



**STRONGER LOCAL VOICES
FOR HEALTH AND SOCIAL CARE**



'ENTER AND VIEW' VISIT

**Aintree University Hospitals
NHS Foundation Trust**

7th April 2011

This report is also available in alternative languages and formats including Easy Read, large print, Braille and audio on request

Hosted by
Liverpool Charity and Voluntary Services

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1.0 Introduction: Local Involvement Networks (LINKs) – Powers to Enter and View Services

1.1 Local Involvement Networks (LINKs) were established across England by the Local Government and Public Involvement in Health Act 2007.

1.2 LINKs are networks of local people and organisations, funded by Government and supported by independent organisations known as Hosts to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services. There is a LINK in every Local Authority area that has social services responsibility. In Liverpool the LINK is hosted by Liverpool Charity and Voluntary Services (LCVS).

1.3 LINKs were established to:

- give everyone an opportunity to say what they think about their local health and social care services – what is working well and what is not so good;
- give people an opportunity to monitor and check how services are planned and run; and
- provide feedback on what people have said about services, so that things can change for the better.

1.4 LINKs use a range of methods to enable them to say how local services could improve, such as:

- making reports and recommendations to commissioners and getting a reply within a set period of time;
- asking commissioners for information and getting a reply within a set period of time;
- going into some types of health and social care premises to observe the nature and quality of services; and
- referring issues to the local Overview and Scrutiny Committee and receiving a response.

1.5 To enable LINKs to gather the information they need about services, there are times when it is appropriate for them to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised LINK representatives to enter premises that providers own or control to observe the nature and quality of services.

1.6 In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)

- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services.

2.0 Reason for visit

2.1 Liverpool LINK has recently formalised the appointment of volunteer Health and Social Care Ambassadors (HASCAs) to each NHS Trust within its jurisdiction (i.e. the area covered by Liverpool PCT). Enter and View visits are one way of helping the HASCAs and other authorised LINK members who have undergone training and CRB checks to develop positive relationships with Trust officers and to start building a picture of the work of each Trust, with a view to making useful contributions to Quality Accounts commentaries and in a range of other ways.

2.2 The visit to Aintree Hospital was arranged with a view to providing Liverpool LINK Core Group members with an introduction to the structure and functions of the Trust and a chance to meet key staff with a view to arranging further visits in the future – particularly in relation to the Trust’s Quality Priorities. This visit followed a joint familiarisation day for Liverpool, Sefton and Knowsley LINKs attended by Edwin Morgan (Liverpool LINK Ambassador to Aintree Hospital) and was designed to focus on different areas of the hospital and to reflect interests expressed by LINK members.

2.3 Liverpool LINK Core Group members who took part in the visit were:

- Mike Marsh (Chair, Liverpool LINK)
- Dorcas Akeju OBE (Liverpool LINK Core Group member)
- Stanley Mayne (Liverpool LINK Core Group member)

They were accompanied by Claire Stevens and Inez Bootsgezel from the Liverpool LINK Support Team.

The LINK visitors were welcomed by Carmel Hale, Melanie Warwick, Gail Hewitt, Mark Johnson (Assistant Director of Performance), Ruth Sturgeon (Volunteer)

2.4 The purpose of the visit was to conduct a fact-finding exercise highlighting good practice and positive outcomes as well as asking questions about any potential changes or improvements that could be made and making recommendations where appropriate. LINK members

would like to thank Aintree staff for their willingness to take part in the exercise and for being so generous with their time and input.

3.0 Evidence from visit - Presentations

3.1 The LINK group were met by Ann Carr (PALS Team) and Norma Barrowcliff (Volunteers Team) and taken to the Shelly Suite for refreshments and a chance to meet key staff members.

3.2 The meeting was chaired by Carmel Hale (Assistant Director of Nursing) who welcomed the LINK party and introduced speakers who would address some of the issues that Liverpool LINK had identified as being of interest prior to the visit.

1. Gail Hewitt (Deputy Director of Nursing) – Quality Accounts 2010/11: progress so far

3.3 Liverpool LINK members have identified the need to work more closely with local NHS Trusts, including Aintree, in respect of maintaining a year-round dialogue about quality, patient experience and community engagement in particular. They hope that this will enable Liverpool LINK not only to make constructive, evidence-based commentaries on Trust Quality Accounts but also to work in partnership to identify and address positive and negative issues as they arise.

3.4 Gail welcomed this and explained that the Trust has a 3-year Quality Strategy to save 300 lives a year, reduce avoidable harm by cutting moderate and severe incidents by 20% over 3 years and improve patient experience.

3.5 Within this broad strategy, the Trust Quality Board were considering using the 2010/11 Quality Account to report on progress on:

- Infection control
- Advancing quality
- Nutrition
- Falls
- Acutely ill patients
- Patient Experience
- VTE (venous thromboembolism) Prophylaxis (i.e. preventative measures)
- Productive Ward
- Nurse Sensitive Indicators

To this end, questionnaires had been forwarded to Liverpool LINK for circulation to members and the wider public and feedback would be taken into account before reaching a final decision.

