

Aintree University Hospital NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. 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 trust	Good	
Are acute services at this trust safe?	Good	
Are acute services at this trust effective?	Good	
Are acute services at this trust caring?	Good	
Are acute services at this trust responsive?	Good	
Are acute services at this trust well-led?	Requires improvement	

Summary of findings

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Summary of findings

Overall summary

Aintree University Hospital NHS Foundation Trust is a large teaching hospital in Liverpool with 706 inpatient beds, serving a population of around 330,000 in North Liverpool, South Sefton and Kirkby. The trust provides services to some of the most deprived areas in England

The trust is one of the largest employers locally with more than 4,000 whole time equivalent staff. The trust gained foundation trust status in 2006 (one of the first trusts in Merseyside to do so) and has more than 13,000 public and staff foundation trust members.

Currently, the trust has one location, Aintree University Hospital, actively registered with the Care Quality Commission. The hospital provides general acute services and also works with partners to provide a range of services in community settings including rheumatology, ophthalmology and alcohol services. Other tertiary services provided by the trust include respiratory medicine, rheumatology, maxillofacial and liver surgery.

The hospital is well supported by the local community and has over 800 volunteers. The Volunteer Department provides a well-respected service with local and national recognition, particularly for its positive contribution to the patient journey and development opportunities for the local population.

All the patients we spoke with were positive about their care and treatment at the hospital. Patients felt that they were well cared for and staff treated them with dignity and respect. However, there were three questions in the A&E Patient Survey 2012 where the results were worse than expected: they concerned length of time patients waited in A&E, waiting to be examined by a nurse or doctor and information concerning how long the patient would have to wait to be examined.

There were effective systems in place to prevent patients suffering pressure ulcers, falls, blood clots and hospital acquired infections.

Staff were trained in identifying abuse and neglect and knew how to report concerns of this nature.

Operating theatre staff were undertaking the 'five steps to safer surgery' procedures, and used the World Health

Organization (WHO) checklist. However, we found examples of the WHO safer surgery checklist not being completed appropriately in theatres and we have asked the trust to take action to correct this.

Staffing

All the wards and departments we inspected were adequately staffed, and staff had access to training and development opportunities to improve their knowledge and skills to develop professionally.

Staff were committed and enthusiastic about their work and worked hard to ensure that patients were given the best care and treatment possible. There were good examples of policy and practice being changed as a result of learning from patient experiences. Staff were well supported by their managers and felt confident in raising concerns with them.

There were a number of initiatives in place to engage staff in developing future plans for the hospital. The Chief Executive was highly visible and staff were encouraged to share their ideas and suggestions for improvement. Staff sickness rates were below the national average.

Cleanliness and infection control

The hospital was clean throughout and there was good practice in the control and prevention of infection. Practice in this area was supported by training and a trust-wide control of infection team. The hospital infection rates for C.difficile and MRSA infections lie within an acceptable range for a trust of this size

Medicines management

There were good systems in place to manage medicines and ensure that patients' medicines were provided in a timely way.

Governance and risk management

On 29 September 2013, we carried out a scheduled unannounced inspection of the trust and we found that the trust had systems and processes in place for governance and risk management. However, the implementation and quality of the systems was variable. Risk management was a particularly poor area at all levels of the organisation, as was the timeliness to put in

Summary of findings

place risk reduction measures to prevent serious incidents reoccurring. We judged that this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and that this had a major impact on people who use the hospital. Consequently we served a notice warning the trust it must take action to secure improvement.

We followed up the warning notice and the actions the trust had taken as part of this inspection.

We found that the trust had made significant progress and met the requirements of the notice at the time of our inspection. We will continue to monitor the trust closely to ensure that the improvements are embedded and sustained.

However, there was still work for the trust to do to understand the discrepancy in its mortality data. We have told the trust that this must be addressed as a matter of priority

Prior to our inspection we were also aware of the concerns of Monitor (the foundation trust regulator). Monitor's concerns about the trust's C.difficile, MRSA, A&E four-hour waiting time and referral to treatment targets raised concerns about governance at the trust. We looked at these issues as part of our inspection found that the trust had improved its performance in these areas.

In addition, the NHS Staff Survey 2012 indicated that there were a number of concerns raised by staff, for example, staff witnessing potentially harmful errors, near miss incidents, and physical violence from patients/relative and staff, staff also experienced pressure to attend work when unwell, lack of appraisals, support from managers and lack of job satisfaction. We looked at these issues as part of our inspection and found that incident reporting had increased and the trust was responding to incidents in a more timely way. The trust was continuing its work to provide timely feedback to staff when incidents are reported.

The NHS staff survey for 2013 indicated that there had been a significant improvement in staff receiving 'Support from immediate managers' and the trusts performance is better than average compared to other acute trusts nationally.

