



Healthwatch Liverpool Enter and View Report

Aintree University Hospital NHS Trust
Liverpool

February 2015

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Section A

Introduction to the Enter and View visit

Date and Time of Visit: Monday 09/02/2015, 2pm-4pm

Aintree University Hospital has an Accident and Emergency department and provides emergency and urgent hospital services as well as pre-planned and outpatients' hospital services in the north of Liverpool to patients from Liverpool, Sefton, Knowsley and beyond.

The reasons for the Enter and View Visits

The Enter and View visit was part of Healthwatch Liverpool activities of:

- identifying whether, and how, local health and social care services could be improved
- identifying whether, and how, local health and social care services ought to be improved
- identifying recommendations to improve the standards of health and social care services

The Methodology of the Enter and View Visit

The Enter and View visit was undertaken in accordance with the remit of Healthwatch Liverpool and will assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012.

The visit only entered communal areas and facilities. We did not enter any non-communal areas. During the visit Healthwatch representatives spoke with several members of staff and patients.

The visit was conducted by 4 representatives from Healthwatch Liverpool, Laura Yallop, Kani Al-Jaf, Andrew Lynch and Inez Bootsgezel. They displayed the requisite identification and provided proof of DBS clearance for the visit.

Healthwatch Liverpool classed this as an announced Enter and View visit, meaning that the service provider was given notice prior to the Enter and View taking place. This is a reflection of the fact that Healthwatch was not following up any specifically indicated quality issues, either positive or negative, regarding this service, and there would have been no advantage by conducting an unannounced visit.

General parameters of a Healthwatch Liverpool Enter and View visit.

Healthwatch Enter and View visits are not meant to be systematic inspections of a health or social care service. Such inspections are carried out by the Care Quality Commission and by relevant service commissioners. The Care Quality Commission has the role of assessing and informing the public about the general standards of care provided by health and social care services.

Healthwatch conducts Enter and View visits in order to observe a service in action and where practicable, to hear the voices of patients. At best, such Enter and View visits can only offer a strictly time limited snapshot of a service. Healthwatch Enter and View representatives are not health professionals, and so undertake these Enter and View visits from the perspective of a lay person.

Section B

The Enter and View visit at Aintree University Hospital

Orthopaedic Ward, Ward 16

The Healthwatch representatives were met by Paul Quigley, Matron in Surgery, and accompanied to ward 16, a ward for patients undergoing planned orthopaedic surgery, e.g. hip and knee replacements. There are 20 in-patient beds and 10 day case beds on the ward, the latter open Monday - Friday only. At some times of the year there is a (partial) shutdown depending on theatre activity, e.g. during summer holidays when there may be less staff available.

Matron Paul Quigley asked the Healthwatch representatives to wash hands and wear a disposable apron before getting on the ward as part of an enhanced infection control routine. The Matron explained that all staff and visitors must adhere to this routine due to the type of operations carried out on this ward, as patients are more susceptible to a bone infection. Healthwatch representatives were pleased to note that these infection control measures were in place and observed staff adhering to them during their visit. The Matron also explained that patients can't leave the ward once they've been admitted as part of

the infection control regime, and staff change into their uniform at work. Additionally all patients are screened for MRSA before being admitted to the ward.

The Matron told the Healthwatch visitors that due to additional pressures, several operations had had to be cancelled around Christmas. Healthwatch representatives were reassured that although usually no planned operations are carried out at weekends at Aintree Hospital, in February at the time of the Healthwatch visit some operations were taking place at weekends to make up for those cancellations during the Christmas period.

Once on the ward the Healthwatch representatives were shown to the day room, a relatively small room with some chairs, where they observed a member of staff completing paperwork; Healthwatch representatives wondered if there is enough appropriate work space available for staff to be able to do their paperwork.

The Healthwatch representatives were introduced to Pippa Storey, Ward Manager for Ward 16. She explained the ward is made up of two parts; 16a with 7 individual side rooms and one bay with 5 patients, and 16b with 3 bays with 5 patients each, and 3 individual side rooms. Both 16a and 16b have a 'high-visibility' bay where nursing staff can monitor patients who have been assessed to be at a higher risk of falls.

