

Royal Liverpool and Broadgreen University Hospitals  
NHS Trust

# Broadgreen Hospital

## Quality Report

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Date of inspection visit: 16 – 17 and 30 March 2016  
Date of publication: 29/07/2016

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



Medical care (including older people's care)

Good



Surgery

Good



Outpatients and diagnostic imaging

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

Broadgreen Hospital is a teaching hospital based in Liverpool and is one of two hospital sites managed by the Royal Liverpool and Broadgreen University Hospitals NHS Trust (the trust). Broadgreen Hospital is the smaller of the two sites operated by the trust and is based on the outskirts of the city centre in Broadgreen, providing care and treatment to patients from across the North West of England, North Wales and the Isle of Man. The hospital is co-located on the same site as a specialist cardiothoracic NHS Trust but they are separate and not part of the same NHS trust service.

Broadgreen Hospital is the smaller of the two sites operated by the trust and has a total of 98 beds, 58 of which are inpatient beds and 40 are reserved for day case procedures. This hospital provides a range of elective general medicine (including elderly care), elective surgery, day case surgery, and, outpatient and diagnostic imaging services.

The trust was inspected previously in November 2013 and December 2013, then again in June and July 2014. These inspections were conducted as part of the initial pilot phases of our new inspection methodology. No ratings were applied and this is the trust's first comprehensive inspection as part of our new methodology.

The announced inspection of Broadgreen Hospital took place on 16 – 17 March 2016. We also undertook an unannounced inspection on 30 March 2016 at Broadgreen Hospital. As part of the unannounced inspection, we looked at medical care wards and surgical care wards.

Overall we rated Broadgreen Hospital as 'Good' across all areas including safe, effective, caring, responsive and well-led. We noted some outstanding practice and innovation.

Our key findings were as follows:

### Cleanliness and infection control

- The trust had infection prevention and control policies in place which were accessible to staff.
- Staff generally followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- All of the areas we visited were found to be visibly clean and tidy. 'I am clean' stickers were used to inform staff at a glance that equipment or furniture had been cleaned and was ready for use.
- Infection prevention and control audits and hand hygiene audits were carried out on a regular basis. These identified good practice and areas for improvement. Key actions were identified to be implemented by staff.
- Between December 2014 and November 2015, the trust reported a total of 42 cases of clostridium difficile, 26 cases of methicillin-susceptible staphylococcus aureus (MSSA) and two cases of methicillin-resistant staphylococcus aureus (MRSA) infections, which meant that the trust did not meet the national standard.

### Nurse staffing

- The trust used recognised and validated tools to determine the required levels of nursing staff.
- There was a sufficient amount of nurses with the appropriate skills to care for patients at the time of the inspection.
- The trust had introduced a red flag system with criteria for staff to raise issues, such as ward staffing. This included a contact number for nurses to call if any situation where, based on professional judgement, patient care was deemed unsafe. The system also had set criteria to aid decision making for the nursing staff, for example a shortfall of more than eight hours or 25% of registered nurse time available.
- Any shortfalls in nurse staffing were generally filled with overtime, bank or agency staff. Matrons attended twice daily staffing huddles to ensure safe levels of nurses on the wards. Staffing was displayed on a live rota using a traffic light system. This included pre-booked staff being allocated to wards as needed.

### Medical staffing

- Medical treatment was delivered by skilled and committed medical staff.

# Summary of findings

- The information we reviewed showed that medical staffing was generally sufficient to meet the needs of patients at the time of the inspection.
- The medical staffing skill mix at the trust was sufficient when compared with the England average. Consultants made up 37% of the medical workforce at the trust which was similar to the England average of 39%. There were more registrar group doctors who made up 41% of the medical workforce compared with the England average of 38%. Of the medical workforce, 18% were made up of junior doctors which was higher than the England average of 15%.
- There were generally low levels of locum use, with substantive staff preferring to work additional hours to fill any gaps in rotas.
- There was a sufficient number of medical staff to support outpatient services. We found that the majority of clinics were covered by consultants and their medical teams.

## Mortality rates

- Mortality and morbidity reviews were held monthly in most services and bi-monthly in outpatients and diagnostic imaging services. Patient records were reviewed to identify any trends or patterns and ensure that any lessons learnt were cascaded to prevent recurrence.
- The Summary Hospital-level Mortality Indicator (SHMI) is a set of data indicators which is used to measure mortality outcomes at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated at the hospital. The risk score is the ratio between the actual and expected number of adverse outcomes. A score of 1 would mean that the number of adverse outcomes is as expected compared to England. A score of over 1 means more adverse (worse) outcomes than expected and a score of less than 1 means less adverse (better) outcomes than expected. Between October 2014 and September 2015 the trust's score was 1.037, which was within the expected range.
- Evidence based pathways were in place for common causes of mortality in the trust using the Advancing Quality programme.

## Nutrition and hydration

- Nutritional risk assessments were completed and updated regularly. This helped identify patients at risk of malnutrition and adapt to any ongoing nutritional or hydration needs.
- Staff in surgical services managed the nutrition and hydration needs of patient's well, both pre and post operatively. Patients were given information in the form of leaflets about their surgery and told how long they would need to fast pre-operatively.
- A coloured tray system and jug systems was in place to highlight which patients needed assistance with eating and drinking. In addition, there were special plates for certain groups of patients with an individual surgical need, such as smaller plates for patients' who needed to eat small amounts frequently.
- Staff consistently completed charts used to record patients' fluid input and output and where appropriate staff escalated any concerns.

We saw several areas of outstanding practice including:

- Ward 2 had a designated nutrition room. This room was used to store all equipment and feeding liquids required for supported nutrition. Resources and training materials were also available in this room and this helped ensure a clear focus on patient's nutritional needs and how staff could help them meet these needs.

However, there were also areas of poor practice where the trust needs to make improvements.

## Importantly, the trust must:

# Summary of findings

## In all areas

- The trust must ensure that fridges used to store medications in all areas are kept at the required temperatures and checks are completed on these fridges as per the trust's own policy.
- Where fridge temperature ranges are recorded outside the recommended minimum or maximum range, steps must be taken to identify if medicines stored in the fridges are fit for use.
- The trust must ensure that medicines, including controlled drugs and intra-venous (IV) fluids, are securely stored in line with legislation.
- The checking of medication, including controlled medication must be carried out consistently as per trust policy.
- The trust must ensure the expiration date of medicines is monitored. Drugs that are past their expiry date must be disposed of promptly.

## In addition the trust should:

### In Medical care

- The service should seek greater patient feedback is obtained so that more details on service delivery and quality of care can be obtained to drive improvement.
- The service should continue to strive to improve communication between health professionals, families and patients.
- The service should continue to make sure that patients are discharged in a timely manner.
- The service should continue to provide clear signage on the wards to help maintain patient privacy and dignity.
- The service should improve compliance with mandatory training.
- The service should review the practice of leaving record trolleys containing patient notes opened or larger records unsecured on the trolleys.
- The service should review the Deprivation of Liberty Safeguards (DoLS) paperwork and the issue of nursing staff transcribing information from the medical notes as part of the assessment application process. The service should ensure information is correctly entered on the application forms and all the relevant information related to the patient has been captured.
- The trust should continue to review its management of patient flow and the issues of outliers to make sure patients are treated on wards suitable to meet their needs.

### In Surgery

- The trust should improve mandatory training rates and the levels of staff trained in resuscitating patients.
- The trust should ensure that all intravenous fluids are stored securely at all times.
- The checking and labelling of medication, including controlled medication should be carried out consistently as per trust policy.
- The trust must ensure that all medications are within their expiry dates and any expired medications must be disposed of promptly and not stored with other medications which have not expired.
- The trust should manage serious complaints in a timelier manner.
- Checking and maintenance of equipment should be robust and clear.
- The trust should ensure that action plans are in place where areas fall below required standards and they should be reviewed as agreed.

### In Outpatients & Diagnostic Imaging

- The trust should ensure staff complete mandatory training when required.
- The trust should monitor patient waiting times following arrival in outpatient departments.
- The trust should take steps to resolve issues for patients attempting to contact outpatient services by telephone.

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

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating

Good



### Why have we given this rating?

Staffing levels were adequate and the trust had systems to monitor and maintain the required levels. Staff knew the types of incidents to report and how to report them. Learning from incidents was shared effectively. Care was delivered in line with national guidance and risk assessment tools were used to determine the acuity of patients in order to guide an appropriate care plan. Audit outcomes were above or similar to national standards. Staff delivered kind and compassionate care to patients who felt well informed and involved in their treatment and had their dignity maintained. High bed occupancy rates had an impact on patient flow. In response, the trust had implemented a 'traffic light system' to address medically optimised patients. Complaints were properly investigated and lessons learnt were shared with staff. All staff knew the trust's vision and values and were informed about the strategy for the service going forward. The vast majority of staff were satisfied with their workplace and felt well equipped and supported in their roles. However, some felt that access to training was made difficult by bed pressures.

### Surgery

Good



Patients were treated in line with best practice by competent and caring staff. The wards and theatres we inspected were visibly clean. Performance in national audits was generally better than or similar to other trusts. Services were planned to meet the needs of the local population, although bed shortages had meant some delays with the availability of surgical beds. Performance in relation to national referral to treatment time (RTT) targets from September 2014 to August 2015 was above the England average for the whole period. The surgical division was well-led, with a vision and strategy aligned with the trust. Staff felt well supported by their managers. Information and learning was shared at regular meetings at all levels. Routine daily checks were carried out although there were some omissions at times and there was some expired medication identified.

# Summary of findings

## Outpatients and diagnostic imaging

**Good**



Policies and procedures were in place for the prevention and control of infection and to keep people safe. Care provided was evidence based and followed national guidance. Staff worked together in a multi-disciplinary environment to meet patients' needs and specialist nurses were available to support patients. Between May 2015 and February 2016 the trust met the national standard for ultrasound waiting times. Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service. Quality and performance were monitored and patients' views were actively sought.

# Broadgreen Hospital

## Detailed findings

### Services we looked at

Medical care (including older people's care); Surgery; Outpatients and diagnostic imaging.

# Detailed findings

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### Detailed findings from this inspection

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## Background to Broadgreen Hospital

Broadgreen Hospital is a teaching hospital based in Liverpool and is one of two hospital sites managed by the Royal Liverpool and Broadgreen University Hospitals NHS Trust (the trust). Broadgreen Hospital is the smaller of the two sites operated by the trust and is based on the outskirts of the city centre in Broadgreen, providing care and treatment to patients from across the North West of England, North Wales and the Isle of Man. The hospital is co-located on the same site as a specialist cardiothoracic NHS Trust but they are separate and not part of the same NHS trust service.

The health of people in Liverpool is generally worse than the England average. Deprivation is significantly higher than average 64.4% (303,377 people) and about 25,335 children (32%) live in poverty. Life expectancy for both men and women is lower than the England average.

Broadgreen Hospital has a total of 98 beds, 58 of which are inpatient beds and 40 are reserved for day case procedures. This hospital provides services including, a range of elective general medicine (including elderly care), elective surgery, day case surgery, and, outpatient and diagnostic imaging services.

## Our inspection team

Our inspection team was led by:

**Chair:** Bill Cunliffe, Secondary care clinician, NHS Newcastle Gateshead CCG and retired Surgeon/Medical Director

**Head of Hospital Inspections:** Ann Ford, Care Quality Commission

**Team Leader:** Simon Regan, Inspection Manager, Care Quality Commission

The team included 10 CQC inspectors, a senior analyst and a variety of specialists including: a director of nursing, a director, a governance specialist, a safeguarding adults and children lead, a senior associate for equality and diversity, a pharmacy inspector, a gastroenterologist, a matron for the complex health and social care directorate, a renal doctor, and infection prevention and control nurse, a lead nurse in the post anaesthetic care unit, a junior doctor and a student nurse. We also used two experts by experience who had experience of using healthcare services.



# Detailed findings

## How we carried out this inspection

The Royal Liverpool and Broadgreen University Hospitals NHS Trust (the trust) was inspected previously in November 2013 and December 2013, then again in June and July 2014. These inspections were conducted as part of the initial pilot phases of our new inspection methodology. No ratings were applied and this is the trust's first comprehensive inspection as part of our new methodology.

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

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

Before our inspection we reviewed a range of information we held about the trust and asked other organisations to share what they knew. These included Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held a listening event for people who had experienced care at either the Royal Liverpool University Hospital or Broadgreen Hospital on 8 March 2016 in

Liverpool. This event was designed to take into account people's views about care and treatment received at the hospital. Some people also shared their experiences by email and telephone.

As part of our inspection, we held focus groups and drop-in sessions with a range of staff in the trust including nurses, trainee doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

The announced inspection of Broadgreen Hospital took place on 16 – 17 March 2016. We also undertook an unannounced inspection on 30 March 2016 at Broadgreen Hospital. As part of the unannounced inspection, we looked at medical care wards and surgical care wards.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment the trust.

## Facts and data about Broadgreen Hospital

Broadgreen Hospital is one of two hospital sites managed by the Royal Liverpool and Broadgreen University Hospitals NHS Trust. There are 896 beds across the trust in total but Broadgreen Hospital is the smaller of the two sites with 98 beds in total, 58 of which are inpatient beds and 40 reserved for day case procedures.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust is one of the largest hospital trusts in the north of England serving more than 465,000 people in Liverpool and the wider North West of England.

The health of people in Liverpool is generally worse than the England average. Deprivation is significantly higher than average 64.4% (303,377 people) and about 25,335 children (32%) live in poverty. Life expectancy for both men and women is lower than the England average.

In 2014/15 there were 94,959 inpatient admissions and 696,003 outpatient attendances across the trust. The trust employs over 6,000 members of staff and the full cost of providing services in 2014/15 was approximately £472 million.

# Detailed findings

## Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	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. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & diagnostic imaging.

# Medical care (including older people's care)

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

## Information about the service

Medical care services at Broadgreen Hospital provide care and treatment for a limited number of medical conditions including dermatology, gerontology and sub-acute stroke rehabilitation.

The trust provides services to a population of 465,000 and between January 2014 and December 2014 had around 44,388 admissions of which 31% were general medicine admissions and 39% were gastroenterology admissions. The Broadgreen site accepted over 2000 patient episodes compared with the 42000 on the Royal site.

We visited Broadgreen Hospital as part of our announced inspection on 16 and 17 March 2016. During our inspection we visited ward 4 (dermatology) and 8 (rehabilitation).

We reviewed the environment and staffing levels and looked at care and medication records. We spoke with eight patients and eleven staff of different grades, including nurses, doctors, therapists, ward managers, matrons, domestics, ward hostesses and senior managers who were responsible for medical services. We also spoke with managers on the Royal Liverpool hospital site who had managerial responsibility for the medical division across both sites.

We received comments from people who contacted us to tell us about their experience, and we reviewed performance information about the service. We observed how care and treatment was provided.

## Summary of findings

We rated medical care services at Broadgreen Hospital as 'Good' overall because;

- Medical care services had systems in place to prevent people from avoidable harm and to report both incidents and near misses. Staff were familiar with and encouraged to use the trust's procedures for reporting incidents.
- Staffing levels were reviewed regularly and processes were in place to ensure that adequate staffing were available to meet the needs of patients on the wards.
- Records were completed appropriately and we were able to follow and track patient care and treatment easily.
- Care was provided in line with national best practice guidelines. There was clear evidence of local and national audit practice within medical services. Outcomes throughout the service were above; or, similar to national average.
- Pain relief was reviewed regularly for efficacy and changes were made, as appropriate, to meet the needs of individual patients.
- Patients at high risk were placed on care pathways and care plans were put in place to ensure they received the right level of care.
- Patients told us staff were caring, kind and respected their wishes. Staff interactions with patients were person-centred.