The trust scored in the top 20% of acute trusts for the following two indicators:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

However, the trust scored in the bottom 20% of acute trusts for the following four indicators:

- The percentage of staff appraised in the last 12 months
- The percentage of staff having well-structured appraisals in the last 12 months
- The percentage of staff receiving health and safety training in the last 12 months
- The percentage of staff suffering work related stress in the last 12 months

The trust has acknowledged that it still has work to do in these key areas and has plans in place to improve its performance over the coming months.

Complaints management

When we carried out this inspection we worked with colleagues from the Patients Association and looked again at how complaints were managed in the trust as we had identified concerns about complaints management in our previous inspection in September. It was evident that considerable work has been carried out to date to make improvements and that more patients were now receiving timely and well considered responses to their complaints. However, this work needs to continue with pace and vigour so that the trust can be assured that complaints are managed effectively on a consistent basis.

Summary of findings

The five questions we ask about trusts and what we found

We always ask the following five questions of services.

Are services safe?

We found that the hospital was a safe place to receive care and treatment.

All the wards and departments were adequately staffed to meet the needs of patients.

There were good systems in place to prevent patients suffering harm from pressure ulcers, falls, blood clots and hospital acquired infections. Overall the trust was performing below the England average for in patient harm based on national performance indicators

The hospital was clean and well-maintained. Equipment was regularly checked safe and ready for use.

Policies and practices to control and prevent infection were in place and staff applied them well in delivering care and treatment to patients. The hospital infection rates for C.difficile and MRSA infections lie within an acceptable range for a trust of this size

There was a system for reporting safeguarding concerns that was supported by staff training.

Staff were supported to report and learn from clinical incidents and there was evidence of learning and improvement from incidents to improve patient safety.

Improved risk management and governance processes enabled the board to monitor performance and take appropriate remedial action if required. However, the trust still has work to do in relation to the consistently high bed occupancy rates and ensuring that staffing ratios remain appropriate to the numbers of patients.

Good



Are services effective?

Patients care and treatment was delivered in accordance with national best practice guidelines and there were regular audits to monitor the quality of the services provided.

Where shortfalls had been identified the trust had responded positively and taken action to address them. There were good examples of practice changing and improving as a result of audit findings that were making services more effective.

Multi-disciplinary teams worked collaboratively to secure effective treatment for patients in their care.

Good



Summary of findings

Are services caring?

Patients were treated with dignity and respect and they were positive about their care and treatment. Patients told us that staff were caring, compassionate, polite and helpful.

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests for Accident & Emergency and Inpatient admissions. In relation to the inpatient survey the trust has scored higher than the national average for the proportion of patients who state that they would be “extremely likely” to recommend the service to their friends and family. However there was mixed feedback in relation to A&E as the trust has scored consistently lower than the national average for the A&E elements of the survey with patients concerned about the length of time patients waited in A&E, waiting to be examined by a nurse or doctor and Information concerning how long the patient would have to wait to be examined.

Although at the time of our inspection all the patients we spoke with were very positive about their care and treatment in the emergency department

Good



Are services responsive to people's needs?

Overall, patients' needs were met in a timely way. After targeted improvement work relating to waiting times and patient flow, the hospital was meeting the national target for waiting times in A&E. However, the trust was performing consistently worse than the England average for the percentage patients leaving A&E without being seen. Patient referral to treatment times were within acceptable limits. Similarly the number of cancelled operations and delayed discharges were within acceptable ranges for a hospital of this size. The hospital is still experiencing some difficulties in outpatients in relation to booking, cancelling and rearranging appointments and the hospital had work underway to improve this element of the outpatients service. Staff were also taking action to reduce waiting times for patients in the outpatients department. This work is relatively new and we were unable to assess the impact on the department at the time of our inspection.

We found good examples of services making positive changes to meet patients' needs; however communication with patients who are deaf required improvement.

Good



Are services well-led?

Staff at the hospital were well led and supported by their managers. The Chief Executive was highly visible and staff felt that they were listened and responded to. There were a number of initiatives in place to engage staff in developing future plans for the hospital and suggestions and ideas were encouraged by the management team. Staff were proud of the work they did and there was a sense of enthusiasm and optimism in the trust. There had been significant improvement to risk management and governance processes

Requires improvement



Summary of findings

that was providing the trust board with improved assurance regarding its performance and challenges. We will be closely monitoring the trust to see if these improvements are embedded and maintained. However, there was still work for the trust to do to understand the discrepancy in its mortality data. We have told the trust that this must be addressed as a matter of priority. In addition the trust should continue with its plans to ensure that all staff receive an annual appraisal.

Summary of findings

What people who use the trust's services say

Inpatient and Accident and Emergency Friends and Family Test

The Hospital can be seen to be performing well above the England average for the Inpatient tests and significantly below for A&E. The response numbers are significantly higher for the trust in the A&E data and for the Inpatient test compared with the England average.