The Ward Manager explained that the average length of stay is 4 days, while patients undergoing a hip or knee replacement have an average stay of 5 or 6 days. Length of stay depends on how well patients are doing with pain management, physiotherapy, and if a patient needs to go to a rehabilitation home. Healthwatch representatives were pleased to be told that any patients living alone and expected to go to their own home would not be discharged on a Friday.

The Ward Manager showed the Healthwatch representatives around the ward. On the corridors, a 'How are we doing' board displayed how many staff were expected at any one time, how many staff were actually there, and if staff were off sick, or any staff vacancies. The board showed that compared to the expected number of staff there was one less nurse and one less nursing assistant than expected for the shift on this particular ward; Healthwatch representatives thought it positive that this information was clearly displayed, but wondered how this was monitored over time. Information about infection rates, falls, and pressure ulcers on the ward was also displayed, although the falls information appeared out-of-date, with the last entry recorded in June 2014. The Ward Manager showed another, 'snapshot' board that provides multi-disciplinary staff with an overview of expected and admitted patients, which patients are ready to go home, etc.

The Ward Manager also showed the Healthwatch volunteers a patient sideroom that was not in use at the time - the door had a 'Protect your Patients' sign that could be turned over to display a red sign to alert staff if the patient in that sideroom has an infection. The room itself was clean, spacious and had an ensuite toilet. Shower rooms were shared.

The Ward Manager said that patient feedback is received through the Friends and Family Test, which gets broken down into themes. Information about how to make a complaint was displayed near the entrance to the ward.

Healthwatch representatives observed staff interacting with patients in a friendly manner during the visit, and spoke with 2 patients on Ward 16. Their feedback was as follows:

Patient 1: 'I can't fault the service. The staff are lovely, and the ward is spotless. The food is good, different choices, tomato or parsnip soup, and pudding, jelly and ice cream was lovely. I've been in since Friday, had a knee replacement. I'm expecting to go home tomorrow, they've been with equipment at home, a tipping stool and toilet seat, and they will still bring a trolley. When you get a knee or hip done here (*Aintree*) you automatically qualify for equipment. I will get physio 5 days, to be shown exercises, and a district nurse twice weekly. When I've got questions I can press the button, they're here in seconds. It makes your stay pleasant'.

Patient 2: 'I do feel I have a say about my treatment, the consultant asks me if I agree. In terms of cleanliness, they are really really good. They are very strict about cleaning the ward. I have a say in my care, and nothing is too much trouble for them. Regarding dignity and respect, I couldn't criticise them. I have been treated at elective care and I have been treated well there too. You get a really nice choice of food and the food is hot and good'.

Ventilation Inpatient Centre (VIC), Ward 19

Healthwatch representatives were met by Julie Cheney, Ward Manager. She explained that the Unit opened in 2010 and has 4 specialist beds to provide a weaning service for patients who are unable to get off invasive ventilation. Additionally the Centre treats patients who need non-invasive ventilation for conditions like COPD, neuro-muscular conditions that affect breathing, etc. The Unit has 8 acute beds and 720 patients in the community. The Unit also teaches carers, including care homes and care agencies about ventilation.

The Ward Manager explained that the ward is currently short-staffed, with one full-time band 6 vacancy and 2.5 FTE staff on maternity leave. The unit needs specialised nursing staff, so at the moment is relying on its own staff to do overtime, or ask for ITU staff who have got the relevant experience. Healthwatch representatives understand that this is a short-term solution to staffing levels, but think that in the long term this would not be sustainable.

Healthwatch representatives were shown around the Unit. Everything was clean, and relevant information was displayed on the walls in the corridors, including information about how to make a complaint. The rehabilitation room was not in use by patients at the time of the visit and had some equipment as well as a desk. The day room was small, didn't have a television or other facilities and in the view of Healthwatch representatives did not

appear very inviting. Healthwatch representatives were told that it is used more as a waiting room for outpatients.

Healthwatch representatives were unable to see the relative's room at the entrance to the ward as there was a family using the facilities on that day; however they were told by the Ward Manager that this room contains soft furnishings and a TV and is normally openly available to relatives and patients in addition to the day room.

An inpatient side room shown was spacious, had a hoist with rail from the bed to the bathroom, and furniture suitable for use by bariatric patients.

