Liverpool University Hospitals NHS Foundation Trust

# University Hospital Aintree

**Inspection report**

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Date of inspection visit: 19 October to 27 October 2022
Date of publication: 20/01/2023

## Ratings

| Overall rating for this service | Inspected but not rated |
|---|---|
| Are services safe? | **Inspected but not rated** |
| Are services effective? | **Inspected but not rated** |
| Are services caring? | **Inspected but not rated** |
| Are services responsive to people's needs? | **Inspected but not rated** |

# Our findings

## Overall summary of services at University Hospital Aintree

**Inspected but not rated**

We carried out this unannounced focused inspection because we received information of concern about the safety and quality of the urgent and emergency care service.

We took into account nationally available performance data and the concerns we received about the safety and quality of the service. We inspected against the safe, effective, caring and responsive key questions.

Urgent and emergency services at University Hospital Aintree are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 01 October 2019 following a process of acquisition, in which Aintree University Hospital NHS Foundation Trust acquired Royal Liverpool and Broadgreen Hospital NHS Trust.

We visited University Hospital Aintree as part of our unannounced inspection of the emergency department from 19 October to 27 October 2022. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We did not rate this service at this inspection. Following an inspection in June 2021, the emergency department at University Hospital Aintree was rated Inadequate. We placed conditions on the trust's registration to improve practice. The previous rating of inadequate and the imposed conditions remain in place.

See the urgent and emergency care section for what we found.

**How we carried out the inspection**

As part of this inspection, we observed care and treatment of patients in waiting, triage and treatment areas including those receiving care on a main corridor within the department. We looked at 10 care records. We spoke to 14 patients. We spoke with 11 staff members across the department including staff nurses, senior nurses, consultants, matrons, service managers, and members of the executive team. We also observed two bed management meetings.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

# Urgent and emergency services

**Inspected but not rated**

This service was previously inspected in June 2021 and March 2022. In response to the findings the trust had an improvement plan in place and system support and oversight. Following receipt of further information of concern a focussed inspection was undertaken including the use of the Short Observational Framework for Inspection (SOFI).

Whilst acknowledging the recognised national challenge faced by urgent and emergency care services, fundamental standards of care remain paramount to patient safety.

During the inspection the department exceeded its maximum planned capacity and some patients were cared for on the corridor. Data provided indicated that the level of activity was relatively lower on the day of the onsite inspection than in previous days and weeks when care had extended to the main hospital corridor.

During the inspection we found that:

- Patients did not always receive appropriate care and treatment in a timely way, exposing them to the risk of harm. There was a risk that staff did not always recognise or respond appropriately to signs of deteriorating health. Staff did not always complete risk assessments for patients swiftly.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from attendance to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The service did not always have enough nursing staff and support staff to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff did not always respect patient's privacy and dignity and did not always keep care confidential.

However:

- The service had enough medical staff to match the planned numbers.
- Staff gave patients enough food and drink to meet their needs and improve their health in all areas of the emergency department except for the waiting room.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff treated patients with compassion and kindness and took account of their individual needs.

## Is the service safe?

**Inspected but not rated**

We carried out a focused inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

# Urgent and emergency services

### Assessing and responding to patient risk

**Patients did not always receive appropriate care and treatment in a timely way, exposing them to the risk of harm. Staff did not always identify and quickly act upon patients at risk of deterioration in the waiting room. Staff did not always complete risk assessments for patients swiftly.**

As part of this inspection we reviewed the care records of 10 patients and observed practice in the emergency department over one day.

The Royal College of Emergency Medicine (RCEM) guidance on the initial assessment of emergency patients (2017) states an assessment should be carried out by a clinician within 15 minutes of arrival. At the time of our inspection the time to triage was on average 28 minutes. In September 2022, around 72% of patients were seen within 15 minutes. This was below the trust target of 85%.

At a previous inspection we said the service should ensure clear interpretation of the RCEM guidance around consultant response times. Data provided by the trust showed performance for patients receiving a clinical review within 60 minutes was consistently below the national average between January and September 2022. The data from January to September 2022 showed performance of 26% for University Hospital Aintree which was lower than the national average of 33%. However, data from September 2022 showed some improvement and performance had increased to 32%.

Nursing staff triaged patients from the waiting room. However, on arrival patients were booked into the emergency department and had a basic health screen completed by the reception team. They were then asked to wait until they were called into a triage assessment room. This meant there was a risk of patients being in the waiting room without having their physical observations taken. We were told that staff completed hourly observations of the waiting room to identify any deteriorating patients and this was audited to monitor compliance. However, we saw limited evidence of staff walk rounds of the area or comfort rounds for patients during our inspection.