Cancer Patient Experience Survey

Out of 69 questions the trust was in the bottom 20% nationally for 24 questions. They are in the top 20% for one question and this was around 'Patient had confidence and trust in all doctors treating them'.

National Bereavement Survey 2011

The Merseyside PCT cluster can be seen to be performing among the top 20% of all PCT clusters nationwide for six questions.

NHS Choices

Aintree University Hospital has an overall score of 3.5 stars out of 5 stars. Negative themes from the comments include incorrect information being provided, nurse to patient ratio, A&E and unprofessional/arrogance of staff as a concern.

Patient views during the inspection

All of the patients we spoke with during our inspection were very positive about the care and treatment they had received at the hospital. Patients felt that their needs were met by caring and compassionate staff.

Patients were very positive of the support they received from the volunteers in the hospital who worked hard to support patients on their hospital journeys.

Listening event

We held a public listening event on 4 March 2014. Members of the local community attended the event and shared with us their care experiences. Some people raised concerns about the way the trust had responded to complaints with particular reference to the length of time the hospital took to reply. Members of the deaf community shared with us their concerns that the hospital could do more to meet their communication needs better. Others were positive about their experience

Areas for improvement

Action the trust MUST take to improve

- The trust must understand and explain the discrepancy in its mortality indicators.

Action the trust SHOULD take to improve

- Relaunch the 'forget me not' dementia care initiative in the medical wards.

- Ensure that staff are consistently completing the 'safer surgery' checklist appropriately.

Action the trust COULD take to improve

<Action here>

Good practice

- There were good examples of innovative practice in Critical Care and in the provision of the transition service for young Adults with Arthritis (in Partnership with Alder Hey Children's hospital).
- There was good practice in the Surgical Assessment Unit that was improving patient outcomes and reducing mortality.

Summary of findings

- The Volunteer project was an excellent example of including members of the local community in development opportunities.

Aintree University Hospital NHS Foundation Trust

Detailed Findings

Hospitals we looked at

Aintree University Hospital

Our inspection team

Our inspection team was led by:

Chair: Bill Cunliffe, Consultant Surgeon

Head of Hospital Inspections: Ann Ford, Care Quality Commission
The inspection team had 30 members including medical and nursing specialists, experts by experience, lay representatives and eight CQC inspectors.

Background to Aintree University Hospital NHS Foundation Trust

Aintree University Hospital NHS Foundation Trust is a large teaching hospital in Liverpool with 706 inpatient beds serving a population of around 330,000 in North Liverpool, South Sefton and Kirkby. Aintree is one of the largest

employers locally with more than 4,000 whole time equivalent staff. The trust gained Foundation Trust status in 2006, one of the first hospitals in Merseyside to do so and has over 13,000 public and staff members.

Currently, the trust has only one location, the Aintree University Hospital that is actively registered with the Care Quality Commission. The hospital provides 24 hour Emergency Department, Outpatients Department, a comprehensive range of elective and non-elective medical and surgical inpatients, Coronary Care Unit, Endoscopy Unit, Day Care Unit, Intensive Therapy Unit (ITU).

The trust also works with partners to provide a range of services in community settings including rheumatology, ophthalmology and alcohol services. Other tertiary services provided by the trust include respiratory medicine, rheumatology, maxillofacial and liver surgery.

On 29 September 2013, we carried out a scheduled unannounced inspection of the trust and we found that the trust had systems and processes in place for governance and risk management. However, the implementation and quality of these was variable. Risk Management was a particularly poor area at all levels of the organisation, as was the timeliness to put in place risk reduction measures

Detailed Findings

to prevent serious incidents reoccurring. We judged that this has a major impact on people who use the hospital and served a notice warning the trust it must take action to secure improvement.

We followed up the warning notice and the actions the trust had taken as part of this inspection.

We found that the trust had made significant progress and met the requirements of the notice at the time of our inspection. However, we will continue to monitor the trust closely to ensure that the improvements are embedded and sustained.

As part of the inspection on 29 September 2013 we also looked at some of the complaints that had previously been made by patients and relatives. We found that the full information of each step in the trust's complaints process was not in place. Satisfactory timescales for a written response to the complainant in line with the policy had not been met. The trust undertakes an investigation for each complaint received. However for a number of the complaints we looked at there were no written records of an investigation to show this had taken place. We judged this to be a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we told the trust it must take action to improve the way complaints were managed.

We found that the trust had made good progress in improving its management of complaints, Responses were more timely and the process for tracking and managing complaints had improved, recent investigations had been recorded. We will be monitoring the trust closely to ensure that improvements are embedded and sustained.

Why we carried out this inspection

We inspected this trust as part of our new in-depth hospital inspection programme.

We chose this trust as a high risk trust as we knew that there were challenges relating to the delivery of services.

We also followed up on outstanding enforcement action taken as a result of our inspection in September 2013 in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

How we carried out this inspection

In planning for this inspection we carried out a detailed analysis of local and national data sources that was used to inform our approach and enquiries. The trust was given an opportunity to review the data and comment on its factual accuracy. Corrections were made to the data pack in light of the response.