# Medical care (including older people's care)

- Patients received compassionate care and their privacy and dignity were maintained. People we spoke with during the inspection were complimentary about the staff who cared for them.
- The trust had implemented a number of schemes to help meet people's individual needs, such as a yellow symbol to indicate that a patient was at risk of falls and a tree symbol for people living with dementia.
- People were supported to raise concerns or complaints. Complaints were investigated and lessons learnt were communicated to staff.
- Staff morale was good overall and the medical division leadership were visible and working hard with to engage with staff and work towards resolving the staffing and capacity issues.
- There was a clear governance structure and learning was discussed at key meetings.
- There was a risk register for medical services which was being managed proactively by managers in the different directorates. Staff were aware of key risks and felt informed about key issues affecting the service.

However;

- Bed occupancy rates and discharges had an impact on the flow of patients throughout the hospital due to the demand for medical services. There were occasions on the Broadgreen Hospital site when bed capacity was insufficient to meet patient demand.
- Not all records were kept in locked trolleys or in a locked room to ensure confidentiality.

## Are medical care services safe?

Good



We rated medical care services as 'Good' for Safe because;

- There were systems for reporting actual and near miss incidents across medical services. Staff were familiar with them and encouraged to use the trust's procedures for reporting incidents.
- Records were completed appropriately and we were able to track patient care and treatment easily.
- Staffing levels were reviewed regularly and processes were in place to ensure adequate staffing was available to meet the needs of patients on the wards.
- The wards and areas we visited were well maintained.
- Staff were aware of the need to be open and transparent under the duty of candour regulation.

However;

- Not all records were kept in locked trolleys or in a locked room to ensure confidentiality.
- The service was performing worse than expected for the number of falls with harm but plans were in place to reduce them.
- Staff received mandatory training on a rolling annual programme. Compliance with mandatory training for the medicine division was slightly below the trust's target although there were some individual areas that had fully completed it.

## Incidents

- There were systems for reporting actual and near miss incidents across medical services. Staff were familiar with them and encouraged to use the trust's procedures for reporting incidents. Staff understood their responsibilities to raise concerns and record safety incidents.
- There had been one never event reported between October 2014 and September 2015 in medical services on the larger sister site at the Royal Liverpool University Hospital. Never events are serious, wholly preventable incidents that should not occur if the available preventative measures had been implemented. Staff at the Broadgreen site had been involved in sharing lessons from the incident. From January 2015 to

# Medical care (including older people's care)

December 2015 medical services at the trust reported 18 serious incidents out of a trust wide figure of 50 including 14 slips, trips or falls with harm and six pressure ulcers. Just over a third of all serious incidents occurred in Medicine. It was not possible to disaggregate the data by hospital site.

- All serious incidents were investigated and action had been taken to prevent recurrence. The trust reported 6015 incidents for the division of medicine from January 2015 to December 2015 which were rated as low or moderate harm. This indicated that the service had a positive culture of reporting incidents. Staff told us that, following an incident last year, they had changed the handover to include the recording of the date and time of any falls by patients to ensure that staff were fully aware of their mobility and prevent further recurrence of a fall.
- Learning from incidents was discussed during team meetings, sisters meetings and divisional meetings.
- Staff were aware of the need to be open and transparent under the duty of candour regulation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Multidisciplinary mortality and morbidity reviews were held as part of the wider medical services division had identified key themes, for example delayed discharges. The themes were discussed at the ward managers and team meetings to identify learning for each ward.

## Safety thermometer

- The trust submitted data as part of the NHS Safety Thermometer. The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and 'harm free' care. Performance against the four possible harms; falls, pressure ulcers, catheter acquired urinary tract infections (CAUTI) and blood clots (venous thromboembolism or VTE), was monitored on a monthly basis. From September 2014 to September 2015 there were 22 pressure ulcers reported across all medical care services, 40 falls that resulted in harm and 19 catheter acquired urinary tract infections had occurred during this period. In the period from April 2015 to December ten pressure ulcers had been reported on the medical wards at Broadgreen showing low levels of harm.

- Results of the NHS Safety Thermometer were displayed on each ward we visited. The results related to that individual ward or area.
- Ward managers had actions in place for improvement which had resulted in an improvement in performance against previous months. The service had developed a "falls action plan". Falls champions had been implemented by the falls team to be a resource for staff and patients.

## Cleanliness, infection control and hygiene

- The wards we inspected were visibly clean and organised. All staff we spoke with were aware of, and adhered to, current infection prevention and control guidelines such as the 'bare below the elbow' policy. We observed staff using appropriate hand-washing techniques and protective personal equipment, such as gloves and aprons, whilst delivering care.
- Wards used 'I am clean' stickers to inform colleagues at a glance that equipment or furniture had been cleaned.
- There were sufficient hand washing sinks and hand gels. Hand towels and soap dispensers were adequately stocked.
- Between December 2014 and November 2015, the trust reported a total of 42 cases of clostridium difficile (C.Diff) and 26 cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA). Out of these, 13 clostridium difficile cases were reported on the Broadgreen site in medicine.
- Side rooms were used as isolation rooms for patients identified as at an increased infection control risk. There was clear signage on each room, to ensure staff and visitors were aware of the increased precautions they must take when entering and leaving the room. We observed staff adhering to the necessary precautions to minimise the risk of cross infection.
- Cleaning schedules had been completed and cleaning materials were securely locked away.
- Hand hygiene audits were completed in line with the World Health Organization (WHO) 'five moments of hand hygiene' which describes the key points at which hand hygiene should be completed by health care staff. All wards we visited were compliant in hand hygiene.
- Patients we spoke with on the ward reported that they were happy with the overall cleanliness of the wards and told us that staff always washed their hands before any care or treatment was given.

# Medical care (including older people's care)

- Infection prevention and control audits and hand hygiene audits were carried out on a regular basis on each ward. These identified good practice and areas for improvement. Key actions were identified to be implemented by staff, for example a reminder was sent to staff to ensure there was an extra focus on hand washing before and after patient contact. Compliance levels across the wards were mostly good.
- In the patient-led assessment of the care environment (PLACE) 2015, wards 8 and 4 scored 100% for cleanliness.

## Environment and equipment

- The wards and areas we visited were visibly clean and well maintained.
- In order to maintain the security of patients, visitors were required to use the intercom system outside wards to identify themselves on arrival before they were able to access the ward and staff had access codes.
- There were systems in place to maintain and service equipment. Equipment at the Broadgreen site had been appropriately maintained, and electrical equipment had been portable appliance tested (PAT), including hoists. Equipment we checked included vital sign monitors, infusion pumps, defibrillators, air mattress pumps, manual blood pressure monitor and hoists. All the equipment checked were in-date with PAT testing.
- Resuscitation equipment was available to all the wards we visited. Resuscitation equipment trolleys were locked with tamper seals in place. Emergency drugs were available and within the expiry date. Records indicated that checks of the equipment had been completed on a regular basis.

## Medicines

- We spoke with eight patients and looked at nine sets of records in terms of medication. We found that patients were given their medicines in a timely way, as prescribed, and records were completed appropriately.
- Medicines were appropriately stored, prescribed and administered. Controlled drugs were stored securely and stock recorded appropriately.
- The monitoring of medicine fridge temperatures was completed daily. However, staff only recorded the current temperature and not the minimum and maximum (range) in line with trust policy. All recorded current temperatures were noted to be within the recommended range.

- Ward staff and managers were able to describe how to report serious incidents involving medicines, and we saw examples of how learning from incidents was shared.
- Emergency medicines and equipment were available, and there was a procedure in place to ensure they were fit for use.
- Medicines were stored safely and securely across the trust, including intravenous fluids.
- There was an open culture around the reporting of medicine errors. The medicines safety officer had oversight of incidents across the service and we saw examples of learning from frequent errors being shared across medicine, for example involving insulin.
- The trust used an electronic prescribing and medicines administration (EPMA) system, which had a number of benefits in terms of the safety and quality of services provided for patients.

## Records

- The trust used paper based records to record care and treatment for patients. We looked at nine sets of records. All of them contained entries that were dated; there was evidence that care plans were appropriately completed for patients and there was clear evidence within the records that consent had been obtained when needed. We observed that the records were clear, legible and up to date. Records included fully completed and easily accessible risk assessments in areas such as nutrition, pressure relief and pain management control. This allowed staff to carry out their required clinical activities for patients.
- Wards had lockable patient note trolleys. On the wards we visited we observed that these trolleys containing patient notes were left opened or larger records were left unsecured on the trolleys. This increased the potential for patient confidentiality to be breached.

## Safeguarding

- There was a trust-wide safeguarding policy in place, which was accessible to staff on the intranet and staff knew where to locate a copy if required. The policy covered a range of issues which included domestic abuse, sexual abuse and female genital mutilation.
- Safeguarding procedures were in place and staff knew how to refer a safeguarding issue to protect adults and children from abuse.



# Medical care (including older people's care)

- The trust had a safeguarding team which provided guidance during the day in the week. Staff had access to advice outside of normal working hours and at weekends.
- Safeguarding training formed part of the trust's mandatory training programme. Data provided by the trust showed that there was good compliance with safeguarding training at all levels across medical services trust-wide. Compliance with training for safeguarding adults' level 1 was 93.3% and for safeguarding children level 1 it was 93.3%, which were both above the trust's target of 90%. In addition, safeguarding adults and children level 2 (85%) and level 3 (83.1%) were all above the trust's target of 80%. This information covered medical services trust-wide and we could not disaggregate it specifically for staff at the Broadgreen Hospital.

## Mandatory training

- Staff received mandatory training on a rolling programme in two blocks (clinical core skills and core skills). Clinical core skills included areas such as infection control and prevention for care staff, falls prevention, and, diet and nutrition. Core skills included areas such as safeguarding, health and safety, and fire safety.
- Training data for medical services trust-wide showed that compliance with core skills training was 84.2% at the time of the inspection and 82.9% for clinical core skills. Both were below the trust's target of 95%. This information covered medical services trust-wide and we could not disaggregate it specifically for staff at the Broadgreen Hospital.
- Basic life support (BLS) training was also provided by the trust as part of mandatory training. Data provided by the trust showed that 89.9% of staff across medical care services trust-wide had completed the training at the time of the inspection, which was slightly below the trust's target of 95%. This information covered medical services trust-wide and we could not disaggregate it specifically for staff at the Broadgreen Hospital.

## Assessing and responding to patient risk

- A national early warning score (NEWS) system was used throughout the trust to alert staff if a patient's condition was deteriorating. This was a basic set of observations such as respiratory rate, temperature, blood pressure

and pain score used to alert staff to any changes in a patient's condition. Plans were in place for the safe transfer of patients to the acute site if the patient's condition deteriorated and transfer was required.

- Early warning indicators were regularly checked and assessed. When the scores indicated that medical reviews were required, staff had escalated their concerns. There was a medical emergency outreach team which was used for patients whose early warning score was above a certain level (a score of seven or above). Repeated checks of the early warning scores were documented accurately.
- Upon admission to the wards, staff carried out risk assessments to identify patients at risk of harm
- The falls team were involved in undertaking pro-active ward visits to review patient's assessment and work with staff to increase knowledge, understanding and ownership of the risk reduction strategy for falls.
- Intentional observation rounds were carried out by nurses every two to four hours depending on individual need to assess patient risk on an ongoing basis. These observation rounds helped to ensure that vulnerable patients were provided with regular help and support and ensure early response time to a patient's changing condition.
- The service undertook a modern matron ward round every month where the allocated matron visited the ward area to look at leadership, documentation, patient safety and nutrition and infection control. We were shown copies of the audit carried out immediately prior to our inspection. The ward manager was clearly able to describe the feedback and ongoing actions to improve clear documentation and communication for relatives.
- The service had introduced a "safety passport" for patients who were identified as needing extra support such as being at risk of falls. This document was provided during admission for patients with a seven step approach to patient safety. It included information on key possible risk areas such as advice on the prevention of falls, medicines and pressure sores. The document included contact numbers for patients to contact the trust. This included an urgent patient safety concerns helpline for patients who had urgent concerns about their care.

# Medical care (including older people's care)

## Nursing staffing

- Staffing levels were reviewed every six months using the 'safer nursing care tool' (SNCT). This is an evidence based tool which allows nurses to assess patient acuity and dependency and to determine the recommended number of staff.
- The average percentage of qualified nursing and unqualified nursing shifts filled during January 2016 ranged from 100% to 87% for qualified staff and up to 100% for unqualified staff on the Broadgreen site. The staff fill rate data supplied from the trust which showed the planned verses actual levels of staff on the wards, identified that generally shifts were being covered by the correct number of nursing and non-nursing staff during both day and night shifts at Broadgreen Hospital. The staff fill rate data supplied from the trust which showed the planned verses actual levels of staff on the wards, identified that generally shifts were being covered by the correct number of nursing and non-nursing staff during each shift. However, to ensure the fill rate of staff was adequate, extra healthcare support workers were used on the ward which may impact on the appropriate skill mix of staff and potentially not the correct level of staff on the wards to care for patients.
- On the day of our inspection we found staffing levels met the planned levels. On our unannounced inspection we found that the ward had one trained member of staff short but plans had been put in place to cover the shift. Staff told us the staffing levels had improved compared with the previous two years and managers were supportive to ensure that the wards were staffed correctly. However one member of staff told us the ward could be very heavy and patient relatives had raised concerns that the staff were very busy on the rehabilitation ward and may not always have the time to discuss concerns. Each ward had a planned nurse staffing rota and any shortfalls in staff numbers were reported on a daily basis to senior managers. We reviewed the staffing rotas and found the majority of shifts had been filled in line with the establishment
- Medical wards displayed nurse staffing information on a board at the ward entrance. This included the planned and actual staffing levels. This meant that people who used the services were aware of the available staff and whether staffing levels were in line with the planned requirements.
- Nurse staffing establishment levels across all wards was variable. All wards we visited had vacancies that were being filled by either staff working extra hours or agency staff. There were actions identified to mitigate the risk of shortage of staff on the medical wards, such as a rolling programme of recruitment. The divisional risk register reported concerns about the effect nursing vacancies was having on patient care. Data provided by the trust showed the number of vacancies had reduced but outlined once recruited, although establishment would improve many of the staff could be newly qualified so would require more support and guidance which may impact on patient experience and patient safety.
- Senior managers met daily to discuss staffing and ensure there was adequate cover and skill mix of staff across medical services. Managers informed us that, to ensure patient safety, extra bank health care workers were used to fill the shortfalls and provide assistance to the nursing staff. The trust had introduced ward nursing red flag system with criteria for staff to raise issues re ward staffing. This included a contact number for nurses to call if any situation where, based on professional judgement, patient care was deemed unsafe. The system also had set criteria to aid decision making for the nursing staff for example, a shortfall of more than eight hours or 25 % of registered nurse time available.
- Safety huddles between ward staff took place twice daily. These huddles provided vital information to staff to ensure patients remained safe. The huddles discussed patient conditions, any safeguarding concerns, falls, pressure ulcer care, incidents and any important information about the ward. We observed a nursing handover of patients, from night duty to day duty that included all information needed to continue care safely and appropriately.

## Medical staffing

- Rotas were completed for all medical staff which included out of hours cover for all medical admissions and all medical inpatients across the wards. All medical trainees contributed to this rota. The information we reviewed showed that medical staffing on the medical care wards was appropriate at the time of the inspection.
- A night team was available all week between 9pm and 9am including medical staff and advanced nursing practitioners.



# Medical care (including older people's care)

- Consultant cover was available on call from home between 10pm and 8am.
- The percentage of consultants working in the hospital was 37% which was slightly below (worse) than the England average of 39%. The percentage of registrars was 41% which was higher (better) than the England average of 38%. The percentage of junior doctors was 18% which was higher (better) than the England average of 15%. Middle grade levels were 3% which was lower (worse) than the England average of 9%.
- Junior medical staff were positive about the support they received with clear handovers on dermatology supporting the management of patients.

## Major incident awareness and training

- There were documented major incident plans within medical care areas and these listed key risks that could affect the provision of care and treatment. There were clear instructions for staff to follow in the event of a fire or other major incident.
- Staff were aware of what they would need to do in a major incident and knew how to find the trust policy and access key documents and guidance.
- Staff in medical care services had been involved in major incident simulation exercises.

## Are medical care services effective?

Good



We rated medical care services as 'Good' for Effective because;

- Care and treatment was evidence-based and followed national guidelines.
- There was clear evidence of local and national audit practice and outcomes throughout the service were above; or, similar to national averages.
- Pain relief was reviewed regularly for efficacy and changes were made, as appropriate, to meet the needs of individual patients.
- Risk assessments were carried out for various things including falls, use of bed rails, pressure ulcers and nutrition (Malnutrition Universal Screening Tool or MUST). Patients at high risk were placed on care pathways and care plans were put in place to ensure they received the right level of care.

- Multi-disciplinary working was well established and the service was proactive in its approach to providing seven day services.

However;

- We saw examples of Deprivation of Liberty Safeguards (DoLS) paperwork but the completion and application was variable.
- Therapy services were not yet available seven days a week on the Broadgreen Hospital site for rehabilitation.
- Appraisal rates were low in some areas.

## Evidence-based care and treatment

- Staff provided care to people based on national guidance, such as National Institute for Clinical Excellence (NICE) guidelines, and were aware of recent guidance changes.
- Evidence based pathways were in place for all common causes of mortality in the trust using the Advancing Quality programme. The service monitored adherence with these pathways including monitoring all patients using the National Early Warning Score (NEWS) system. Data provided by the trust showed 97% compliance with the trust's standard for observations of patients.
- There was evidence of regular audit meetings and they were able to demonstrate specific improvements to the quality of care provided for patients. An example of this was the introduction of the frailty pathway.
- The medical services contributed to all the national clinical audits it was eligible to. Clinical audit is a quality improvement process for healthcare practitioners and providers, which aims to enhance the care of patients by systematically reviewing medical practice against explicit criteria, modifying it where necessary.
- Patients had an individualised care plan that was regularly reviewed and updated in all the records we reviewed.
- Patients at high risk were placed on care pathways and care plans were put in place to ensure they received the right level of care. The risk assessments included falls, use of bed rails, pressure ulcers and nutrition (Malnutrition Universal Screening Tool or MUST).
- We reviewed nine patient records and found that care plans contained the necessary information to ensure patients were not at risk and care was managed safely.

# Medical care (including older people's care)

## Pain relief

- Pain relief was reviewed regularly for efficacy and changes were made as appropriate to meet the needs of individual patients.
- We saw that the level of pain patients were in was recorded on early warning scores documentation.
- We did not see any evidence that there were any specialised tools in place to assess pain in those who had a cognitive impairment such as dementia or a learning disability. General pain assessment was carried out on initial admission to the ward and as part of the nursing processes.

## Nutrition and hydration

- A coloured tray and jug system was in place to highlight which patients needed assistance with eating and drinking. Smaller trays were used for patients requiring a special diet.
- Ward housekeepers used mobile electronic devices to capture patient's meal choices. This also incorporated information on specific dietary requirements.
- The majority of patients we spoke with said they were happy with the standard and choice of food available.
- Fluid balance charts were fully completed and records showed that patients had had an assessment of their nutritional needs using the Malnutrition Universal Screening Tool (MUST) and were referred to a dietician where necessary. MUST is a validated nutritional screening tool and is a simple five step tool designed to identify adults at risk of malnutrition and to categorise than as being at low, medium or high risk.

## Patient outcomes

- The service had implemented a specific initiative to improve the detection and the treatment of sepsis. We were provided with the service clinical audit report which demonstrated regular auditing (and reporting back) of services throughout the medical directorate to reduce the associated risks of sepsis.
- The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. This highlighted that the service performed well in the July to September 2015 quarter. The trust scored in the top 80% in all but two of the team centred and patient centred domains. The trust scored in the lower 50% in the three quarters from January 2015 to September 2015 for the provision of speech and language therapy.

- The 2013/14 heart failure audit showed the hospital performed better than the England average for all but one of the indicators (discharge planning).
- In the national diabetes inpatient audit 2013, the service had a mixed performance with 12 positive findings and nine negative findings.
- The readmission rates for the hospital were slightly worse than the England average for all elective procedures. For non-elective procedures in medical services trust-wide, relative risk of readmission was slightly higher for general medicine compared to the England average but slightly lower for cardiology and gerontology. On the Broadgreen Hospital site readmission rates for dermatology were more than twice the national average.

## Competent staff

- Staff told us they were well supported with mandatory training and staff appraisals. However, data provided by the trust showed a mixed response to appraisals. In some areas medical staff had all completed their appraisals, such as respiratory and general medicine. In other areas such as gastroenterology nursing staff had achieved 37% and gerontology nursing staff 75% of staff had received an appraisal in the last twelve months. Data provided by the trust showed that 100% of staff on Ward 8 had received an appraisal. The trust's target completion rate was 95%. Action plans were in place to improve the uptake of appraisals. The use of appraisals is important to ensure that staff have the opportunity to discuss their development needs or support required to help them carry out their job role.
- There were systems in place to ensure staff were enabled to deliver effective care and treatment. Locality managers held the training needs analysis for the locality and were aware of the skills and knowledge required to ensure the staff were able to care for their patients.
- The wider trust management team was in the process of revising its process for identifying training needs across all staff groups. A pilot training needs analysis had been undertaken and further plans were in place to develop the process and ensure that staff identified and received the training and development required to carry out their job role.
- The trust Medical Emergency Team (MET) held current Advanced Life Support certificates to ensure they were

# Medical care (including older people's care)

skilled to manage emergency care appropriately. In addition, there were a further 235 members of staff across medical care services trust-wide who had received immediate life support (ILS) training.

- Each ward had a number of link nurses, these were nurses trained to offer advice and guidance to other staff in infection control, pressure ulcer care, tissue viability and end of life care. There were also lead nurses available in these areas for support and guidance, if required.
- Medical services had an end of life link nurse per ward whose role included raising awareness of end of life processes, and educating and supporting the nursing team.
- Qualified staff told us there were formal systems for clinical supervision. Data provided by the trust confirmed this. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work.
- Staff we spoke with confirmed they had an adequate induction. Newly appointed staff said their inductions had been planned and delivered well. Managers confirmed that there were systems in place to allow staff to work as unqualified staff until the necessary training and induction had been completed.
- Advanced nurse practitioners and senior nurses in a number of directorates and specialities such as gerontology had undertaken training to become non-medical prescribers.

## Multidisciplinary working

- Effective multidisciplinary team (MDT) working was well established on the medical wards and evident from discussions with staff, observations of inspection and reviews of records. There was a joined-up and thorough approach to assessing the range of people's needs and a consistent approach to ensuring assessments were regularly reviewed by all team members and kept up to date.
- MDT meetings took place regularly and were attended by the ward manager, nursing staff and therapy staff such as a physiotherapist and occupational therapist.
- The medical services had recently been awarded regional funding to further develop their virtual MDT

meeting. The MDT covered patients who presented with complex co-morbidities and who presented a diagnostic challenge and so were unsuitable for other specialty MDTs.

- Broadgreen Hospital staff linked into meetings on bed availability which were held up to four times a day on the Royal Liverpool site to determine priorities, capacity and demand for all specialities. These were attended by both senior management staff and senior clinical staff including representatives from the local ambulance trust.
- We observed one handover between nursing and therapy staff. This was effective communication and was well structured.

## Seven-day services

- Consultant cover was available on site from 8am to 9pm seven days per week.
- Diagnostic services were available 24 hours a day, seven days per week
- We found the service had been proactive in the development of seven day services in line with NHS England launching the ten clinical standards in December 2014. The four clinical standards that had been prioritised were: time to first consultant review, access to seven day diagnostic services, and timely 24/7 access to consultant directed interventions and twice daily consultant review.
- Data provided showed the trust was 89% compliant in delivering consultant-led ward reviews over seven days with plans to achieve 100% by end of 2016. The dermatology ward was closed at weekends to allow the majority of patients to carry on their care at home. If a patient was unwell then a bed would be found on another ward although staff told us this was rarely required.
- The trust was proactively engaging with NHS and local partners as well as other acute trusts within Liverpool to develop a patient-centred delivery programme to achieve seven day services across the city. There were links with social services in place to ensure the clinical teams were fully supported seven days per week.
- An MDT was held each Friday to ensure that therapy plans were in place for nursing staff to facilitate over the weekend due to the lack of dedicated rehabilitation therapy cover.

# Medical care (including older people's care)

- Data provided by the trust stated the service was struggling to provide speech and language therapy over seven days but plans were in place to manage the lack of therapy input.
- Pharmacy services were available 24 hours a day seven days per week.

## Access to information

- Trust policies were regularly reviewed and covered most aspects of clinical management practice. These were accessible via the hospital intranet for all staff.
- Staff had access to the information they needed to deliver effective care and treatment to patients in a timely manner including test results, risk assessment and medical and nursing records.
- There were sufficient computers available on the wards we visited which gave staff access to patient and trust wide information.
- Policies and protocols were kept on the hospital's intranet which meant all staff had access to them when required.

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

- Staff had knowledge and understanding of procedures relating to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only done when it is in the best interest of the person and there is no other way to look after them.
- We saw examples of Deprivation of Liberty Safeguards (DoLS) paperwork but the completion and application was variable. Nursing staff described how they transcribed information from the medical notes as part of the assessment and application process. This meant that there may be an increased risk in information not being correctly transferred to the application forms and all the relevant information related to the patient may not have been captured.
- Staff knew the principles of consent and we saw written records that consent had been obtained from patients prior to procedures.
- The majority of staff knew about the key principles of the Mental Capacity Act 2005 (MCA) and how these applied to patient care. Staff understood the application of considering capacity, consent and deprivation of liberty and ensuring adjustments such as access to specialist support, flexible visiting, and carer support

were applied. In two records we found staff had not clearly recorded relative's involvement in the process which may impact on the ability of the service to clearly communicate with patients and their families to provide the best quality of care.

## Are medical care services caring?

Good



We rated medical care services as 'Good' for Caring because:

- Patients told us that staff were caring, kind and respected their wishes. Staff interactions with patients were person-centred.
- Patients were complimentary about the staff who cared for them. They received compassionate care and their privacy and dignity were maintained.
- Patients were involved in their care, and were provided with appropriate emotional support.
- The NHS Friends and Family Test (FFT) showed the majority of patients who responded would recommend the service to their friends or relatives. FFT response rates were in line with the national average.
- Patients felt that all the staff including domestic staff understood their condition and did not make them feel embarrassed.

## Compassionate care

- Staff assisted patients quickly and with patience, showing them respect and protecting their dignity by closing doors and curtains.
- All the patients we spoke with were positive about their care and treatment.
- We saw that the majority of people had access to call bells and staff responded promptly.
- The NHS Friends and Family test (FFT) average response rate for the hospital was 34%, which was similar to the England average of 36%. The FFT asks patients how likely they are to recommend a hospital after treatment. Results showed that performance at ward level is generally good and patients would recommend the medical care services to their friends and relatives. Data provided by the trust showed that, in November, 100% of people would recommend the medical wards.
- In the cancer patient experience survey for inpatient stay 2013/14, the trust performed in the top 20% of

# Medical care (including older people's care)

trusts in England for 10 questions, in the middle 60% for 21 questions and in the bottom 20% for three questions. Areas of good performance included trust in medical staff, staffing levels and quality of communication and response to questions by medical staff. Areas of below average performance included communication to patients and availability of support groups.

- The service consistently performed better than the England average in all four parts of the patient-led assessments of the care environment (PLACE) in 2013, 2014 and 2015. These were cleanliness, food, privacy, dignity and wellbeing and facilities. In the patient-led assessment of the care environment (PLACE) 2015, wards 8 and 4 scored 100% for cleanliness. Ward 8 scored 90% for privacy. We were not provided with the scores for privacy for other wards.
- The trust performed about the same as similar trusts in all areas of the 2014 CQC inpatient survey for all but one question. For the question "did nurses talk about you as if you weren't there" the trust performed better than other trusts.

## Understanding and involvement of patients and those close to them

- Patients had a named nurse and consultant. Patients we spoke with were clear who was looking after them and the name of their consultant.
- Patients said they had been involved in their care and were aware of the discharge plans in place.
- The majority of patients we spoke with said they had received good information about their condition and treatment.
- The gerontology team provided support for older adults and their relatives, specifically around discharge. This meant additional support was available, including signposting to other agencies to involve patients and families in safe discharge from hospital.
- Patients who required extra support to make their needs known had a 'this is me' document in their records. This was completed with the patient and those close to them to ensure it expressed their preferences. We observed the card being used on the wards we visited to help meet the needs of patients.

## Emotional support

- Half of the staff we spoke to said they had sufficient time to spend with patients when they needed support, but other staff felt that recent workloads meant this did not always happen.

- Chaplaincy services were available for patients 24 hours a day, seven days per week.
- Assessments for anxiety and depression were recorded for all patients to recognise if a patient required additional emotional support.
- Nurse specialists would provide specific support for patients, for example the falls and dementia nurses offered additional emotional support for patients and their families.

## Are medical care services responsive?

Good



We rated medical care services as 'Good' for Responsive because;

- The service had a wide range of services in place to meet the needs of its population across a large geographical area
- Medical services referral to treatment time (RTT) performance for patients to be treated within 18 weeks for all specialities was above the England average between April 2015 to October 2015. The trust had achieved 100% for dermatology and gerontology.
- The trust had implemented a number of schemes to help meet people's individual needs, including patients living with a learning disability, or a cognitive impairment, such as dementia.
- People were supported to raise concerns or complaints. Complaints were investigated and lessons learnt were communicated to staff.

However;

- There were occasions when bed capacity was insufficient to meet patient demand.
- Between January 2015 and December 2015, bed occupancy rates for medical services at Broadgreen Hospital reached 100%, although this was infrequent. Evidence has shown that when bed occupancy rises above 85% then it can start to affect the quality of care to patients and the orderly running of the hospital.



# Medical care (including older people's care)

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

- We found the service had a wide range of services in place to meet the needs of its population across a large geographical area. It was noted the service had worked within its commissioning arrangements to streamline some services and make best use of resources.
- The medical service had worked with its partners in Merseyside to introduce the frailty unit and pathway to support frail older people with complex needs in the most appropriate setting either in the acute or community setting. The plan involved partnership working with other agencies to ensure patients were quickly seen and safely discharged. The plan highlighted the actions and responsibilities to be taken to ensure continuity of services.

## Access and flow

- The trust had a patient flow and escalation policy that was being followed to ensure patient care and treatment was not affected and meetings were held several times a day to discuss patient flow and bed availability throughout the hospital. We observed a bed flow meeting which was well run and proactively trying to manage bed flow in the trust. There was a patient flow team (discharge team) consisting of bed managers, discharge facilitators, night managers, and social services to facilitate discharges from hospital. The patient flow management team aimed to place each patient in the appropriate bed for their problem or, when this was not possible, ensure they were looked after by the right consultant. At the end of every shift they checked to see which beds were available and moved patients as required.
- At the time of the inspection, 168 patients were ready for discharge; of which, 39 were due to NHS community, 60 related to social care assessment and place of care. However, for 69 of those, the trust held primary responsibility for the delay. On the Broadgreen Hospital site we found that delayed discharges were also an issue with approximately five percent of patients medically fit for discharge.
- Between January 2015 and December 2015, bed occupancy rates for medical services at Broadgreen Hospital reached 100% above the national benchmark of 85%. This meant there were more patients needing

medical beds than they actually had. Evidence has shown that when bed occupancy rises above 85% then it can start to affect the quality of care to patients and the orderly running of the hospital.

- Medical services referral to treatment time (RTT) performance for patients to be treated within 18 weeks for all specialities was above the England average between April 2015 to October 2015. The trust had achieved 100% for dermatology and gerontology.
- There was a focus on discharge planning for patients on all wards we visited. Staff discussed discharges at daily board rounds and bed management meetings. Once patients were discharged, discharge summaries were provided to patients and sent to their general practitioner.
- Between September 2014 and August 2015, hospital episode statistics (HES) showed that the average length of stay for elective medicine at Broadgreen Hospital was more than three times higher than the national average for dermatology. (The overall trust average was 10.8 days compared to the England average of 3.8 days). For non-elective medicine the rates were variable with a slightly worse length of stay for rehabilitation of 24 days compared with the England average of 28 days. Dermatology length of stay was eight days compared with the England average of 5.9 days.
- Data provided by the trust showed that on the Broadgreen Hospital site patients did not have a ward move after midnight.

## Meeting people's individual needs

- The service used a yellow symbol to indicate when a patient was at risk of falls. These symbols were placed on the bedside board of the patient, and displayed on the hospital smart board to alert staff of the risk and ensure appropriate care was given. All staff we spoke with were able to explain the symbol's use, and from the smart board, could see at a glance how many patients were at risk of falls.
- The trust had implemented a scheme, where a discreet tree symbol was used as a visual reminder to staff of patients who were living with cognitive impairment. Nursing assessments identified patients living with dementia or learning disabilities and care was provided to meet their needs. Staff could give

# Medical care (including older people's care)

examples of how they had supported patients living with learning difficulties. These ensured patients received appropriate care, reduced the stress for patients, and increased patient safety.

- The service used a health passport document for patients with learning disabilities. Patient passports provided information about the person's preferences, medical history, and support needs.
- Translation services and interpreters were available to support patients whose first language was not English. Staff confirmed they knew how to access these services. This service was available seven days a week, 24 hours a day. Patient information was available upon request in various different languages
- We saw that nursing and therapy staff liaised with other agencies, families and carers to maintain routines and support patients in vulnerable circumstances.
- Leaflets were available for patients about services and the care they were receiving. Staff knew how to access copies in an accessible format, for people living with dementia or learning disabilities, and in braille for patients who had a visual impairment.
- "Diabetic boxes" were available on all wards to respond to patients experiencing deterioration in their condition. A diabetic menu was also available for inpatients, and there was a range of patient information specific to diabetes.
- Throughout our visit we found that orientation around the ward areas was not easy. There was no clear signage to help confused patients identify their individual bays Toilet signs were not compliant with dementia friendly guidelines.
- Staff treated patients in a discreet and dignified manner. Suitable arrangements were in place for single sex accommodation, with separate male and female bays on wards. However, we found the limited space and the design of the ward meant that it was hard to maintain privacy and dignity for example female patients may have to walk past male patients to use washing and toilet facilities. The Broadgreen Hospital site had no reported mixed sex breach in the twelve month period prior to our inspection.
- A comprehensive Spiritual Care Service operated 24 hours a day, seven days a week, for patients (and staff) on both the Royal Liverpool and Broadgreen Hospital sites. The department of Spiritual Care was managed through the Division of Medicine by the Divisional

Director of Operations. There was also a team of volunteers supporting both the Roman Catholic and Anglican chaplains in order to ensure all inpatients could have access to spiritual care whilst an inpatient.

- Staff confirmed patients had access to both psychiatric and counselling services for patients as and when required.
- A checklist had been introduced when patients transferred to a ward to ensure that all their individual needs were met.
- We found that lots of information was freely available for patients with dermatology conditions. Individual weekend plans were in place on the dermatology wards as the ward closed at weekend and patients were able to carry out their treatments at home.

## Learning from complaints and concerns

- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint effectively. Managers discussed information about complaints during staff meetings to facilitate learning.
- Patients and those close to them told us they knew how to make a complaint or raise a concern if they needed to. 'Patient information' leaflets were available on all the wards we visited explaining the complaints procedure and how to access the Patient Advice and Liaison Service (PALS). The leaflets included information written in a number of different languages in terms of how to request information in alternative formats.
- The service recorded complaints on the trust-wide system. Data showed there had been 103 complaints in the year 2105 raised related to medical services compared with the trust total of 419. Two complaints had been raised in the last twelve months for ward 8. The highest proportion of complaints was regarding communication with staff members or aspects of clinical treatment such as delays in treatment or discharge. In response to a complaint from a patient's relative about mouth care plans had been put in place to ensure that all patients had identified mouth care plans which were reviewed regularly.
- Wards also displayed the compliments they received on information boards.

## Are medical care services well-led?

# Medical care (including older people's care)

Good



We rated medical care services as 'Good' for Well-led because;

- All staff we spoke with knew the trust vision and were aware of the strategy for the medical division. There was a clear governance structure and learning was discussed at key meetings.
- There was a risk register for medical services which was being managed proactively by managers in the different directorates. Staff were aware of key risks and felt informed about key issues affecting the service such as staffing and the new building.
- The majority of staff said they felt supported and said that, despite the demand issues over the last six months; the staff felt managers had tried to manage the situation and were aware of the issues in the medical division.
- The service was proactive in promoting research and innovation and there was a culture of striving to improve service delivery.

## Vision and strategy for this service

- The trust's vision was "to deliver the highest quality of healthcare driven by world class research for the health and wellbeing of the population." Staff at all levels within medical services were able to tell us about the trust values. The trust's objectives were based on this vision and set strategic goals, which were cascaded down to the service and individual objectives for staff. The vision for the trust was displayed around the hospital for patients, visitors and staff.
- Medical care services had produced their own strategy in line with the trust vision and had plans in place which identified challenges and objectives, for example to complete staff recruitment and manage patient flow. The divisional strategy had been launched at an away day in February 2016 and a monthly update was written by the Medical Chief of Service.

## Governance, risk management and quality measurement

There was a clear governance structure, and meetings were held on a monthly basis to discuss service performance. Monthly performance reports (dashboards) were produced at directorate and divisional level. The

service used the performance dashboard to measure key quality indicators in terms of meeting standards. Improvements in performance were ongoing and the managers of the service were clear of the work needed to improve performance. Three monthly directorate reviews were carried out by the division managers.

- We reviewed the division of medicine dashboard report for January 2016 which indicated quality indicators for the wards were 93% which was above the internal target of 90% set by the division.
- The medical division used a risk register to monitor risks, and mitigation actions were recorded with progress and review dates. Items on the register reflected those highlighted by the senior staff. For example, staffing levels across the service was identified as a risk and an action plan including a recruitment drive was on going to address the issues. Senior staff knew there was a risk register and ward managers were able to tell us what the key risks were for their area of responsibility.
- Staff were able to tell us how their ward performance was monitored through the "perfect ward" meetings and regular ward sister and matrons meetings. We saw copies of the monthly Nursing Quality Indicator (NQI) audits which were comprehensive and covered a range of areas such as infection prevention control, falls prevention and record keeping.
- We reviewed the RCA reports for the most recent serious incident. This was comprehensive and had clear outcomes and action plans for learning from the incident. Staff confirmed that lessons had been learnt from the incident.
- The monitoring of complaints, incidents, audits and quality improvement projects were raised at board level. Within the trust monthly key performance indicators were collected for the executive board and for the clinical commissioning group's quality accounts. One of the ward quality indicators was the use of the dementia support pack.

## Leadership of service

- Staff reported there was clear leadership from managers at all levels. Staff could explain the leadership structure within the trust and within medical services.
- The majority of nursing staff spoke positively of the ward managers and matrons, and told us that they received good support.



# Medical care (including older people's care)

- We observed ward managers and matrons present on the wards and interactions were positive and supportive.
- In the 2015 national staff survey, staff scored being supported by their managers out of five. This score was 3.67 which was in line with the national average of 3.66.
- Doctors told us senior medical staff were accessible and responsive and they received good leadership and support.
- Although the wards were busy, morale was good and staff felt the leaders were visible and were working hard to address the issues.

## Culture within the service

- Staff said they felt supported and able to speak up if they had concerns. They said there had been challenges with staffing and capacity but felt things were improving and staffing levels had improved. Staff felt part of the wider trust and did not feel isolated from the larger Royal Hospital site.
- Staff said they felt supported and able to speak up if they had concerns. They said that staff were busy but morale was good. We noted that the national staff survey showed that staff motivation at work had reduced compared with the previous survey to 3.73 compared with the national figure of 3.85.

## Public engagement

- Trust board meeting minutes and papers were available to the public online which helped them understand more about the hospital and how it was performing.
- The hospital participated in the NHS Friends and Family test giving people who used services the opportunity to provide feedback about care and treatment. The friends and family test showed the majority of medical wards scored over 95% of patients who would recommend the hospital to friends or a relative. However the response rate was very low and the numbers were not sufficient to seek detailed information about the service.
- Carer questionnaires were provided within information packs. These were also supported with telephone surveys providing individual patient feedback.
- The service was working with the local voluntary groups as part of Down's syndrome awareness week and was also planning events as part of dementia awareness.

## Staff engagement

- The Director of Nursing held 'cake, coffee and chat' meetings on a monthly basis for nursing and allied health professional staff to discuss any issues, ideas or concerns.
- Staff participated in the national staff survey. This included how staff felt about the organisation and their personal development.
- Results of the 2015 NHS Staff Survey showed the trust scored higher than the national average for acute trusts for staff recommending the organisation as a place to work or receive treatment, for staff satisfaction with the quality of work and patient care they are able to deliver and for effective team working. However, the trust scored lower than the national average for staff motivation at work. This information was trust-wide and not specific to Broadgreen Hospital.
- Staff we spoke with felt they were equipped for their role and had clear roles and responsibilities.
- Staff told us they were well supported with mandatory training, clinical supervision and staff appraisals. However some staff told us it had been difficult to get time to complete training recently due to the pressure on staffing.
- The intranet hosted a newsletter to ensure that staff were aware of the current priorities and what was happening within the trust.

## Innovation, improvement and sustainability

- An analysis of the 2015 staff survey results showed 74% of staff at the trust, who responded, felt they were able to make suggestions to improve the work of their team or department. This was better than the national average of 70%.
- The staff at Broadgreen Hospital had been involved in the introduction of the frailty pathway with partner organisations integrated working collaborative.
- The trust had also been shortlisted nationally for awards relating to sepsis with the Patient Safety Congress and a nationally recognised external nursing award.
- The service was closely involved with the development of the new building and was looking to review its patient pathways as part of the transition to the new building to review how Broadgreen site was utilised.
- The service had a research lead in each division to drive improvements and there were a number of joint posts with the local academic institution.

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

## Information about the service

Broadgreen Hospital is one of two sites operated by the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Broadgreen Hospital is by far the smaller site, which houses 57 surgical beds. The hospital provides a range of elective surgical services across different specialities including, orthopaedics, urology, general surgery and ENT (ear, nose and throat).

There is an eight suite theatre complex with four theatres in a 'barn style' suite.

Hospital episode statistics (HES) data showed that 3,240 patients were admitted to Broadgreen Hospital for surgery between March 2015 and February 2016.

As part of our inspection, we visited theatres and surgical wards including pre-operative and post-operative areas.

In total, we spoke with three patients / carers. We observed care and treatment and looked at care records for five patients. We also spoke to 14 members of staff from a range of different grades including surgeons, anaesthetists, nurses, ward managers, receptionists, matrons and theatre staff.

We received comments from our listening event and from people who contacted us to tell us about their experiences. We reviewed performance information about the trust.

## Summary of findings

We found that surgical services at Broadgreen Hospital were 'Good' overall because;

- There was a good reporting culture of incidents throughout the surgical division. Lessons were shared and learned at ward meetings and displayed in ward and theatre areas.
- There were processes in place to ensure sufficient numbers of trained nursing, surgical and support staff in ward areas and theatres, to provide safe care and treatment.
- The wards and theatres we inspected were visibly clean and staff were observed following hand hygiene guidance.
- Care and treatment was provided in line with best practice and national guidelines with regular audits both locally and nationally.
- Performance in national audits was generally better than or similar to other trusts.
- Patients were cared for by competent staff as part of multi-disciplinary teams. Staff sought consent from patients before delivering any care and treatment.
- Patients were treated with dignity, respect and compassion and involved those close to them in a way that they understood.
- Services were planned to meet the needs of the local population, however; when responding to complaints, there were delays in managing more serious issues that were raised.

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- Performance in relation to national referral to treatment time (RTT) targets averaged 90% trust-wide from September 2014 to August 2015, which was above the England average for the whole period.
- The surgical division was well- led with a vision and strategy aligned with the trust. Staff felt well supported by their managers. Information was shared and learned at regular meetings at all levels.
- A governance framework was in place and risks were identified in a register that was regularly monitored and reviewed.
- Staff were positive about their managers and felt they could approach them to raise any concerns. They told us they were supported by managers and they felt part of the trust.

However;

- Out of date medication was found on one ward.
- Intra-venous fluids were being stored in a corridor within the theatre complex rather than in a locked area.
- The average length of stay was higher (worse) than the England average for planned surgery.

## Are surgery services safe?

Good



We rated surgery as 'Good for Safe because;

- There was a good reporting culture of incidents throughout the surgical division. Lessons were shared and learned at ward meetings and displayed in ward and theatre areas.
- There were processes in place to ensure sufficient numbers of trained nursing, surgical and support staff in ward areas and theatres, to provide safe care and treatment.
- The trust collected and displayed NHS safety thermometer data showing performance within expected ranges.
- The wards and theatres we inspected were visibly clean and staff were observed following hand hygiene guidance.
- Nursing and surgical staffing were adequate to meet the needs of the patients.
- There were maintenance schedules in place.
- The surgical division responded to patient risk as needed.

However;

- There were some omissions in daily checks, including in the reconciliation of medicines.

## Incidents

- The trust used an electronic system to record incidents. Staff could describe the process for reporting incidents and felt confident in doing so. Staff could request feedback from incidents and they were discussed in weekly meetings across the trust to share and learn lessons from incidents.
- Staff were aware of the types of incident they should report and were able to give us examples such as pressure ulcers and patient falls.
- There had been no never events (serious, wholly preventable safety incidents that should not occur if the available preventative measures are in place) reported for the hospital.
- There were 13 serious incidents reported between February 2015 and February 2016, which included five pressure ulcers (four grade three and one grade four)

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and three falls that caused harm. We reviewed a sample of investigation reports which showed that actions had been identified and put in place to prevent recurrence. Actions taken following incidents were recorded on the trust's electronic reporting system and lessons learnt were shared at ward meetings. There were also examples of learning displayed on the ward 'quality boards' at the time of the inspection. There were a total of 422 incidents reported for the surgical division between September 2014 and December 2015, most of which were graded as low or very low.

- Mortality and Morbidity reviews were held monthly. Patient records were reviewed to identify any trends or patterns and ensure that any lessons learnt were cascaded to prevent recurrence.
- Staff were familiar with the term 'duty of candour' (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person). A trust-wide audit of duty of candour was reported in July 2015. It included the review of sets of case notes from 17 surgical patients. However, evidence of verbal communication to alert patients to the error was documented in only nine of the records audited.

## Safety thermometer

- The NHS safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and 'harm free' care. Performance against the four possible harms; falls, pressure ulcers, catheter acquired urinary tract infections (CAUTI) and blood clots (venous thromboembolism or VTE), was monitored on a monthly basis.
- For the surgical division, trust-wide there were ten pressure ulcers, 12 falls and one CAUTI reported between September 2014 and September 2015 which was within the expected range. However, the data was for surgical services trust-wide and not specifically for Broadgreen Hospital.
- The trust completed assessments for venous thromboembolism (VTE) Between April 2015 and January 2016. However, the trust only achieved their target of 95% in three of the ten months (April, June and July). Then for the remaining seven months, performance varied between a low of 89.9% compliance and a high of 94.2%.

## Cleanliness, infection control and hygiene

- All areas that we inspected were visibly clean.
- Patients awaiting surgery were screened for infections, such as methicillin-resistant staphylococcus aureus (MRSA), during pre-operative assessments.
- There were no cases of MRSA reported in the six months prior to the inspection. However, from April 2015 to January 2016, there were seven instances of clostridium difficile (c.diff) infections. In addition, from June 2015 to December 2015, the trust's incident reporting system showed there were five incidents of Glutamate Dehydrogenase (GDH) Toxin B, one incident of Methicillin Susceptible Staphylococcus Aureus (MSSA), one incident of Carbapenemase Producing Enterobacteriaceae (CPE) and one for Escherichia coli (E. Coli).
- There were sufficient hand washing sinks and hand gels. Hand towels and soap dispensers were adequately stocked in all areas.
- There were hand gel dispensers in all areas. Cleaning schedules were in place and personal protective equipment (PPE) was available outside ward bays and side rooms.
- Staff were aware of, and adhered to, current infection prevention and control guidelines such as the 'bare below the elbow' policy. We observed staff using appropriate hand-washing techniques and PPE, such as gloves and aprons, whilst delivering care.
- Staff followed the correct dress code and gowning procedures in theatre areas.
- A range of cleanliness and infection control audits were undertaken across surgical services. These included audits of PPE, the environment, isolation, hand hygiene, sharps, waste, linen and patient – led assessment of the care environment (PLACE). Between July 2015 and December 2015, the majority of scores were greater than 80% for compliance with the required standard.
- Audits in relation to carbapenemase-producing enterobacteriaceae (CPE) (a bacteria that causes infections) risk assessments were carried out by the trust in November 2015. The results showed compliance was generally good. For example, on ward 2, compliance was 100% and 80% on ward 3.
- In the patient-led assessment of the care environment (PLACE) 2015, wards 1, 2 and 3 scored 100% for cleanliness.

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## Environment and equipment

- The wards and theatres we visited were generally well maintained, free from clutter and suitable for treating surgical patients.
- Processes were in place to maintain equipment that included airflow tests in theatres, however; some equipment in theatre was overdue servicing in January 2016.
- Entry to ward and theatre areas was via a controlled access system in order to monitor staff, patients and visitors.
- Records indicated that staff carried out regular checks on key pieces of emergency resuscitation equipment with a cursory check completed daily and a more detailed check weekly in line with hospital policy. Emergency equipment on resuscitation trolleys were secured with a plastic tamper tag to avoid them being tampered with. On the Day Case Unit, the daily check of the defibrillator was displaying the date of 5 March 2016, a date prior to the inspection, despite being checked that day. When the machine was opened, the date was incorrect in the machine, therefore; corrected.
- Most areas that we visited had secure areas for the storage of hazardous materials or equipment. We found that equipment and material was generally stored appropriately, however; in theatres, medication was stored, on shelves, in a room which was unlocked.
- In the patient-led assessment of the care environment (PLACE) 2015, wards 1 scored 98% for condition, appearance and maintenance, wards 2 and 3 scored 100%.

## Medicines

- Most medication was prescribed electronically via a trust wide computer system, excluding a few things such as intra-venous (IV) fluids and warfarin (a drug to help prevent blood clots).
- Medicines, including controlled drugs were generally stored securely in line with legislation. However, in theatres, intra-venous (IV fluids) were kept in storage boxes in the main theatre corridor. There were also pre-made syringes of morphine for pumps seen on a window ledge in the recovery area.
- On ward two, we reviewed two months of records which indicated that staff carried out checks daily in the

majority of cases to ensure that medicines were reconciled correctly. However, there were two omissions in the daily checks being conducted across the two months.

- We spoke with one patient and looked at two sets of records. We saw that patients were given their medicines in a timely way, as prescribed, and records were completed accurately.
- The monitoring of fridge temperatures for medicines that required cool storage was carried out daily in line with national guidance and trust policy. Fridges used to store medicines were locked and records indicated that the temperatures of the fridges were within expected ranges for the one month period we reviewed. However, we found that the upper range for one out of two fridges on one ward was higher than recommended. Fridge temperatures had been recorded over the recommended range on seven occasions in March 2016 and 14 occasions in February 2016. No action had been recorded as being taken and the ward manager was unaware there had been a problem with the fridge. This meant we could not be sure medicines stored in this fridge were fit for use.
- Emergency medicines and equipment were readily available and there was a procedure in place to ensure they were fit for use.
- In the post-anaesthetic care unit (PACU), we checked the medicines, which were all found to be in date. However, we found one box of cyclizine which had a patient's details on which was being used as stock medication since May 2015.
- Discharge medications and prescriptions were managed well in the two cases we reviewed.
- We found two pre-mixed syringes of a controlled medication which had expired in January and February 2016 in the fridge on one ward. We also found one box of tablets which had expired in February 2016 and a pre-prepared medication used in epidural procedures which had also expired in the same ward area. The staff on this ward area told us that they had reported these to pharmacy and were waiting for them to be removed. These medications were however stored with other medications that had not expired which posed a risk of these medications being administered. The ward sister removed them immediately.
- We found three bottles of liquid medications which did not have an opened date documented. One of these



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medications had been prescribed in September 2015. It is important that liquid medications have an opened date documented as they must be discarded after a period of being opened.

## Records

- Patients' records were paper-based except for prescribed medication and venous thromboembolism (VTE) assessments that were stored electronically.
- We reviewed five care records and found that individual care records were clear, legible and up to date. They contained detailed patient information, pre-operative assessments and progress records.
- Patients' clinical notes were stored in unlocked trolleys close to the nurse's stations. This increased the potential for patient confidentiality to be breached.
- Patient records showed that nursing and clinical assessments were carried out before, during and after surgery and that these were documented correctly.
- Standardised nursing documentation was kept at the end of patients' beds. Observations were well recorded and the observation times were dependent on the level of care needed by the patient.
- Trust-wide casenote audits were carried out in 2015. The ear, nose and throat (ENT) audit showed 70% compliance rate initially but when it was re-audited, the compliance had improved to 100%. There was no compliance in urology. We were told there was an action plan in place to improve this.

## Safeguarding

- The trust had safeguarding policies and procedures in place and there was a safeguarding lead that could provide guidance and support to staff in all areas.
- Staff could give examples the types of things they should refer and they were aware of how to make a referral to protect vulnerable individuals from abuse.
- Staff told us that they received feedback from safeguarding concerns and referrals they raised. This was cascaded from the trust's safeguarding team to front line staff through their line managers.
- Safeguarding training formed part of the trust's mandatory training programme. Data provided by the trust showed that there was good compliance with safeguarding training at all levels across surgical services. Compliance with training for safeguarding adults' and children level 1 was 93.7%, which was above the trust's target of 90%. In addition, safeguarding adults and children level 2 (82.8%) and level 3 (89.4%) were all

above the trust's target of 80%. This information was for surgical services trust-wide and we could not disaggregate it specifically for staff at Broadgreen Hospital.

## Mandatory training

- Staff confirmed that they received induction and mandatory training specific to their role.
- Mandatory training was delivered on a rolling programme in two blocks (clinical core skills and core skills). Clinical core skills included areas such as infection control and prevention for care staff, falls prevention, and, diet and nutrition. Core skills included areas such as safeguarding, health and safety, and fire safety.
- Training data for surgical services showed that compliance with core skills training was 83.3% at the time of the inspection and 84.5% for clinical core skills. Both were below the trust's target of 95%. This information was for surgical services trust-wide and we could not disaggregate it specifically for staff at Broadgreen Hospital.
- Basic life support (BLS) training was also provided by the trust as part of mandatory training. Data provided by the trust showed that 88.8% of staff across surgical care services trust-wide had completed the training at the time of the inspection, which was below the trust's target of 95%. This information was for surgical services trust-wide and we could not disaggregate it specifically for staff at Broadgreen Hospital.

## Assessing and responding to patient risk

- Staff knew how to highlight and escalate risks that could affect patient safety, such as staffing and delays in obtaining beds for patients. Matrons and ward managers monitored and dealt with these risks on a daily basis.
- On admission, to surgical wards, staff carried out risk assessments to identify specific risks such as venous thromboembolism (VTE), pressure ulcers and falls. If a risk was identified, the relevant care pathway was implemented.
- An early warning score system was in use in all surgical areas. The trust implemented the national early warning score (NEWS) (a system to identify the early signs of a patient's condition deteriorating) in March 2015. An audit was carried out in January 2016. The results showed that, of the surgical wards audited there was generally a high compliance with the requirements. For

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example, 96% of observations had a corresponding NEWS score, 94% of NEWS scores were correctly calculated, nurses in charge were aware of NEWS of 1 or above in 85% of cases and the escalation plan had been appropriately followed on 92% of occasions. However, only 59% of observations were performed at the required time. There were plans to complete audits of all surgical areas and develop an action plan following a review of the completed audit cycle.

- As part of the inspection, we observed theatre teams undertaking the 'five steps to safer surgery', which included the use of the World Health Organization (WHO) checklist.
- Between January 2015 and December 2015, monthly audits, of the WHO checklist, were above the trust target of 85%, except for March 2015 (73%), July 2015 and August 2015 (both 83%). An action plan was in place, for the surgical division trust-wide and reviewed monthly as required.
- There was no anaesthetic or critical care support on site outside of normal working hours. If a patient suffered a collapse or became critically unwell, the staff at the hospital would call an ambulance. The trust had implemented two policies detailing how and when patients should be transferred to an acute hospital. These policies were fit for purpose and gave clear instructions on how transfers should take place. Action cards relating to these policies were readily available near telephones in the ward areas to prompt staff on what action to take.
- If a patient needed to be transferred to the Royal Liverpool University Hospital, there were clear escalation plans in place to deal with any potential delays in the discharge of patients from theatre recovery areas. The escalation plans outlined the process and procedures to be followed at all times of the day and at weekends. There were clear instructions on how transfers should take place. Action cards relating to these policies were readily available near telephones in the ward areas to prompt staff on what action to take. A report, completed in November 2015, "Management of Deterioration on the Broadgreen site", showed that 81 patients were transferred, of which, 55 were transferred to the Royal Liverpool University Hospital between 1 October 2014 and 30 September 2015. Of these 55 patients, 30 were from the surgical division either as a result of complications before or after surgery.

## Nursing staffing

- There were processes in place to ensure sufficient numbers of trained nursing and support staff in ward areas and theatres, to provide safe care and treatment.
- Noticeboards with the expected and actual staffing numbers were displayed in all ward areas we inspected.
- Staffing levels were adequate in areas visited at time of inspection with the support of bank and agency staff where required, for example on ward 9Y.
- Staffing levels were reviewed every six months using the 'safer nursing care tool' (SNCT). The SNCT is an evidence based tool which takes into account patient acuity and dependency to determine the required number of staff.
- From the safe staffing report for February 2016, the average fill rate for registered nurses, during the day, was 101.3% and 100% at night time. In theatres, the fill rate for care workers was 70.9%, although the fill rate for registered nurses was 111.2%. The colour coded RAG (red, amber, green) system highlighted any rates of 90% and above as within an acceptable range. The average sickness rate, across the trust was 5.1% with a target of 3.8%. Sickness level for theatre was 14.8%, 10.8% on ward 2 and 5.9% on ward 3.
- The service leads told us that a ratio of 1:8 (one nurse to eight patients) was maintained throughout the division.
- Any shortfalls in nurse staffing were filled with overtime, bank or agency staff. Matrons from surgical and medical areas attended twice daily staffing huddles to ensure safe levels of nurses on the wards. Staffing was displayed on a live rota using a traffic light system. This included pre-booked staff being allocated to wards as needed.
- Nurses also used a 'red flag' system, whereby a senior nurse could be contacted if there were particular concerns, which included staffing.
- In theatres, staffing numbers were determined in line with the Association of Perioperative practitioners (AfPP) guidelines i.e. two scrub practitioners, one anaesthetic practitioner, one health care assistant circulating nurse and one recovery nurse.
- Handovers occurred at shift changeover times. We observed a nursing handover of patients, from night duty to day duty that included all included all information needed to continue care safely and appropriately.

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## Surgical staffing

- There were adequate numbers of suitably qualified medical staff within the surgical services, to ensure that patients on wards received medical care. There was one junior or middle grade doctor on duty during the night and at weekends with the support of an advanced nurse practitioner.
- The division operated its surgical medical cover using similar methods throughout the different specialties with consultant on site presence from 8am to 6pm (5pm in some specialties), Monday to Friday.
- Surgical cover outside of these hours was provided by on-call surgical consultant and specialist registrar availability for all specialties out of hours from 5pm to 8am hours. There was on site presence from (foundation training) F2 doctors, which also formed the general surgical on-call element
- Nursing staff told us that they were able to access 24-hour medical assistance and advice and they felt well supported outside of normal working hours.
- General surgery, urology, the vascular unit, and, trauma and orthopaedics had a 'consultant of the week' who took initial responsibility for all admitted and referred patients and performed a 'post-take' ward round each day.
- Weekend ward rounds were performed by all surgical specialties with post take consultant ward rounds for any patients the medical or multidisciplinary team (MDT) had concerns about. Weekend cover was provided by on-call surgical consultant and specialist registrar. Broadgreen Hospital did not take new admissions at weekends.
- There was no anaesthetic or critical care support on site during out of hours periods. Two consultant anaesthetists were on call out-of-hours to support the junior doctors at the Royal Liverpool hospital and to cover Broadgreen hospital. On weekdays an on-call consultant anaesthetist was resident from 12midday to 8pm at Broadgreen hospital to support other anaesthetists and to provide emergency cover.
- This was complimented by nurse practitioner coverage 24 hours per day who operated doctor's bleep filtering out of hours, weekends and public holidays.
- The proportion of junior doctors in surgery was higher than the England average.
- There were low levels of external surgical locum use with 40 hours used between March 2015 and March 2016.

- Where possible surgeons worked together to cover leave and absence and there were low levels of cancelled theatre lists as a result.

## Major incident awareness and training

- There was a documented major incident and business continuity plan in the surgical services, and this listed key risks that could affect the provision of care and treatment. Copies were available for staff in ward areas.
- There were protocols in place to defer elective surgical activity to prioritise unscheduled emergency procedures when required.
- Staff were aware of the escalation plans and would contact managers for support depending on the incident.

## Are surgery services effective?

Good



We rated surgery as 'Good' for Effective because;

- The surgical division provided care and treatment that followed evidence-based practice and national guidelines.
- Performance in national audits was generally better than or similar to other trusts.
- Patients' nutritional, hydration and pain needs were managed individually by competent staff who worked as part of a multi-disciplinary team.
- Staff sought consent from patients prior to delivering care and treatment.

## Evidence-based care and treatment

- Patients received care and treatment that was delivered in line with evidence-based practice and national guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the relevant Royal Colleges.
- Policies and procedures reflected current guidelines and staff told us they were easily accessible via the trust's intranet.
- Staff on the surgical wards used care plans and recovery pathways, in line with national guidance.
- Standard operating procedures were in place to ensure the smooth transition of patients between theatres, wards and critical care areas.



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- Site specific audits were requested for each hospital delivering surgical services, however; the trust were unable to provide.
- When considering the order of theatre lists, a patient's medical condition was taken into account. For example, patients with a diagnosis of diabetes were allocated first on operating lists in line with best practice guidance.
- Medical staff completed venous thromboembolism (VTE) assessments as needed and recorded in the trusts electronic system. Prevention options, including the use of anti-embolic stockings were discussed with patients where appropriate.
- The trust completed a Clinical Audit Assurance Report, quarterly. In September 2015, the monthly casenote storage audit for wrong site surgery was rated as green assurance; whereas there was amber assurance for marking of the surgery in unilateral site surgery.

## Pain relief

- Patients were assessed pre-operatively for their preferred post-operative pain relief and staff used pain scores to monitor pain symptoms at regular intervals. Patient records showed that patients received the required pain relief and were treated in a way that met their needs and reduced discomfort.
- Patients told us staff gave them pain relief medication when needed.
- Staff on the surgical wards and in theatres were supported by a specialist pain management team if required.
- The trusts 'red flag' system was available for staff to contact managers for support. An example was given, whereby pain relief was required for a patient resulting in a positive and prompt response.

## Nutrition and hydration

- Staff managed the nutrition and hydration needs of patients well both pre and post operatively.
- Patients were provided with information prior to admission which told them how long they would need to fast before surgery to avoid complications.
- Patient records included an assessment of a patient's nutritional requirements as well as fluid and food charts which were reviewed and updated regularly. Records showed regular dietician involvement with patients who were identified as being at risk of dehydration/malnutrition.

- Patients with difficulties eating and drinking were placed on special diets and those who required support and assistance with eating and drinking were identified by symbols on the patient information boards.
- In addition, there were special plates for certain groups of patients with an individual surgical need, such as smaller plates for patients' who needed to eat small amounts frequently.
- There was a choice of meals to choose from on a daily basis that the housekeeping staff ordered, with patients, via an electronic system.
- A range of snacks were also readily available throughout the day, in particular for patients following surgery.