Patients who arrived by ambulance were triaged on arrival from the ambulance assessment area. A doctor was present in the ambulance assessment area to assess patients and ensure patients with higher acuity were prioritised. A second triage nurse was deployed to support during periods of high demand. During our inspection we observed the time to triage from the ambulance assessment area was on average 13 minutes. However, we found that patient triage times were not always accurately recorded in patient records. For example, we saw triage times recorded 30 minutes after the actual triage. Staff told us this was due to pressures of triaging patients in the ambulance assessment area impacting the ability to update records in 'real time'.

In September 2022, around 75% of ambulance handovers took over 15 minutes.

Ambulance handovers over 30 minutes had increased from 19% in July 2022 to 35% in September 2022. The average ambulance handover time had increased from 24 minutes in July 2022 to 40 minutes in September 2022.

Ambulance handovers over 60 minutes had increased from 6% in July 2022 to 18% in September 2022. Ambulance handovers over 90 minutes had increased from 44 in July 2022 to 174 in September 2022.

The ambulance admission corridor was located between the main waiting room and the majors and resuscitation areas. The corridor was used to accommodate patients arriving by ambulance.

# Urgent and emergency services

Patients also received care and treatment in this area while waiting to be moved to one of the treatment or observations rooms. We saw up to 19 patients in the ambulance corridor. Staff told us this number was frequently higher and during periods of high demand patients on trolleys were placed on the main hospital corridor. During our inspection the ambulance admission corridor was safely staffed to support with patient observations.

The emergency department used a patient safety checklist to ensure the fundamentals of care were monitored for patients in the department. The checklist was developed to provide assurance that risk assessments were completed in a timely way and to monitor compliance with intentional rounding. However, trust audit data showed poor compliance with falls risk assessment and pressure area assessment completion. For example, in September 2022 falls risk assessment compliance was around 66% and pressure area assessment compliance was around 65%.

Staff used a nationally recognised tool (NEWS2) to identify deteriorating patients and escalated them appropriately. The records we saw during this inspection showed NEWS2 had been completed in accordance with recommendation and concerns had been escalated correctly. Trust audit data showed that in September 2022 NEWS2 compliance was around 93%.

### Nurse staffing

**The service did not always have enough nursing staff and support staff to keep patients safe from avoidable harm and to provide the right care and treatment. However, the service had enough medical staff to match the planned numbers.**

The emergency department planned for a maximum of 85 patients at any one time. The number of patients in the department regularly exceeded the maximum planned number and on one occasion during the inspection staff reported 111 patients in the department. This meant there was a risk of patients experiencing delays in assessment and were exposed to risk of harm due to staffing levels not meeting the increased patient numbers.

The service did not always have enough nursing and support staff to keep patients safe. The number of nurses and healthcare assistants did not always match the planned numbers.

From 23 September 2022 to 06 October 2022 the emergency department achieved its planned nurse staffing on six out of 42 shifts. For the same period the department achieved its planned healthcare assistant staffing on nine out of 42 shifts. The average shift fill rate across the early, late and night shift for nursing and healthcare assistant staff was around 87%.

However, at the time of our inspection improvements had been made. From the 19 October 2022 to 27 October 2022 the average shift fill rate for nursing and healthcare assistant staff had increased to 94%.

Staff were frequently moved from other areas of the hospital to support the emergency department and meet skill mix requirements.

The service had enough medical staff with the right qualifications, skills, training and experience to provide the right care and treatment.

## Is the service effective?

**Inspected but not rated**

# Urgent and emergency services

We carried out a focused inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health in all areas of the emergency department except for the waiting room.**

During our inspection we saw staff providing patients with food and drinks in different areas of the emergency department including the ambulance corridor. The emergency department audited whether food and drink had been offered to patients who had been in the department for over six hours. Audit data for September 2022 showed approximately 95% compliance.

We did not see patients being offered drinks in the waiting room. We spoke with 10 patients in the waiting room and all patients said they had not been offered drinks. On one occasion a member of the inspection team had to ask a staff member to provide a patient with water. However, there was a 24-hour café in the main waiting room.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

The patient records we looked at showed that patients received the required pain relief and that they were treated in a way that met their needs and reduced discomfort.