We also sought and viewed information from national professional bodies (Such as the Royal Colleges and central NHS organisations). Also views from local stakeholders such as commissioners of services and the local Healthwatch Team.

Our inspection model focuses on putting patients and those close to them at the heart of every inspection. It is of the utmost importance that the experiences of patients and families are included in our inspection of a hospital. To capture the views of patients and those close to them, we held a public listening event prior to the inspection on Tuesday 4 March 2014. This was an opportunity for people to tell us about their individual experiences of the hospital and we used the information people shared with us to inform our inspection.

We also received information and supporting data from the trust and before and during the inspection.

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

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

The inspection team inspected the following core services as part of the inspection

- Accident and emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- End of life care
- Outpatients

Detailed Findings

As part of our inspection we spoke with patients in each of the service areas and actively sought their views and the views of those close to them so we could develop a rich understanding of the services provided at the hospital. We held a number of well attended staff focus groups as well as interviews with the Senior management team and Board

directors. We looked closely at staffing levels and spent time examining notes and medical records. We also checked departmental records for cleaning and maintenance checks.

We also returned to the hospital unannounced on Monday 17 March 2014 and returned to theatres and the Surgical Assessment Unit (SAU)

Are services safe?

Summary of findings

We found that the trust was a safe place to receive care and treatment.

All the wards and departments were adequately staffed to meet the needs of patients.

There were good systems in place to prevent patients suffering harm from pressure ulcers, falls, blood clots and hospital acquired infections. Overall the trust was performing below the England average for in patient harm based on national performance indicators

The hospital was clean and well-maintained. Equipment was regularly checked safe and ready for use.

Policies and practices to control and prevent infection were in place and staff applied them well in delivering care and treatment to patients. The hospital infection rates for C.difficile and MRSA infections lie within an acceptable range for a trust of this size

There was a system for reporting safeguarding concerns that was supported by staff training.

Staff were supported to report and learn from clinical incidents and there was evidence of learning and improvement from incidents to improve patient safety.

Improved risk management and governance processes enabled the board to monitor performance and take appropriate remedial action if required.

- Staff wearing personal protective equipment, such as gloves and aprons, while delivering care
- Suitable arrangements for the handling, storage and disposal of clinical waste, including sharps
- Cleaning schedules in place and displayed throughout the ward areas
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.

There were ample supplies of suitable equipment that was clean, safe and ready for use.

In terms of routine incident management, the trust held a 'Weekly Meeting of Harm' to look at themes and trends in low harm and no harm incidents as well as claims, complaints and all potential Serious Untoward Incidents. A Risk Quarterly Report was produced for the Safety & Risk Subcommittee detailing analysis of incidents and actions taken against themes. Key safety messages were shared with staff via the Patient Safety Newsletters and team meetings.

There were good systems in place to manage medicines safely and ensure that patients' medicines were provided in timely way.

There were also systems to ensure that patients with swallowing problems are prescribed appropriate formulations of their medicines to prevent patients from suffering harm. A system to identify which medicines may increase the risk of falls had also been implemented.

There was a process for raising safeguarding concerns. Staff were aware of the process and could explain what was meant by abuse and neglect. This process was supported by staff training and records demonstrated that staff referred safeguarding concerns appropriately.

Learning and improvement

Staff were confident about reporting serious incidents and suspected poor practice that could harm patients or staff. These were recorded on an electronic monitoring system that was used to inform learning. The provision of feedback still varied across the departments. The trust acknowledged that timely feedback required further improvement and had begun to address this.

All staff knew how to report incidents and could describe the action they would take. In addition, staff were able to describe recent incidents and clearly outline what action

Our findings

Safety and performance

The wards and departments were adequately staffed to meet the needs of patients.

The hospital was clean, well-maintained and in a good state of repair. Staff were aware of current infection prevention and control guidelines and we observed good practices, such as:

- Hand washing facilities and alcohol hand gel available throughout the ward area
- Staff following hand hygiene and 'bare below the elbow' guidance



Are services safe?

had been taken. Members of the multidisciplinary team were involved in root cause analysis investigations and action plans had been developed and implemented to prevent reoccurrence.

There were clear action points in place to address actions that had been learnt from incidents and actions were assigned to specific staff members and cascaded into service areas. Learning points were also shared with staff. An example of a positive change resulting from an audit was the pathway for patients with a fractured neck of femur was changed to include more pain relief for patients.

The trust had an effective medicines incident reporting structure in place. A multidisciplinary Medicines Safety team met on a monthly basis and once a month the weekly harm meetings included a discussion about medication errors. A quarterly report was produced to review and summarise medication errors (including near misses). The error reports show a decreasing number of errors over the last three quarters in 2013 compared to the same quarters the previous year. There was one declared Serious Incident involving medicines in the final quarter of 2013 that was under investigation.

There had been two never events (events that are so serious they should never happen) reported by the trust between December 2012 and November 2013. One related to a swab that was retained inside a patient following a surgical procedure. The other incident related to a patient that underwent surgery on the wrong finger. There was a clear process for investigating never events and patient safety incidents, including serious untoward incidents (SUI's). We saw that root cause analysis (RCA) investigations were carried out following any serious incidents. We looked at four RCA reports for serious untoward incidents (including the two never events) and saw these involved appropriately trained nursing and clinical staff in the investigation process. However, the action plans from both

never events made reference to the WHO safer surgery checklist not being completed appropriately. This was still found to be the case when our inspection team visited theatres as part of our inspection.

There were no plans to audit compliance with the checklist again until May 2014. The SUI progress report dated February 2014 stated that some 28 actions were overdue (outside of timescale for completion).

Monitoring safety and responding to risk

Staff were routinely monitoring quality indicators such as falls, pressure ulcers and healthcare associated infections. There were also systems and processes in place to identify and plan for patient safety issues in advance, such as staffing shortfalls and bed capacity across the trust.

Where staff identified potential concerns relating to patient safety, these were assessed and recorded on the directorate or departmental risk register, The risk register identified concerns and the actions that had been taken to mitigate the risks locally and at board level.

Anticipation and planning

There were effective systems in place to manage staffing and bed capacity issues that could impact on patient care and safety. There were 3 bed management meetings a day to monitor patient flow and bed capacity. Information was reviewed in real-time to identify issues and enable staff to anticipate capacity issues and manage accordingly. This was of particular importance as the Department of Health data showed that the trust had a high overall bed occupancy rate of 97.1% between October and December 2013, consequently effective bed management was crucial to support optimum levels of patient safety and care management. The trust worked hard to ensure that patients were placed in an appropriate clinical setting, where this was not possible there were systems in place to ensure that patients were regularly reviewed by appropriate clinicians so that their care and treatment was not compromised

Are Services Effective?

(for example, treatment is effective)

Summary of findings

Patients care and treatment was delivered in accordance with national best practice guidelines and there were regular audits to monitor the quality of the services provided.

Where shortfalls had been identified the trust had responded positively and taken action to address them. There were good examples of practice changing and improving as a result of audit findings that were making services more effective.

Multi-disciplinary teams worked collaboratively to secure effective treatment for patients in their care.

Our findings

Using evidence-based guidance

Care and treatment was evidence based and followed recognisable and approved national guidance such as the National Institute for Health and Clinical Excellence (NICE) and nationally recognised assessment tools.

However, the WHO safer surgery checklist was not reliably implemented for all patients at all stages of the intraoperative pathway.

The trust had implemented care pathways such as the falls pro-forma, obstetric history form and the nursing assessment documents that reflected evidence based guidance for effective risk assessment and care management. There were tools for risk assessing patient risks in terms of pressure ulcers, falls, infections and early warning tools to monitor the patient's condition so that if the patient's condition deteriorated then medical staff could be alerted quickly.

The trust was regularly participating in clinical audit. We saw examples of local and national audits in all service areas, and staff were able to demonstrate changes to practice made as a result.

Performance, monitoring and improvement of outcomes

Performance boards, known as 'How we're doing' boards were visible at the entrance to each ward and were updated monthly. Staff were informed of the performance

of their ward against key indicators, such as the number of falls and pressure ulcers and were encouraged to make suggestions about ways in which performance and the patient experience could be improved.

There were processes for performance and professional management of staff. Mandatory training for all clinical staff included safeguarding vulnerable adults, infection control, pressure ulcer prevention and manual handling. Medical supervision of trainees was good within the directorate. Most staff of all disciplines told us that they felt managers encouraged them to take up training opportunities.

In the Surgical Assessment Unit (SAU) there was a consultant led teaching and a multi-professional approach for emergency surgery. A team of consultants were available to support middle grade and junior doctors and specialty-specific training was provided to clinical staff within the team. This approach had led to a reduction in overall mortality for patients needing emergency general surgery between 2006 and 2012 and a reduction in the mortality rates for patients needing emergency laparotomy procedures. The average length of patients in the unit had been also been reduced by 20% as a direct result of this approach.

Staff, equipment and facilities

Staff in the wards and departments were positive regarding recruitment practices and described a comprehensive induction that was helpful to new staff. Staff worked in a supernumerary capacity until completion of their induction. We found that professional body registration checks took place at the time of initial recruitment and continued annually.

There were processes for performance and professional management of staff. Mandatory training for all clinical staff included safeguarding vulnerable adults, infection control, pressure ulcer prevention and manual handling. Medical supervision of trainee doctors was good and well evaluated by trainees. Staff in all disciplines told us that they felt managers encouraged them to take up training opportunities to support good practice and promote high quality patient care and treatment.

The trust has a mandatory training target of 80%. At the time of our inspection performance was at 76%. However, there are key areas of risk within the training data that are significantly below the 80% target such as Basic Life Support (44%) and Pressure Ulcer Management (67%).

Are Services Effective?

(for example, treatment is effective)

In addition to this, there is low compliance with the appraisal of staff. The latest trust data indicated that compliance is 37% for the annual appraisal and objective setting for all staff. The trust is aware of the low rate of compliance in terms of staff appraisal and had identified issues with the electronic appraisal tool. It was viewed as cumbersome and required a number of stages to be completed before staff appraisal would show in the system. The trust was confident that significantly more staff had received an annual appraisal from their line manager and that the appraisal tool was producing inaccurate data. We were shown examples of this as part of our inspection.

However, in the 2013 NHS Staff Survey, the trust scored in the bottom 20% of acute trusts for the following four indicators:

- The percentage of staff appraised in the last 12 months
- The percentage of staff having well-structured appraisals in the last 12 months
- The percentage of staff receiving health and safety training in the last 12 months
- The percentage of staff suffering work related stress in the last 12 months

The trust also scored in the top 20% of acute trusts for the following two indicators:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

This indicates that the trust still has work to do in these key areas. The trust has acknowledged that its performance in these areas requires improvement and has plans in place to address these issues over the coming months.

The trust's performance in the indicator 'Support from immediate managers' is better than average compared to other acute trusts nationally and is an improvement from the 2012 NHS staff survey.

Multidisciplinary working and support

Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. From our observations and discussions with members of the multidisciplinary team, we saw that staff across all disciplines genuinely respected and valued the work of other members of the team. We saw that teams met at various times throughout the day, both formally and informally, to review patient care and plan for discharge. MDT decisions were recorded and care and treatment plans amended to include changes.

A Clinical Liaison Forum met regularly to discuss ways in which the hospital, local GPs and the Clinical Commissioning Groups could work together and representatives from General Practice formed part of the Avoidable Mortality Reduction Group.

Are services caring?

Summary of findings

Patients were treated with dignity and respect and they were positive about their care and treatment. Patients told us that staff were caring, compassionate, polite and helpful.

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests for Accident & Emergency and Inpatient admissions. In relation to the inpatient survey the trust has scored higher than the national average for the proportion of patients who state that they would be “extremely likely” to recommend the service to their friends and family. However the trust has scored consistently lower than the national average for the A&E elements of the survey with patients stating that the poor attitude of staff and long waiting times means that they would be less likely to recommend the hospital to their family and friends.

Although at the time of our inspection all the patients we spoke with were very positive about their care and treatment in the emergency department.

Our findings

Compassion, dignity and empathy

We found that care and treatment was delivered by a hardworking, caring and compassionate staff. We observed that all staff treated patients with dignity and respect. All the people we spoke at the time of our inspection were positive about their care and treatment.

Some comments made were, “Everyone is brilliant”, “I can’t fault them” and “The care I have received here has been excellent.”

We also saw examples of ways in which people were encouraged to share their impression of the hospital and ways in which improvements could be made.

Involvement in care and decision making

Staff planned and delivered care in a way that took into account the wishes and cultural needs of the patient. We saw staff obtaining verbal consent when helping patients with personal care and intimate procedures.

Patients we spoke with told us they felt involved in their care and treatment, consent was sought appropriately and staff explained benefits and risks to patients before asking them to sign the written consent form. Patients also told us that if they did not understand any aspects of their care that the medical, nursing or allied health professional staff would explain to them in a way that they could understand.

However, deaf people who attended the listening event felt their care was not always explained to them properly unless they had access to a British Sign Language Interpreter.

Trust and communication

Staff worked hard to develop positive relationships with patients and those close to them. Staff were open and honest with patients and encouraged questions about care and treatment. One patient told us, “They look after me like I’m one of the family.”

Patients told us they understood what medicines they were taking. This was because staff explained about any new medicines they were prescribed or why doses were changed. They said that the nurses told them all about the medicines they would be taking home with them when they were discharged

Staff also worked hard to allay patients’ fears and anxieties about their treatment, for example there was a pre-admission procedure for patients who would need intensive care after their surgery that included a visit to the post-operative critical care section of the unit. This gave people the chance to speak with staff and receive reassurance and information about pain control, intubation and any other concerns they may have about their operation.

Emotional support

Emotional support was given to patients and those close to them. Time was taken to explain to patients what was happening to them and why. We saw that there were protocols in place for giving difficult messages and

Are services caring?

discussing palliative and end of life care options with patients. Patients with palliative care and end of life care needs were managed sensitively and supportively by a highly skilled care team.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall, Patients' needs were met in a timely way. After targeted improvement work relating to waiting times and patient flow, the hospital was meeting the national target for waiting times in A&E. Patient referral to treatment times were within acceptable limits. Similarly the number of cancelled operations and delayed discharges were within acceptable ranges for a trust of this size. The trust is still experiencing some difficulties in outpatients in relation to booking, cancelling and rearranging appointments and the hospital had work underway to improve this element of the outpatient's service. Staff were also taking action to reduce waiting times for patients in the outpatients department. This work is relatively new and we were unable to assess the impact on the department at the time of our inspection. We found good examples of services making positive changes to meet patients' needs; however communication with patients who are deaf required improvement.

Our findings

Meeting people's needs

The trust was meeting people's needs in a timely way. Performance in relation to A&E waiting times had improved and patients being referred for treatment were seen in accordance with national requirements for referral to treatment times. The number of cancelled operations were in an acceptable range for a trust of this size as were the number of delayed discharges.

Patients were concerned about the length of time they sometimes waited in outpatient departments, although were positive about seeing their consultant. Car parking was also raised as an issue in relation to outpatient appointments.

The trust had implemented the "Forget Me Not" dementia guidelines for patients with dementia however staff on the medical wards did not feel that the initiative was particularly helpful. Staff in the surgical areas were more positive about the scheme and felt that it enabled them to meet the patients' needs in a more individualised way.

For patients whose first language was not English, the trust could provide a language interpreter if needed. Staff told us they would liaise with social services when dealing with homeless and vulnerable patients (such as refugees or asylum seekers). There was a policy in place which provided staff with guidance on how to provide care for patients with learning disabilities and a helpful deaf awareness pack. However, in relation to meeting the needs of patients who were deaf we found that the awareness pack was underutilised.

The volunteer service was helpful in meeting patients' needs and provided good support to patients who were vulnerable.

Volunteers also provided good support to patients who were at the end of life.

A patient experience report was produced on a monthly basis for the Board and provided an overview of patient experience across all wards and departments. This report included an update on actions to date relating to issues raised from internal audits, patient surveys and complaints. The report outlined individual complaints and how they had been dealt with as well as key learnings to be shared across the trust. We saw examples of service improvement in response to poor patient experience.

Vulnerable patients and capacity

The trust had arrangements in place to ensure staff understood the requirements of the Mental Capacity Act 2005 and that these requirements were applied when delivering care to patients who lacked capacity. All staff received mandatory training in consent, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). In addition to the mandatory training, staff had received training for caring for patients with dementia and those who displayed challenging behaviour. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and had access to social workers and staff trained in working with vulnerable patients, such as the safeguarding lead.

When a patient lacked capacity staff sought the support of appropriate professionals so that decisions could be made in the best interests of the patient.

Leaving hospital

The trust provided a discharge team to support timely patient discharge. Patients were discharged from a dedicated discharge lounge that was staffed so patients

Are services responsive to people's needs?

(for example, to feedback?)

could be monitored during their wait. There was a discharge form in the patient records that included a checklist to ensure patients were discharged in a planned and organised manner. There was an escalation process in place for staff to escalate to managers if a patient's discharge was likely to be delayed.

Learning from experiences, concerns and complaints

There was limited access to information for patients about raising a complaint or a concern and this is something the trust should address promptly.

The trust has revised its incident, complaint and claim investigation procedures and held a launch event in February 2014. It is envisaged that these changes promote SMART action plans to improve learning from incidents, complaints and claims. As the work was relatively new we were unable to assess the full impact of this work at the time of our inspection. However, there were definite improvements in the way the trust was managing complaints and responses to complaints were beginning to reach patients in a more timely way.

The areas we inspected had notice boards that included information such as the number of complaints received as well as results from the Friends and Family Test or patient experience questionnaires. Between September 2013 and October 2013, the trust had performed better than the national average for the Friends and Family Test, which asks patients how likely they are to recommend a hospital after treatment. This was reflected in the Friends and Family Test information we saw during our inspection.

The trust had a process for seeking feedback from patients through patient experience questionnaires. However, this process was not fully implemented in the areas we inspected. The notice boards in the ward areas indicated low numbers of questionnaires had been completed over the past year. Staff told us they also sought informal feedback from individual patients during their stay. Staff told us that information about complaints was discussed during routine team meetings to aid learning.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

Staff at the hospital were well led and supported by their managers. The Chief Executive was highly visible and staff felt that they were listened and responded to. There were a number of initiatives in place to engage staff in developing future plans for the hospital and suggestions and ideas were encouraged by the management team. Staff were proud of the work they did and there was a sense of enthusiasm and optimism in the trust. There had been significant improvement to risk management and governance processes that was providing the trust board with improved assurance regarding its performance and challenges. We will be closely monitoring the trust to see if these improvements are embedded and maintained. However, there was still work for the trust to do to understand the discrepancy in its mortality data. We have told the trust that this must be addressed as a matter of priority. In addition the trust should continue with its plans to ensure that all staff receive an annual appraisal.