## Patient outcomes

- The surgical division participated in national and internal audits to monitor patient outcomes. Outcomes for patients receiving treatment in the service were mostly similar to or better than the England average.
- The surgical division participated in a number of national clinical audits including the national hip replacement audit, national bowel cancer audit and the national emergency laparotomy audit.
- There was good performance in the national bowel cancer audit in 2014, which showed that the all indicators were better than the England average, with the exception of the number of patients experiencing a length of stay above five days, which was marginally higher (worse) than the England average.
- The Liverpool Lung Cancer Unit (which was a partnership with a neighbouring trust) performed well in the 2014 lung cancer audit, with a multidisciplinary team (MDT) discussion rate and a computerised tomography (CT) rate before bronchoscopy above 99%, which were both higher (better) than the England and Wales average.
- The trust participated in the 2014 National Emergency Laparotomy Audit (NELA). The results showed some areas of poor performance. For example, less than half of patients received a consultant surgeon review within 12 hours admission or a pre-operative review by a consultant surgeon and anaesthetist. In addition, less than half of patients had a consultant surgeon or anaesthetist present at their procedure and less than half of patients aged over 70 had an assessment by a medical crises in older people (MCOP) specialist. There was an action plan in place that, at the time of

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inspection, was overdue reviews. The plan included a wide range of trust services that included use of the Enhanced Peri-Operative Care for High-risk patients (EPOCH) trial and trust SEPSIS campaign.

- The trust performed better than the England average for seven out of eight indicators in the 2015 hip fracture audit although the trust's own performance had deteriorated in four of the areas from the previous year. The trust had an action plan, as part of the hip fracture database, to transfer patients from the emergency department to the acute orthopaedic ward in four hours by 'ring fencing' beds, and then supporting early discharge systems, however; this was overdue review. There was also an action plan regarding compliance with NICE Care guideline 124: Cognitive assessment & recording in fragility fracture patients. This included the education and supervision of junior doctors and the development of a discharge summary, however; it was overdue a review.
- Performance in the Patient Reported Outcome Measures (PROMs) audit for the 2014/15 financial year was similar to the England average for groin hernias and slightly worse than the England average for hip replacements and knee replacements.
- There were patient-led care pathways in place, such as the accelerated post-operative recovery pathway in colorectal surgery. Prior to its implementation, recovery used to be 10 to 14 days, whereas it was approximately five days at the time of the inspection.
- The average length of stay for Broadgreen Hospital was higher than the England average across all specialities for elective surgery between September 2014 and August 2015.
- The risk of readmission was lower (better) than the England average at Broadgreen Hospital for elective urology and trauma and orthopaedics and similar to the England average for ear, nose and throat (ENT).
- There was benchmarking of outcomes of surgical procedures, for example care of patients with fractured neck of femur (hip) was compared to another trusts, although no results were provided.

## Competent staff

- Newly appointed staff had an induction and their competency was assessed before working unsupervised. Agency and locum staff also had inductions before starting work.

- Data provided by the service showed 92.1% of staff had completed their annual appraisals during the year (April 2015 to March 2016) against a trust target of 95%. These figures were for surgical services trust-wide and could not be disaggregated specifically for Broadgreen Hospital.
- There were training sessions available to support doctors and nurses to revalidate. For example, staff were supported to attend study days and develop their skills in areas such as palliative care, catheterisation or cannulation. On ward 2, there were eleven nurses trained to care for patients with a tracheostomy.
- In theatres, staff rotated to cover all specialities.
- There were service level agreements in place, with neighbouring educational establishments, for the training of band 4 health care assistants to be trained as registered nurses.
- The trust had a nursing accreditation programme, the 'RLB Nurse Badge'. This was a programme to develop registered nurses by achieving a number of competencies recorded in a portfolio as well as a study day that included a human factors approach.
- The trust had introduced human factors training and confirmed 180 people had received the training at the time of the inspection.
- There were 208 members of staff across surgical care services trust-wide who had received immediate life support (ILS) training.

## Multidisciplinary working

- There was effective internal multidisciplinary team (MDT) working that included physiotherapists, occupational therapists, dieticians and pharmacists as well as doctors and nurses.
- A mental health liaison team of professionals from the rapid assessment and interface discharge (RAID) team who were employed by a neighbouring trust were available and responded in a timely manner when requested.
- Records indicated that a range of professionals and family members/carers were consulted as part of discharge planning processes. There was good external MDT working which included community nurses and GPs.
- Patient records showed that there was regular and routine input and reviews from allied health professionals such as physiotherapists, as well as nursing and medical staff.

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## Seven-day services

- Junior and middle grade doctors provided out of hours medical care to patients on the surgical wards during out of hours periods. There was also on-call cover provided by consultant surgeons who could be contacted by telephone.
- Microbiology, imaging (for example x-rays and scans), physiotherapy and pharmacy support was available on call outside of normal working hours.
- Junior doctors told us that they felt that they had adequate access to urgent imaging outside of normal working hours. This meant that patients could have scans and x-ray's urgently if required at all times of the day.

## Access to information

- Staff told us that information about patients they cared for was easily accessible. Staff could access information such as policies and procedures from the trust's intranet.
- Patient information that was required to deliver care and treatment was readily available and accessible.
- Staff recorded details about the care they delivered in paper records but some information such as diagnostic results and venous thromboembolism (VTE) assessments were recorded electronically.
- All records we looked at were complete, up-to-date and easy to follow.
- Information about quality and performance were displayed both for patients and for staff.

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

- Staff had the appropriate skills and knowledge to seek consent from patients or their representatives. Staff were clear about how they sought informed verbal and written consent before providing care or treatment.
- Patient records showed verbal or written consent had been obtained from patients before planned care was delivered.
- The trust had audited consent processes across a number of surgical specialities and theatres. The audits looked at eight standards which included things such as whether serious occurring risks were documented on consent form and whether confirmation of consent has been completed. Compliance with the audit standards were generally good. When specific areas fell below the standards required, an action plan was developed and a re-audit date set to check for improvements.

- Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards (DoLS).
- If patients' lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- Capacity, consent and DoLS were considered and adjustments, such as access to specialist support, flexible visiting, carer support and environmental considerations were applied for patients living with a cognitive impairment, such as dementia, or for those patients living with a learning disability.
- Staff confirmed that mental capacity (MCA) training was included as part of safeguarding training, which was mandatory but they told us it was only a minor component.
- Interpreters were available and pre-booked if a patient whose first language was not English required consent for a procedure.
- Risk assessments were carried out for the use of bed rails. However; the form was not robust in facilitating patients' consent that they were in agreement of having the bed rails in place.

## Are surgery services caring?

Good



We rated surgery as 'Good' for Caring because;

- Patients, and those close to them, were positive about the care provided by the staff in the surgical division, and the hospital.
- Patients felt they were supported, involved and received information in a manner they understood.
- Staff treated patients with dignity and respected their privacy.
- We saw that staff were kind and compassionate whilst delivering care and treatment.
- All staff were polite and helpful and we saw respectful interactions between staff, patients and those close to them.
- Feedback was sought from patients' and families via the NHS Friends and Family Test (FFT) and there were good results across the wards ranging from 80% to 98%.

# Surgery

- Specialist services, including counselling, were available to support patients and their families.

## Compassionate care

- We observed compassionate care and positive interactions in all areas inspected, including wards and theatres.
- Staff treated patients, and their families, with respect and dignity. They were aware of patients care needs and communicated in an appropriate and professional manner.
- We spoke with three patients, who gave us positive feedback about how staff treated and interacted with them. They told us that staff were very professional and attentive to their needs.
- What people using the service said: “I would give them ten out of ten they couldn’t have been more fantastic.” “They know what you need before you do, if I ever ask for something they’ll have it there straight away.”
- The areas we visited were compliant with same – sex accommodation guidelines.
- The NHS friends and family test (FFT) rates were good between December 2014 and November 2015. The percentage of patients who would recommend the wards varied from 80% to 98%. Response rates were between 27% and 34%.
- In the patient-led assessment of the care environment (PLACE) 2015, ward 1 scored 81% for privacy, ward 2 scored 87% and ward 3 scored 87%.

## Understanding and involvement of patients and those close to them

- We observed staff interacting positively with patients and those close to them. Families were spoken to sensitively and appropriately dependent on individual need.
- Staff respected patient’s choices in their care with an individual person –centred approach.
- Patients and those close to them told us that they received information about care and treatment in a manner they understood.
- Patients care records were individualised to take into account personal requirements.
- Families supported ward staff by helping to complete ‘this is me’ documentation, for patients with dementia that included patient’s preferences, for example food likes and dislikes.

## Emotional support

- We observed staff providing reassurance and comfort to patients. Patients told us they were supported with their emotional needs.
- There were counselling services available for both patients and staff.
- A mental health liaison team of professionals were available and responded in a timely manner when requested.
- Clinical nurse specialists were available to provide support to patients in times of need.

## Are surgery services responsive?

Good



We rated surgery as ‘Good’ for Responsive because;

- Surgical services were planned to meet the needs of the local population.
- Performance for national referral to treatment time (RTT) targets averaged 90% trust-wide from September 2014 to August 2015, which was above the England average for the whole period.
- The number of cancelled planned operations was lower than the England average.
- Details about how to access the complaints process were available in ward areas.
- Plans were regularly reviewed to help meet the needs of the patients.
- Information for patients was available in a variety of formats, dependent on the individual need and spiritual support was available if required.
- Specialist staff were available if needed

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

- Surgical services were planned to meet the needs of local people. There were service level agreements in place with neighbouring independent health providers to meet the demands of the local population.
- Arrangements were in place with neighbouring trusts to allow the transfer of patients for surgical specialties not provided by the hospital. The trust was part of the Cheshire and Merseyside major trauma network collaborative between local NHS trauma units at other hospitals within the network.

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- Routine engagement and collaboration took place with staff from neighbouring specialist trusts, such as on-site outpatient clinics and regular multidisciplinary team meetings.
- Broadgreen hospital did not carry out any emergency operations and any patient requiring emergency surgery was transferred to the Royal Liverpool University Hospital.
- A range of elective surgical procedures were available, some of which were able to be done as day case procedures (meaning that patients could be discharged on the same day as the procedure).
- Patients who were booked for planned surgery attended health checks prior to the operation to assess their fitness for surgery and check all discharge processes were in place such as arranging dressings or future appointments.
- Discharge planning began prior to surgery, where possible with accelerated pathways in place and nurse led discharges in some areas. However, the numbers of discharge summaries completed within 24 hours, for the surgical division, from in-patient areas between April 2015 and January 2016 was between 76% and 81% which was below the trust's target of 95%.
- The percentage of patients whose operation was cancelled and were not treated within 28 days was lower (better) than the England average between financial years 2013/14 and 2015/16.
- The proportion of cancelled operations as a percentage of elective admissions was lower (better) at this trust compared to the England average over the same period.

## Access and flow

- Patients could be admitted for surgical treatment through a number of routes, such as pre-planned surgery, or via GP referral.
- Elective patients were reviewed by the surgeon and anaesthetist on the day of surgery to ensure medically fit for the procedure.
- Since our last inspection, the trust had introduced a manual whiteboard system at Broadgreen Hospital which was maintained daily. There was a full implementation plan for the live electronic whiteboard system that was in use at the Royal Liverpool site, to be available on the Broadgreen site from August 2016.
- Performance for national referral to treatment time (RTT) targets averaged 90% trust-wide from September 2014 to August 2015, which was above the England average for the whole period.
- The trust theatre utilisation (efficiency) target was 80%, in line with national guidelines. From April 2015 to March 2016, the average utilisation was 84%, although trauma and orthopaedics was 79% and general surgery was 76%. All theatres were above the target, except theatre three at 78%.
- The day case surgery rates were requested, however; the trust was unable to provide.
- Between January 2015 and February 2016, 102 patients were delayed in being discharged due to waiting for care packages. This resulted in 410 lost bed days, which was approximately four days per patient.
- Meeting people's individual needs
  - There were good systems in place to meet the needs of patients whose circumstances made them vulnerable.
  - Patients living with a cognitive impairment, such as dementia, were assessed within the general multi-disciplinary team, nursing and medical processes. Staff used a 'this is me' document for patients admitted to the hospital with dementia. Patients or their representatives completed this document and included key information such as the patient's likes and dislikes. This document was also completed during the pre-operative stage of a patients care to ensure any reasonable adjustments which were needed were put in place.
  - The hospital had implemented a sticker scheme. This was a discreet symbol used as visual reminder to staff that patients were living with dementia or were confused. This was to ensure that patients received appropriate care, reducing the stress for the patient and increasing safety.
  - In the patient-led assessment of the care environment (PLACE) 2015, wards 1 and 3 scored 83% for dementia and ward 2 scored 87%. There was a dementia steering group in place and a patient experience sub-committee who were involved in developing an action plan.
  - There were 'hearing loops' readily available on all the wards we visited for patients with hearing impairments.
  - Face to face interpreters and telephone interpreting services were available through an external provider, for patients whose first language was not English.



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- Information leaflets about services and treatments were available in all ward areas we visited. Patient information was available, on request, in a variety of formats such as large print, braille or in other languages.
- Patients living with a learning disability were assessed within general and medical process. Staff used a learning disability passport to highlight key information such as the patient's likes and dislikes. This document was also completed during the pre-operative stage of a patient's care to ensure any reasonable adjustments were put in place.
- There were other specialist staff, including advanced nurse practitioners, physiotherapists and dieticians as needed.
- A mental health liaison team of professionals were available and responded in a timely manner when requested.
- There was a hospital chapel available during the day and also a multi – faith prayer room available.

## Learning from complaints and concerns

- Information about complaints procedures were available in all wards we visited. There were details on cards and leaflets about the patient advice and liaison service (PALS). There were also details of any recent complaints displayed.
- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint effectively.
- Complaints were recorded on the trust-wide system. Local ward managers were responsible for investigating complaints in their areas.
- In surgery, there were a total of 68 formal complaints made in 2015. Trust-wide, surgical low level complaints were dealt with in a timely manner, however; more serious complaints were consistently below the trust target of 90% for response within the required timescale. Between April 2015 and January 2016, the response times were met between 43% and 69% of the time.
- Lessons learnt from complaints were shared at ward meetings. Staff members unable to attend the meetings were sent the minutes via email and also a copy was available on the staff 'quality board'.

## Are surgery services well-led?

Good



We rated surgery as 'Good' for Well-led because;

- The surgical division was well-led with support from senior management. The vision, for the surgical division, was aligned with the trust's vision and values. Staff were clear about the vision and carried the values with them.
- A governance framework was in place and risks were identified in a register that was regularly monitored and reviewed.
- There were clear leadership roles across the division, with managers visible.
- Staff were positive about their managers and felt they could approach them to raise any concerns. They told us they were supported by managers and they felt part of the trust.
- Staff attended weekly ward meetings where information was cascaded and shared learning took place.

## Vision and strategy for this service

- The trust's vision was: "Delivering the highest quality healthcare driven by world class research for the health and well-being of the population".
- The surgical division vision was aligned with the trust strategy. The trust vision was based upon values of being creative, patient centred, collaborative, open and engaged and professional.
- Staff were aware of the trust vision and carried a card attached to identification badges that included the values.
- We reviewed the surgical division performance review (March 2015) which outlined objectives and future strategies to improve the quality of care for the local population. There were plans in progress for the move to the new hospital site and the future development of surgical services. This included assessment of staffing needs and also using technology support systems to ensure privacy and safety of patients that will be accommodated in single rooms.

## Governance, risk management and quality measurement

- A clinical governance system was in place within the surgical division that allowed risks to be escalated to divisional and trust board level through various committees and steering groups.

# Surgery

- Senior managers were clear about their roles and there was evidence that quality and risk were managed appropriately.
- There was a risk register in place for the surgical division that was reviewed at monthly governance meetings and updated as needed. Staff were aware of how to record and escalate key risks on the risk register. The risk register showed that key risks were identified and control measures were put in place to mitigate risks.
- Surgical division meetings included a patient's story as a way of driving service improvement.
- Trust-wide information from governance meetings was cascaded to the surgical division governance meetings. It was evident that this information was shared and discussed from meeting minutes we reviewed.
- The division's clinical effectiveness team monitored the audit programme. They produced quarterly reports and action plans where required. They also oversaw projects as part of the cost improvement programme.
- Senior staff facilitated weekly safety 'perfect ward' meetings with ward managers. Any incidents could be shared and lessons learnt were cascaded to ward staff.
- Staff also attended quarterly shared learning events and managers undertook governance walkabouts, which occurred informally in ward settings.
- There was a positive attitude and culture within the surgical care group where staff valued each other. Staff from all specialities reported good team working and a sense of pride in serving the local community.
- Many of the staff we spoke to had been employed for several years at the trust and demonstrated strong commitment to the hospital.
- In the 2015 national NHS staff survey the trust scored 3.83 out of five (which is above the national average of 3.76) for staff who would recommend the trust as a place to work or receive treatment. This was an increase on the previous 2014 survey. This information was trust-wide and not specific to surgical services.
- We also noted that the NHS staff survey showed that staff motivation at work had improved compared with the previous survey from 3.73 to 3.84 however this was still below a national figure of 3.95. This information was trust-wide and not specific to surgical services.

## Leadership of service

- There were clearly defined and visible leadership roles across the surgical division. The senior management team included a divisional director of operations, a clinical director, a chief of service and a divisional chief nurse. The leads were supported by a team of matrons and ward and theatre managers.
- Leaders were visible, in all areas, on a daily basis.
- Medical and nursing staff understood management reporting structures and told us they were well supported by their managers.
- Staff received weekly emails from the executive team and we were told they had visited the hospital on occasions at weekends.

## Culture within the service

- The culture of the surgical division was aligned with the trust values. There was an open and transparent culture that encouraged the reporting of incidents in order to learn from them and improve quality for people in the local population.

## Public engagement

- The surgical division participated in the NHS Friends and Family Test (FFT) and information about how patients and those close to them could provide feedback was displayed in ward areas.
- A patient experience sub-committee had been established to gain feedback from patients and covered subjects such as patient meal experiences.

## Staff engagement

- Staff participated in weekly ward meetings in all areas. If they were unable to attend, the meeting minutes were displayed in staff offices and also emailed to staff members.
- Staff received trust-wide information in a monthly newsletter as well as being displayed on 'quality boards' in order to share ward and division information.
- Staff were supported by their managers using the trusts 'Red flag' system. Ward or theatre staff were able to seek assistance when an issue needed escalating, for example staffing numbers or accessing pain relief. Staff who reported using the 'red flag' said managers responded promptly and appropriately.
- There was a staff counsellor available if required.

## Innovation, improvement and sustainability







- We reviewed the surgical division performance review (March 2015) that outlined objectives and future strategies to improve the quality of care for the local population.

# Surgery

- The theatre complex at Broadgreen included 'Barn theatres' (open theatre units). These allowed good opportunities for team working and allowed supervision of less experienced staff.
- 'Robotic' technology was in place for surgical procedures with plans to expand that included a second robot.
- There were plans to extend the day case unit services to later in the evening to 10pm.



# 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

A range of outpatient and diagnostic services are provided by the Royal Liverpool and Broadgreen University Hospitals NHS Trust at the Royal Liverpool University Hospital and Broadgreen Hospital. A number of outpatient appointments are also offered at community locations.

The diagnostic imaging department at Broadgreen Hospital is situated on the ground floor of the main hospital next to the urology unit. The main outpatients department is located in the Alexandra Wing.

Hospital episode statistics data (HES) September 2014 to August 2015 showed that 868,990 outpatient appointments were offered across the trust with 284,945 offered at Broadgreen Hospital.

Broadgreen Hospital offers outpatient services for a range of specialities including dermatology, urology, ear, nose and throat (ENT), phlebotomy, audiology, therapies and breast screening.

Broadgreen Hospital offers ultrasound scanning, mammography, theatre x-ray and urological investigations to patients. A range of other diagnostic services are available and reported on by trust staff including general x-ray, computerised tomography scanning (CT) and magnetic resonance imaging (MRI). However, these services are provided by an adjacent trust under a Service Level Agreement (SLA).

We visited Broadgreen Hospital as part of a comprehensive inspection of the trust between the 15 and 18 March 2016 and inspected a number of outpatient and diagnostic services including ultrasound, dermatology, urology, audiology and pain clinic.

We spoke with six patients and relatives and 12 staff including nursing, medical, allied health professionals and managers. We received comments from people who contacted us about their experiences. We also reviewed the trust's performance data and looked at eight individual care records.

# Outpatients and diagnostic imaging

## Summary of findings

We rated Outpatients and Diagnostic imaging as 'Good' overall because;

- Staff knew how to report incidents and lessons learned were shared with staff.
- Areas we visited were visibly clean and policies and procedures were in place for the prevention and control of infection.
- Staff knew how to manage patients who became unwell in the department.
- Records were of a good standard and policies and procedures were in place to keep people safe.
- Patients received care and treatment that was evidence based and followed national guidance.
- Staff worked together in a multi-disciplinary environment to meet patients' needs. Specialist nurses were available to support patients.
- Outpatient and diagnostic services were delivered by caring, committed and compassionate staff.
- The trust met national referral to treatment standards for incomplete pathways between September 2014 and November 2015. However, this dipped slightly in December 2015 and January 2016.
- Between May 2015 and February 2016 the trust met the national standard for ultrasound waiting times.
- Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.
- Quality and performance were monitored through outpatient and radiology dashboards and weekly performance meetings.
- Patients' views were actively sought.

However;

- Mandatory training rates did not meet the trust's target.
- We found some medicines that were out of date in outpatient clinics.
- The trust did not meet its target of 95% of outpatient letters to be sent to GPs within two weeks.
- The did not attend (DNA) rate for appointments was higher than the England average.

## Are outpatient and diagnostic imaging services safe?

Good



We rated Outpatients and Diagnostic imaging as 'Good' for Safe because;

- Staff knew how to report incidents and could describe a change in practice following an incident.
- Policies and procedures were in place for the prevention and control of infection and maintenance contracts were in place to make sure specialist equipment was serviced regularly.
- Records we reviewed were of a good standard and clinic appointments were not cancelled due to unavailability of medical records.
- Staff knew how to manage patients who became unwell in the department.
- Medicines were stored securely in line with legislation. Resuscitation equipment was available and consistently checked.
- Staff were aware of their roles and responsibilities in relation to safeguarding.
- Mortality and morbidity meetings took place within the diagnostic imaging department.

However;

- Mandatory training rates did not meet the trust's target.
- We found some medicines that were out of date in outpatient clinics.

### Incidents

- Incidents were reported using an electronic reporting system. Staff could describe how to use the system and the types of things that would constitute an incident. Staff told us they received feedback when they reported an incident.
- Staff could describe previous incidents and gave an example of a change in practice as a result of lessons learnt. The incident involved a patient who had fallen in a clinic and as a result nursing staff now remained in consultation rooms with patients at all times.
- In the 12 months prior to the inspection, there had been no never events in outpatients or diagnostic services at

# Outpatients and diagnostic imaging

the hospital. Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

- There were no serious incidents reported between October 2014 and September 2015 in outpatients or diagnostic services at the hospital. If a serious incident did occur, there was a process to investigate them using a root cause analysis (RCA) approach and share learning.
- Diagnostic investigations were reported on by trust staff including those completed under a Service Level Agreement (SLA) by an adjacent trust.
- Mortality and morbidity meetings took place bi-monthly within the diagnostic imaging department and alternated with audit meetings.
- Staff across outpatients and ultrasound recognised the term 'Duty of Candour'. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

## Cleanliness, infection control and hygiene

- All areas we visited were visibly clean and tidy. We saw completed checklists which indicated that cleaning had taken place.
- Policies and procedures for the prevention and control of infection were in place and staff adhered to "bare below the elbow" guidelines. Hand gel was readily available in all clinical areas and we observed staff using it. Posters displaying hand washing techniques were observed above handwashing sinks.
- Stickers were placed on equipment to inform staff at a glance that equipment had been cleaned and we saw evidence of this being used across the departments we visited.
- Staff could describe the process when patients attended with suspected communicable diseases or requiring isolation including the use of protective equipment and deep cleaning following the procedure.
- Between September 2015 and February 2016 hand hygiene audits for most outpatient clinics demonstrated 100% compliance. However, this fell to 66.7% on three occasions within the urology clinic in this time frame.

## Environment and equipment

- Emergency resuscitation equipment was in place in outpatient clinics. The trolleys we reviewed were visibly clean and daily and weekly checklists were consistently completed.
- There was resuscitation equipment in the ultrasound department but this was maintained by the adjacent trust.
- Arrangements were in place for the handling, storage and disposal of clinical waste. Sharps bins were noted to have been signed and dated when assembled. However, there were used sharps bins in an unlocked dirty utility room in the dermatology clinic which presented a risk that they may be accessible to patients.
- All equipment observed had stickers which indicated that portable appliance testing (PAT) testing had taken place and was in date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.
- Processes were in place to ensure equipment was serviced regularly and faults repaired.

## Medicines

- Medicines were stored securely in locked cupboards. However, we noted out of date medicines in the ear, nose and throat (ENT) and pain clinic cupboards. Examples included Lidocaine Hydrochloride, Lidocaine injection and plaster remover. We brought this to the attention of staff immediately who addressed the situation.
- No controlled drugs were stored in the outpatients department.
- Prescription pads were stored securely and their usage was tracked.

## Records

- If patient records were unavailable a temporary record was prepared, this meant that clinic appointments were not cancelled due to missing records. New patient referral letters were incorporated and any previous investigation results and letters were available electronically for patients attending a follow up appointment. All new documentation was filed in original notes when available.
- Staff reported obtaining records for clinic could be challenging. However, between 1 September 2015 and 1 February 2016 data from the trust showed that with the exception of three dates the number of temporary records required on a daily basis was less than 1%.

# Outpatients and diagnostic imaging

- We reviewed eight sets of patient records in the outpatients department. All records had patient identification details on each page, numbered pages and entries that were legible, signed and dated. Consent was documented and care plans present as appropriate.
- Records were stored securely in the areas we visited.

## Safeguarding

- Safeguarding policies and procedures were in place across the trust. These were available electronically for staff to refer to. Staff were aware of their roles and responsibilities and knew how to raise matters of concern appropriately.
- There was a trust-wide safeguarding team in place that provided guidance to staff during the day in the week. Staff had access to advice out of hours and at weekends. Posters providing names and contact numbers of safeguarding leads were clearly displayed in the outpatients department.
- Safeguarding training was incorporated within core skills training and therefore specific training figures could not be obtained. However compliance rates for core skills training were 88% for outpatient services, 85% for imaging and 95% for therapy services across the trust.
- A child attendance form was completed for any patient who attended clinic under the age of 18 years. This was sent to the named safeguarding leads within the trust to forward on to school health professionals. This ensured communication with community health professionals who were involved with the child and continuity of care between hospital and community.

## Mandatory training

- Mandatory training was available via on-line courses as well as face to face and included subjects such as infection control, fire safety, equality and diversity and information governance.
- The trust target for mandatory training was 95% and data from the trust indicated training rates for staff within outpatients clinics across the trust was 88% overall however specific subjects such as resuscitation and conflict resolution showed a compliance rate of 78%.
- Data for staff employed by the trust within diagnostic imaging and therapies could not be disaggregated for Broadgreen Hospital. However, figures across the trust showed a compliance rate of 86% and 95% respectively.

## Assessing and responding to patient risk

- Staff were able to describe the procedure if a patient became unwell in their department including calling the Medical Emergency Team (MET).
- If a patient required hospital admission following review and treatment by the MET team, transfer was arranged by ambulance to the Royal Liverpool University Hospital.

## Nursing staffing

- Outpatient clinics were staffed by a combination of specialist and outpatient nurses and staff worked across both the Royal Liverpool University Hospital and Broadgreen sites.
- Outpatient nurse staffing was planned in advance to manage the workload and band 6 team leaders from across the trust met weekly to review any additional staffing requirements for the following week. This was also reviewed on a daily basis as required.
- Staff told us all outpatient nurse vacancies had been recruited to however sickness rates among outpatients nurses across the trust was 13.5% in February 2016. This was recorded on the departmental risk register and an action plan was in place which included continuous recruitment and completion of return to work interviews following an episode of sickness.
- A Band 7 clinic manager post covered both the Royal Liverpool University Hospital and Broadgreen sites. The post was vacant during our inspection however staff told us this had been recruited to.

## Medical staffing

- The radiology department at the Royal Liverpool University Hospital reported all radiological investigations performed at Broadgreen Hospital and was staffed by consultant radiologists.
- Between 5pm and 9am all diagnostic imaging was reported by registrars in the radiology collaborative hub based at Broadgreen Hospital. However, all images were reviewed again the following morning.
- There was a sufficient number of medical staff to support outpatient services. We found that the majority of clinics were covered by consultants and their medical teams.
- Sonographers and some radiographers worked across both Broadgreen and the Royal Liverpool University Hospital sites to provide a service to patients.

# Outpatients and diagnostic imaging

## Major incident awareness and training

- The trust had a major incident policy which listed key risks that could affect the provision of care and treatment. Staff members were aware of the policy and how to locate it on the trusts intranet.

## Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

- Patients who attended outpatients and diagnostic imaging departments received care and treatment that was evidence based and followed national guidance.
- Staff worked together in a multi-disciplinary environment to meet patients' needs. Specialist nurses were available if required.
- Staff were competent to perform their roles and were supported by the trust to develop.
- Information relating to a patient's health and treatment was available from relevant sources before a clinic appointment and staff had regional access to previous x-ray images. Information was shared with the patient's GP following hospital attendance to ensure continuity of care.
- The rate of follow up appointments in relation to new appointments was slightly higher than the England average between September 2014 and September 2015.

## Evidence-based care and treatment

- Care and treatment within the outpatient and diagnostic imaging department was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as those from the National Institute for Health and Care Excellence (NICE).
- Staff in the pain clinic were aware of protocols from the Faculty of Pain Management and staff in Ear, Nose and Throat clinic described protocols for micro-suction and ear infections.
- Audit and staff meetings were held in radiology to share information and promote shared learning.
- An audit programme was in progress to assess compliance in relation to a number of activities including consent for procedures and infection control.

## Pain relief

- Analgesia could be prescribed for patients requiring pain relief. This was available in the outpatient department and was prescribed as a single dose prescription using a patient specific direction.

## Patient outcomes

- The trust's rate of follow up appointments in relation to new appointments was similar to the England average between September 2014 and September 2015. This information was trust-wide across outpatient and diagnostic services and not specific to Broadgreen Hospital.
- Staff told us discrepancy meetings were held in radiology. The purpose of the meetings was to facilitate collective learning from radiology discrepancies and errors and therefore improve patient outcomes and safety. However, meeting minutes were not available.
- Diagnostic imaging scans reported by registrars from the radiology hub were reviewed to ensure accuracy.

## Competent staff

- Competency assessments were in place in the outpatients department for example in the Ear, Nose and Throat (ENT) clinic and induction processes were in place for new staff.
- Staff identified their training needs through the trusts annual appraisal process and data indicated that appraisal rates for outpatient services across the trust for the period April 2015-December 2015 ranged from 89.4% for additional clinical services, 90.7% for nursing and midwifery registered staff to 100% for administrative and clerical staff compared to the trust target of 95%.
- Appraisal rates for allied health professionals across the trust within the imaging reporting unit for the same period was 95.4%.
- Staff told us they felt supported to develop in their roles for example some ENT staff members had attended a five day ear care course.
- Managers described how they managed poor performance including the provision of a support framework to individual members of staff.

## Multidisciplinary working

- The diagnostic imaging, therapies and outpatients departments were staffed by a range of professionals working together as a multi-disciplinary team to provide a comprehensive service to patients.



# Outpatients and diagnostic imaging

- Weekly multidisciplinary meetings were attended by staff from the pain clinic involving pain consultants, specialist nurses and psychologists.
- A range of specialist nurses were in post and nurse-led clinics were provided.
- A one stop clinic was provided in urology to allow patients to attend for consultation and investigations. This prevented the need for patients to return for several appointments.
- Letters were sent from the outpatients department to patient's GPs to provide a summary of the consultation and radiology results were sent electronically or faxed.