Healthwatch representatives were shown and offered to try a mask that is used for non-invasive ventilation on the ward, and were told that all nursing staff can try the mask on so they understand how it feels for patients.

The ward is classed as a high-dependency ward and has both male and female patients, but toilet and shower facilities are separate. Healthwatch representatives spoke with 2 patients on the unit. Their feedback was as follows:

Patient 3: 'It's fabulous. I've been here 2 weeks, weaning off a ventilator. Cleanliness is good, and it's very chilled. I was in (*another hospital*), that wasn't as good, they didn't get things done there. The ITU had a lack of staff there, used agency staff. Here (*Aintree*) it's chilled and things get done. It's lovely, weekends are fabulous, no doctors, just nurses, they treat you differently. This unit was talked about in (*another hospital*), how much they admired it. I wasn't told when they think I can go home until today, they told me early March. The food is ok, Sunday tea was not so good, we were trying to work out what it was. I'm sick of mashed potato, and don't want to see a tuna bake anymore. I get given the right information, they'll tell you anything. The only complaint I've got is that it's very hot in here, nights as well. We have fans but it's still hot'.

Patient 4: 'Regarding dignity and respect, they have been brilliant. It's brilliant, all the staff seem to be on the go all the time, the cleaners too. They do a good job. I do feel safe on the ward. I am kept up to date on my treatment, they give me the options but the decision is mine. If you want a shower you don't have to walk more than 20 yards. The staff are brilliant generally; they are all on the ball'.

Section C

Summary/conclusions of this Enter and View visit.

Taking into account the remarks outlined in the introduction about the general parameters of Healthwatch Enter and View visits, there was nothing observed during this Enter and View visit which gave Healthwatch cause for concern regarding the quality or safety of the service being offered to patients at Aintree Hospital.

Overall the impressions from this visit to Aintree Hospital were positive. Healthwatch representatives observed that the wards visited on this occasion were clean and tidy.

Information was displayed in a transparent manner, including on the ‘How are we doing’ boards displayed in corridors, although Healthwatch representatives could not confirm if all information was up-to-date. However, on both the orthopaedic and VIC wards the day rooms were found to be small, with few facilities for patients and/ or their visitors.

Healthwatch representatives spoke with 4 patients, who were largely positive about their experiences at Aintree Hospital, including about the care received from staff.

However, the ‘How are we doing board’ on the orthopaedic ward showed that there weren’t as many staff on duty than had been expected for that shift, and from comments made by the ward manager of the Ventilation Inpatient Centre, it was clear that not having optimum staffing levels is an issue on both wards.

Healthwatch representatives also observed a member of staff doing paper work in the day room on the orthopaedic ward, which raised the question of whether there is enough appropriate work space available to staff.

Recommendations

As a result from this visit, Healthwatch Liverpool can make the following recommendations:

- that Aintree hospital considers updating the day rooms on both the orthopaedic and the VIC wards;
- that Aintree hospital reviews current staffing levels on the VIC ward and continues to monitor staffing levels on other wards.

Please see Appendix I for developments Aintree Hospital has indicated had already happened since the Healthwatch visit.

Healthwatch Liverpool

Healthwatch Liverpool is always keen to hear more from patients about services, whether those stories are about positive or negative experiences. Patient feedback helps Healthwatch to identify and acknowledge good practice, or issues that call for improvements.

To give Healthwatch further information, or to discuss this report further please find us using the contact details below.

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Appendix I

Aintree hospital provided the following updates in response to some of the observations in this report:

- Page 3, 'How are we doing' boards on the Orthopaedics ward: "The information on the 'How are we doing boards' is updated each month and displays data up to the end of the previous month. For example, any January 2015 patient falls or pressure ulcers would be updated on the board in mid-February 2015. The Ward Manager has now updated the Board to indicate that there was a patient fall in January 2015; prior to this the last patient fall was in June 2014".
- Page 3, orthopaedics ward side room: "There is a male/female double sided sign on the door that is changed to indicate if a male or female patient is using the bathroom. The bathroom is cleaned in-between each patient use".
- Page 4, staff vacancies on the VIC ward: "This is not a long term issue as interviews are taking place in March for the Band 6 vacancy and two staff will be returning to work from maternity leave before the end of April 2015".