Our findings

Vision, strategy and risks

On September 29 2013, we carried out an inspection of the trust and we found that the trust had systems and processes in place for governance and risk management. However, the implementation and quality of these was variable. Risk Management was a particularly poor area at all levels of the organisation, as was the timeliness to put in place risk reduction measures to prevent serious incidents reoccurring. We judged that this has a major impact on people who use the hospital and took enforcement action to secure improvement. When we returned to the trust we looked at the improvements that the trust had made in relation to its risk management and we found that the trust has set out its strategic risks and developed a Board Assurance Framework. This document clearly set out the risks, controls, gaps in controls and sources of potential assurance. From interviews with members of the Board, it was clear that the strategic risks were well known and understood by Board members. The Board has been supported with development sessions to improve the

understanding and management of strategic risks and this was evident at the inspection. We found that the management of risk within the trust had improved significantly since our last inspection.

The trust had undertaken a significant piece of work in improving the efficiency of its committee structures. A comprehensive 'Effective Meetings Guidance' document had been developed that and was beginning to standardise the functioning of all committees. Part of these improvements included action tracking and the identification and escalation of risk. The sub-committees in particular were beginning to benefit from the standardization and structure introduced within this document.

The trust has developed a Quality Strategy since its last inspection. This was approved by the Board in February 2014 following stakeholder and staff engagement. Senior staff were able to clearly articulate the plans within the Quality Strategy.

The trust had developed a 'Proud of Aintree' branding to support its vision of 'Getting it right, for every patient, every time.' The idea for the vision came from a member of staff following focus groups, consultation and listening events such as the 'big conversation' initiative. Staff were aware of this vision and were clear about the future direction of services and their likely part in delivering it. They were engaged and optimistic about the future of their own services and that of the trust as a whole.

Leadership and culture

All staff were enthusiastic, committed and proud to work at Aintree. The results of the 2013 NHS Staff Survey indicated that staff who would recommend the trust as a place to work or receive treatment 'was tending towards better than expected.'

The Chief Executive was highly prominent and was well known by staff at all levels. Other members of Board were not as well-known and staff felt they would appreciate increased visibility of other senior colleagues. Leadership at service level was very apparent. And there were some strong and positive role models for staff in all of the services we inspected. Some consultants stated that they were not engaged on wider trust issues but continued to demonstrate leadership in developing their own services regardless. However, many consultants were positive about the appointment of the interim medical director who was

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

seen as working hard to engage and support medical staff in the wider trust agenda as well as support individual service development and improvement. The trust had also recently appointed a Chief Operating Officer and a Director of Nursing who would be taking up their roles in the near future.

The trust Board had recently undertaken a leadership development programme. This is now being extended to associate and deputy director level.

An analysis of the Summary Hospital-level Indicator Mortality (SHMI) data submitted by the trust showed that trust mortality was above the expected target at 115.97. The Hospital Standardised Mortality Ratio (HSMR) data submitted by the trust showed the overall mortality rate was better than expected at 94.4.

The trust is aware of the discrepancy between the SMHI and The HSMR data but was unable to clearly describe a process by which this issue could be resolved expeditiously. Although the trust had formed a group to look at this, we noted that there were some decisions from the group meeting that had not been actioned and we considered that this must take priority.

Mortality reviews were carried out by specialty and each incident was reviewed and investigated. The trust had an avoidable mortality reduction action plan in place and was working towards reducing mortality rates. Patient mortality and progress against action plans were reviewed on a monthly basis by a trust-wide mortality reduction action group that was led by the Medical Director.

Patient experiences, staff involvement and engagement

Staff were positive about the 'Listening into Action' programme. This commenced in November 2012 and gave staff the opportunity to raise ideas or concerns via a series of focus groups and/or road shows. These ideas are then put into place in the hospital. This process was used to develop the trust vision and values.

There is a reward and recognition scheme for staff. Good performance and suggestions for improvement were acknowledged, shared and rewarded. Staff were encouraged to celebrate success and achievements were published in public areas of the hospital.

Learning, improvement, innovation and sustainability

The volunteer 'end of life' companionship service, introduced in May 2012, is now operating on 13 wards and has already had a significant impact on the quality of end of life care delivered within the trust. During the last 12 months, the End of Life Volunteer Companions have received three awards in recognition of this work: Aintree Hospital University Excellence Award for Partnership Work, Runner up for Liverpool PCT Quality Award for Patient Choice and the Volunteer Department Team of the Year Award.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Reg 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision <p>(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to-</p> <p>(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.'</p> <p>The provider has established a quality assurance system but this is not sufficiently embedded yet to be assured that all risks are identified, assessed and managed to protect people using the service.</p>
<Regulated activity 2>	<Regulation 2>
<Regulated activity 3>	<Regulation 3>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
<Regulated activity 1>	<Regulation 1>
<Regulated activity 2>	<Regulation 2>
<Regulated activity 3>	<Regulation 3>