## Seven-day services

- There were no regular outpatient clinics offered at weekends at Broadgreen Hospital. However, ad-hoc additional pain clinics were held in the evenings or at weekends to reduce waiting times.

## Access to information

- The radiology department used a nationally recognised system to report and store patient images. The system was used across the trust and allowed local and regional access to images. Previous images could also be viewed by staff.
- Staff told us that appointments were not cancelled due to unavailability of records as a temporary record was raised that included new patient referral letters. Previous investigation results and letters were available electronically for patients attending a follow up appointment.
- Between 1 September 2015 and 1 February 2016 data from the trust showed that with the exception of three dates the number of temporary records required on a daily basis was less than 1%.
- Staff were able to access information such as policies and procedures from the trust's intranet.

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

- Staff in outpatients and diagnostic imaging worked on the principle of implied consent.
- Staff described how consent was obtained from patients aged 16-18 years old and the principles used to assess maturity for decision making.
- If written consent was required for more complex procedures this was obtained in the outpatients clinic by medical staff.

- Procedures were in place to accommodate patients who lacked capacity to consent to their own treatment.
- Radiographers and nursing staff in urology clinic were able to obtain consent following additional training.

## Are outpatient and diagnostic imaging services caring?

Good



We rated Outpatients and Diagnostic imaging as 'Good' for Caring because;

- Outpatient and diagnostic services were delivered by caring, committed and compassionate staff. We observed how staff interacted with patients and their families and found them to be polite, friendly and helpful.
- Reception areas in the outpatient department had measures in place to respect patient confidentiality at check in.
- The patients we spoke with were positive about the way staff looked after them.
- The trust had a number of clinical nurse specialists available for patients and their families to talk to about their condition.

## Compassionate care

- We witnessed reception and nursing staff being polite and helpful and introducing themselves to patients.
- Patients told us staff were very friendly. One patient had been escorted to the ultrasound department by a "lovely member of staff".
- A privacy line was present at the reception desk in the outpatients department to ensure confidentiality when patients checked in.
- The NHS Friends and Family Test, which assesses whether patients would recommend a service to their friends and family had recently been introduced to the outpatient department at Broadgreen hospital and we observed posters regarding this. However patient feedback boards were present in each area which encouraged patients to attach comments with suggestions to improve or compliment the service. Those observed described patient difficulties contacting the outpatient department by telephone and also how patients had found it an "excellent service" with "fantastic staff".



# Outpatients and diagnostic imaging

## Understanding and involvement of patients and those close to them

- We saw positive interactions between staff, patients and those close to them.
- Patients were informed in their appointment letter when they should contact their GP for the results of diagnostic investigations.
- Patients told us they understood when they would receive their next appointment and how they could contact the service by telephone if needed.

## Emotional support

- The trust had a wide range of clinical nurse specialists available for patients to talk to about their condition.
- A range of patient information leaflets were available in the outpatient departments. All information was provided in English however leaflets in other languages were available on request.

## Are outpatient and diagnostic imaging services responsive?

Good



We rated Outpatients and Diagnostic imaging as 'Good' for Responsive because;

- Emergency appointments were available within the ultrasound department. Rapid access and ad-hoc appointments were also available in a variety of outpatient clinics.
- Additional pain clinics were held in the evenings or at weekends to reduce waiting times.
- Staff described how people in vulnerable circumstances were accommodated in the department and how their appointment could be escalated if required.
- Access to interpreting services could be arranged by telephone for those patients who did not speak English.
- Within the outpatient areas there was a range of information leaflets and literature available for patients to read about a variety of conditions and support services available.
- The performed above the England average for 18 week referral to treatment standards for non-admitted pathways between September 2014 and November 2015.

- The trust performed above the England average for referral to treatment times for incomplete pathways between September 2014 and November 2015, however, this dipped slightly in December 2015 and January 2016.
- Between May 2015 and February 2016 the trust met the national standard for ultrasound waiting times.

However;

- The trust did not meet its target of 95% of outpatient letters to be sent to GPs within two weeks.
- The 'did not attend' (DNA) rates for appointments were higher than the England average.

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

- We observed clear signposting through the hospital to the outpatients and diagnostic imaging departments.
- Patients told us they received instructions with their appointment letters and were given written information, as needed.
- Waiting areas had sufficient seating available in the outpatients department. However, patients told us the ultrasound waiting area was "cramped".
- Patient waiting areas had access to toilets and drinking water.
- A shuttle bus service was available from the car park to the hospital if required.
- Patients were provided with a voucher for refreshments if clinics were delayed more than 45 minutes.
- Additional pain clinics were held in the evenings and at weekends to reduce waiting times for patients. For example, an evening clinic had taken place on Friday 13 March 2016 prior to our inspection.
- Evening outpatient ultrasound appointments were provided twice a week.

## Meeting people's individual needs

- Staff described how people in vulnerable circumstances were accommodated in the department and their appointment could be escalated if required.
- Longer appointments were allocated for patients attending for a first consultation to allow time to ask questions.
- Staff told us how a patient who had attended with a relative that was living with a learning disability had been supported during their appointment.

# Outpatients and diagnostic imaging

- Access to interpreting services could be arranged by telephone for those patients whose first language was not English.
- If staff were alerted to a patient's requirements, face to face translators could be booked in advance; however we did not see this system in use as we did not observe any patients requiring translation services during our inspection.
- Within the outpatient areas there was a range of information leaflets and literature available for patients to read about a variety of conditions and support services available. They were only in English but could be ordered in other languages or alternative formats if required.

## Access and flow

- The trust performed above the England average for referral to treatment times for non-admitted pathways between September 2014 to November 2015. Non-admitted pathways means those patients whose treatment started during the month and did not involve admission to hospital. This information was trust-wide and not specific to Broadgreen Hospital.
- The trust performed above the England average for incomplete pathways between September 2014 and November 2015. However, performance dipped slightly in December 2015 and January 2016. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month. This information was trust-wide and not specific to Broadgreen Hospital.
- Managers told us that some speciality targets were more challenging to meet than others such as Dermatology and mitigating measures had been put in place such as recruitment of locum staff, use of specialist nurses and waiting list initiatives.
- The percentage of people seen by a specialist within two weeks of urgent GP referral was slightly higher (better) than the England average between Q3 2013/14 and Q2 2015/16 with the exception of a dip in performance in Q2 and Q3 2014/15. This information was trust-wide and not specific to Broadgreen Hospital.
- The percentage of people waiting less than 31 days from diagnosis to first definitive treatment was slightly lower (worse) than the England average each quarter from 2014/15 onwards. This information was trust-wide and not specific to Broadgreen Hospital.
- The percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment was higher for the trust compared to the England average each quarter between Q3 2013/14 and Q2 2015/16. This information was trust-wide and not specific to Broadgreen Hospital.
- Between May 2015 and February 2016 the trust consistently met the national standard for ultrasound waiting times (that is less than 1% of patients waiting more than six weeks) with the trust achieving 100% on five occasions.
- Data from the trust showed that in March 2016 46% of inpatient radiology examinations and 26% of outpatient radiology examinations were reported on within one day and 98% and 79% respectively were reported on within seven days. The figures for CT scan reporting were 94% of inpatient examinations and 38% of outpatient examinations were reported on within one day and 99% and 85% respectively were reported on within seven days. This information was trust-wide and not specific to Broadgreen Hospital.
- The trust had a number of patients who failed to attend for their appointments. The DNA (did not attend rate) was higher than the England average at all sites within the trust. The trust used a text service to remind patients a week and also a day before their appointment and all patients who required an urgent dermatology appointment received an individual telephone reminder. An '18 week pathway improvement workstream' had been initiated which included a project to improve patient contact options including use of a web form to request appointment changes.
- Urgent ultrasound appointments were accommodated and the department planned for expected emergency appointments.
- Rapid access appointments were available in the ear, nose and throat (ENT) clinic and chest pain clinic.
- Ad-hoc appointments were available in some clinics using a passport scheme.
- Between September 2015 and December 2015 the percentage of clinics cancelled within six weeks ranged from 2% to 3% and clinics cancelled over six weeks ranged between 2% and 4%. The main reasons for cancellation were annual leave, study leave and sickness. This information was trust-wide and not specific to Broadgreen Hospital.
- Display boards were in operation to advise patients of delays as well as verbal notification provided by staff.
- Letters were sent from the outpatients department to patient's GPs to provide a summary of the consultation.

# Outpatients and diagnostic imaging

The trust target was for 95% of eligible outpatient activity to have a letter sent to general practice within two weeks. Data from the trust showed that performance ranged from 59.3% to 72.8% in the period November 2015 to February 2016.

## Learning from complaints and concerns

- Initial complaints were dealt with by clinic managers in the outpatients department in an attempt to resolve issues locally; however if this was unsuccessful information was provided about the patient advice and liaison service (PALS).
- Staff we spoke with knew how to sign post patients to the PALS team and we observed leaflets advising patients about the complaints process within outpatient areas.
- The trust had a complaints policy and we reviewed 19 complaints received by audiology, urology and dermatology outpatient departments at Broadgreen Hospital between 01/01/15 and 31/12/15. Of the complaints we reviewed, six related to difficulties patients experienced when they had attempted to contact the audiology department by telephone.
- Staff told us that patients had difficulty contacting the outpatient department by telephone and comments on the patient listening board supported this.

## Are outpatient and diagnostic imaging services well-led?

Good



We rated Outpatients and Diagnostic imaging as 'Good' for Well-led because;

- Managers had a good knowledge of performance in their areas of responsibility and understood the risks and challenges to the service.
- Leaders in the department were visible and approachable.
- Quality and performance were monitored through outpatient and radiology dashboards and weekly performance meetings.
- There was an open and honest culture within the service, morale was good and staff felt part of the trust despite not being on the acute site.
- Patients' views were actively sought.

However;

- Not all staff were aware of the trust's vision.
- Minutes of clinical governance meetings held in radiology and outpatient departments were not available.

## Vision and strategy for this service

- The trust vision was "Delivering the highest quality of healthcare driven by world-class research for the health and wellbeing of the population". Not all staff were aware of the vision but could describe the values such as being open and engaged and creative.
- Across the trust outpatients and diagnostics were led by general managers and a number of department specific operational and clinical leads.
- Outpatient staff told us that managers were visible and approachable and they felt part of the trust despite being located away from the acute site.

## Governance, risk management and quality measurement

- Clinical governance meetings were held monthly in radiology to review incidents however meeting minutes were unavailable.
- The radiology and outpatients department recorded risks on the departmental risk register.
- Quality and performance were monitored through outpatient and radiology dashboards and weekly performance meetings. Patients waiting over 18 weeks were identified and oversight was provided by clinicians to ensure priority was given to the most clinically urgent patients.
- The ultrasound departments across the trust closed once a month to allow staff to attend team meetings. This provided the opportunity for discussion of clinical governance issues and continuing professional development and minutes were circulated for staff who could not attend.

## Leadership of service

- Managers had a good knowledge of performance in their areas of responsibility and they understood the risks and challenges to the service.
- Staff felt supported by their local managers and clinical leads and said the executive team were visible having previously arranged engagement days and "coffee and cake" sessions at the Broadgreen site.

# Outpatients and diagnostic imaging

- Monthly team meetings took place in outpatients and feedback was provided to staff regarding issues such as incidents, complaints and infection control.

## Culture within the service

- There was an open and honest culture within the service and staff were candid about the challenges they faced.
- Morale was good in the areas we visited and we observed good team working.
- Local managers enjoyed their role and were proud of their teams.

## Public engagement

- The views of patients were actively sought within outpatients and diagnostic imaging using the NHS Friends and Family Test. However, this had only been introduced shortly before our inspection.
- The patients listening board within the departments encouraged patients to attach comments onto the board on “post-it notes” with comments to improve practice or compliment the service. The comments were reviewed monthly and fed back to staff.
- Staff told us of service improvements put in place as a result of patient feedback from questionnaires including alterations to signage in the outpatient department to make it clearer for patients.

## Staff engagement

- Results of the 2015 NHS Staff Survey showed the trust scored higher than the national average for acute trusts for staff recommending the organisation as a place to work or receive treatment, for staff satisfaction with the quality of work and patient care they are able to deliver and for effective team working. However, the trust scored lower than the national average for staff motivation at work. This information was trust-wide and not specific to Broadgreen Hospital.
- An “employee of the month” programme was in operation and a health care assistant from the outpatient department had recently been nominated. This ensured staff were recognised for their contribution to their department.
- Physical and psychological support services were available to staff.

## Innovation, improvement and sustainability

- The outpatient department worked collaboratively with the research team in ongoing recruitment of rheumatology patients for a research project.
- An outpatient department project was underway to develop key performance indicators. This was to allow the outpatient service to monitor performance and quality in specific areas such as privacy and dignity.

# Outstanding practice and areas for improvement

## Outstanding practice

- Ward 2 had a designated nutrition room. This room was used to store all equipment and feeding liquids required for supported nutrition. Resources and

training materials were also available in this room and this helped ensure a clear focus on patient's nutritional needs and how staff could help them meet these needs.

## Areas for improvement

### Action the hospital **MUST** take to improve

#### In all areas

- The trust must ensure that fridges used to store medications in all areas are kept at the required temperatures and checks are completed on these fridges as per the trust's own policy.
- Where fridge temperature ranges are recorded outside the recommended minimum or maximum range, steps must be taken to identify if medicines stored in the fridges are fit for use.
- The trust must ensure that medicines, including controlled drugs and intra-venous (IV) fluids, are securely stored in line with legislation.
- The checking of medication, including controlled medication must be carried out consistently as per trust policy.
- The trust must ensure the expiration date of medicines is monitored. Drugs that are past their expiry date must be disposed of promptly.

### Action the hospital **SHOULD** take to improve

#### In Medical care

- The service should seek greater patient feedback is obtained so that more details on service delivery and quality of care can be obtained to drive improvement.
- The service should continue to strive to improve communication between health professionals, families and patients.
- The service should continue to make sure that patients are discharged in a timely manner.

- The service should continue to provide clear signage on the wards to help maintain patient privacy and dignity.
- The service should improve compliance with mandatory training.
- The service should review the practice of leaving record trolleys containing patient notes opened or larger records unsecured on the trolleys.
- The service should review the Deprivation of Liberty Safeguards (DoLS) paperwork and the issue of nursing staff transcribing information from the medical notes as part of the assessment application process. The service should ensure information is correctly entered on the application forms and all the relevant information related to the patient has been captured.
- The trust should continue to review its management of patient flow and the issues of outliers to make sure patients are treated on wards suitable to meet their needs.

#### In Surgery

- The trust should improve mandatory training rates and the levels of staff trained in resuscitating patients.
- The trust should ensure that all intravenous fluids are stored securely at all times.
- The checking and labelling of medication, including controlled medication should be carried out consistently as per trust policy.

# Outstanding practice and areas for improvement

- The trust must ensure that all medications are within their expiry dates and any expired medications must be disposed of promptly and not stored with other medications which have not expired.
- The trust should manage serious complaints in a timelier manner.
- Checking and maintenance of equipment should be robust and clear.
- The trust should ensure that action plans are in place where areas fall below required standards and they should be reviewed as agreed.

## **In Outpatients & Diagnostic Imaging**

- The trust should ensure staff complete mandatory training when required.
- The trust should monitor patient waiting times following arrival in outpatient departments.
- The trust should take steps to resolve issues for patients attempting to contact outpatient services by telephone.



## 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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to mitigate risks. This is because:</p> <p>Checks on fridges used to store medications in all areas were not always completed as per the trust's own policy.</p> <p>Where fridge temperature ranges were recorded outside the recommended minimum or maximum range, steps were not always taken to identify if medicines stored in the fridges were fit for use.</p> <p>Medicines, including intra-venous (IV) fluids, were not always securely stored.</p> <p>The checking of medication, including controlled medicines were not always carried out consistently as per trust policy. Out of date medication was identified in some areas.</p> <p>HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 12 (2) (b)</p>