However, five out of 10 patients in the waiting room who we spoke with said they had not been offered or given pain relief.

## Is the service caring?

**Inspected but not rated**

We carried out a focused inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Compassionate care

**Staff treated patients with compassion and kindness and took account of their individual needs. However, staff did not always respect patient's privacy and dignity and did not always keep care confidential.**

Staff were responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We saw staff caring for patients with compassion and feedback from patients confirmed that staff treated them with kindness. We observed staff supporting patients on the ambulance corridor to the toilet facilities.

# Urgent and emergency services

We carried out group observations using the Short Observational Framework for Inspection (SOFI) method on 19 October 2022. The SOFI tool is used to review services for people who have conditions that mean they cannot reliably give their verbal opinions on the services they receive.

We continually observed what happened to patients over a chosen observation period, making recordings at set intervals. In each time period, we recorded the general mood of the service users, the type of activity or non-activity they were engaged with and the style and number of staff interactions with service users. In each time frame there may be more than one type of engagement and multiple interactions with staff. Interactions with staff are categorised as positive, neutral or poor.

The group observations took place in the ambulance corridor of the emergency department. The first observation started at 12:55 pm and lasted 30 minutes. The second observation started at 01:40 pm and lasted 30 minutes. We observed five patients and four members of staff. Data was collected in five-minute time frames.

The general mood state for patients throughout the observation was neutral for 76%, positive for 20% and for 4% negative.

In 50% of the time frames the patients were engaged with a task such as eating their meal. In 46% of the time frames there was engagement between patients and staff.

Eighty one percent of staff interactions were positive, 19% were neutral and none were poor.

Staff did not always follow policy to keep patient care and treatment confidential. Privacy and dignity were not always respected. For example, on the ambulance corridor we observed patients disclosing personal information to staff and patients being assessed and receiving treatment in view of other patients and relatives.

## Is the service responsive?

**Inspected but not rated**

We carried out a focused inspection of this service. We did not rate the service at this inspection and all previous ratings remain.

### Access and flow

**People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.**

We were told that there were significant delays to patient discharges from the hospital which in turn reduced the availability of beds for patients from the emergency department to enable them to receive timely and appropriate care and treatment.

Patients often had a long wait within the emergency department for admission. For example, during our inspection one patient was waiting over 34 hours for admission to a general medicine bed.

# Urgent and emergency services

Data received from the trust showed that at University Hospital Aintree in September 2022, 39.56% of all attendees spent less than four hours in the emergency department which was worse than the England average of 71% and the North West average of 65%. In addition, 1562 patients spent more than 12 hours in the department.

Delays within the wider hospital setting were impacting on flow through the department. For example, data provided by the trust showed that in September 2022, only 14% of discharges were achieved by 12 noon.

Managers and staff did not always start planning each patient's discharge as early as possible. We observed two bed management meetings during this inspection, and it was evident that there were not enough beds available in the hospital. At the time of our inspection there were 187 patients on the no criteria to reside list. However, we saw limited evidence of staff facilitating discharges for medically fit patients. The bed management meetings focussed on hospital bed occupancy, number of empty beds and the number of patients with a decision to admit in the emergency department. Following our inspection, the trust informed us that patient flow teams attended the wards at least three times per day to identify definite and potential discharges. The trust also provided information about collaborative working with partners to improve discharge processes.

Senior leaders told us about the implementation of a flow improvement group which was in its infancy. The purpose of the group was to focus on areas of improvement with regards to discharge processes including ward rounds, TTO timeliness (to take out medications) and the role of discharge teams on the three hospital sites across the trust. No timescales were provided for this work. Following our inspection, the trust provided information explaining the structures that were in place to improve the flow of patients who were admitted to the hospital through to their discharge.

## Areas for improvement

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

**Action the trust MUST take to improve:**

**University Hospital Aintree Urgent and Emergency Care**

- The trust must ensure that effective and timely care is provided; to improve patient access and flow through the hospital to safe discharge or transfer to inpatient services. (Regulation 12)

**Action the trust SHOULD take to improve:**

**University Hospital Aintree Urgent and Emergency Care**

- The service should increase the visibility to waiting rooms with a clear process to assure safety of patients.

# Our inspection team

The team that inspected the service comprised a CQC lead inspector, inspection manager and team inspectors. The inspection team was overseen by Karen Knapton, Head of Hospital Inspection.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Treatment of disease, disorder or injury<br>Diagnostic and screening procedures | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |