedback and observations confirmed that staff treated them well, with kindness and compassion.
- Staff provided emotional support to patients and their relatives to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff interacting positively with patients and those close to them.
- One patient told us that staff made a cake and sang happy birthday to them during their stay on the ward.
- Staff told us they had taken patients with concerns about their surgery on a tour of the department beforehand to help with their anxiety.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services to meet the needs and wishes of its service users. Services were provided to reflect the needs of the local population and the wider geographical area.

# Surgery

- Routine and elective surgical services were available during normal working hours with emergency and pre and post-operative inpatient care being available at all times.
- The service took account of people's individual needs. The service provided additional support and services such as for those with learning disabilities or living with a cognitive impairment. There were leaflets available for patients and translation services.
- Patients could access the services when they mostly needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national scores. Cancelled operations were consistently lower than the England average.
- The service treated complaints and concerns seriously, investigated them and shared the lessons learnt with staff and, if appropriate, made changes to practice to improve patient care provision.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Several staff told us that senior leaders in the division above the clinical business manager were not visible and they did not feel listened to.
- We were told of a culture where some staff did not always feel valued and there was low morale amongst some staff and decreased job satisfaction. Surgical services had seen the highest number of grievances submitted by staff. These were being investigated in accordance with trust policy.
- We found that systems to ensure that a registered nurse did not undertake registered nursing duties with a lapsed registration was not fully effective. We found that there was a nurse with a lapsed registration who had been included on the registered nurse's rota.
- There was not an effective governance system in place for the management of patient group directives for the administration of medicines.
- The service did not engage well with all of its staff. We were told that they did not always feel they were kept up to date regarding key changes within the service.

However:

- The service had a vision for what it wanted to achieve and most of the staff within the service were aware of the trusts vision and values.
- The service used a systematic approach to continually monitor and improve the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with expected and unexpected issues.
- The service collected, analysed, managed and used information well to support all of its activities.
- The service was committed to improving services by learning from when things went well and when they went wrong.

## Outstanding practice

We found examples of outstanding practice. For more information, see the Outstanding practice section of this report.



# Surgery

## Areas for improvement

We found areas that require improvement. For more information, see the Areas for improvement section of this report.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Judith Connor, head of hospital inspection, and a lead inspection manager led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included six inspectors and six specialist advisers.

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