3.6 Gail then talked through some of these priorities in more depth, including the Trust's new MRSA care pathway and care plan, the

introduction of Octenisan eradication therapy – which is a wash to reduce MRSA – for high risk patients and the ward deep clean programme. Bioquel (peroxide vapour) is used for a rolling programme of deep cleaning which takes place at least once a year in each part of the building but will also happen following any serious incident.

- 3.7 During the week of the LINK visit, the Medical Emergency Team were merged with the Cardiac Arrest Team as part of the strategy to save the lives of acutely ill patients. Aintree's introduction of the Productive Ward approach is also aimed at releasing time for maximum 'hands on' care through improving ward rounds, patient observations and handover. This has been well received by nursing staff.
- 3.8 The Malnutrition Screening Tool (MUST) is now available electronically and a red tray/red jug system is operational to clearly denote which patients need assistance with eating and drinking. Trained volunteers help to feed patients.
- 3.9 The Advancing Quality initiative focuses on improving care across five clinical pathways – heart attack, heart failure, stroke, hip and knee surgery – by designing care bundles which aim to provide the right care at the right time.
- 3.10 The Trust uses a Safety Cross (a colour coded 'calendar' on which falls are recorded) posted on ward walls, staff Safety Huddles and a new Falls Care Plan to monitor and reduce falls. Patients receive ongoing assessment throughout their stay and matrons go through a daily checklist for all patients. Safety Huddles can be called at any time and are additional to the regular handover of notes; they allow staff to focus on key patients who may be at risk on the ward and to be given an extra briefing as required. Aintree is also part of the national Safety Express work stream, which aims to reduce falls, pressure ulcers, catheter acquired urinary tract infections and VTE whilst achieving efficiencies. For example, turning patients is key to reducing pressure ulcers but part of the treatment involves the quality of the mattresses used by the Trust.
- 3.11 The Trust recognises that public engagement hasn't always been as good as it could have and although governors and staff are well-engaged. Senior officers are keen to improve this situation and the engagement action plan proposed by Liverpool LINK was very welcome and had been well-received. It was envisaged that the Trust would work on this in partnership with the LINK and it would be signed-up to from July 2011.
- 3.12 In response to a question about the balance between 'quality and equality' it was explained that every patient gets the same level of standardised care. However, every effort is made to take account of the specific needs of individual patients. Patient ethnicity is monitored and effective assessment of each patient's needs will identify additional

support needs such as language support or specific dietary requirements. Translation services have recently been reviewed and a Nutritional Steering Group makes sure that individual dietary needs are met. All food is prepared in house allowing staff to cater for individual needs.

- 3.13 'Hard to reach' groups had been invited to an event earlier in the week (attended by Liverpool LiNK) and an ongoing programme of events had been planned. This would involve going out to groups where they are in the community. A Diversity Week was planned in May and the Trust was keen to work with Liverpool LiNK on this.

2. Mark Johnson (Assistant Director of Performance) – Patient Experience Questionnaires (PEQs)

- 3.14 Mark's role involves responsibility for targets (including waiting lists, referral to treatment and mortality) although he believes that delivery of targets should come as a natural consequence of the delivery of care. Mark is also the lead for liaison with the Care Quality Commission (CQC). There had been an unannounced CQC visit two weeks before the LiNK visit which focused on nutrition and went well.

- 3.15 Capturing patient experience is central to understanding how well the Trust is performing and it is therefore employing a number of methods for asking patients about their experiences, including focused interviews with A&E patients. Mark is aware that Trust staff may be seen to have a conflict of interest / lack of independence so volunteers or housekeepers are used to help patients' complete questionnaires rather than nurses or doctors although he acknowledged that even this may not eliminate the tendency for patients to 'skew' their answers.

- 3.16 Electronic questionnaires focus on areas identified as needing improvement following analysis of previous questionnaires. Separate questionnaires are aimed at inpatients and outpatients and take 3 or 4 minutes to complete. 34 questionnaire reports had been completed in the week prior to the LiNK visit and the Trust is also keen to capture information from patients following discharge and to re-survey people at home. Questionnaires can also be completed in the discharge lounge while patients are waiting to go home.

- 3.17 There is a move to get away from tick-boxes and towards capturing more qualitative information about patient stories and journeys. The Trust is also looking at developing online and postal questionnaires to enable patients to provide information in ways that suit them and at times that suit them. There are also moves towards producing an iPad based PEQ (also available on paper) so that patients can complete questionnaires easily themselves or, if they prefer, volunteers can sit with them and provide assistance. At present questionnaires are not available in Easy Read format.

- 3.18 Falls, re-admission rates and infection rates can be used as proxies for quality of service and the Trust aims to implement up-to-date ward 'dashboards' so that staff, patients and visitors can see where things stand on an ongoing basis.
- 3.19 The RICE questionnaire is aimed at Outpatients and covers Respect, Information, Cleanliness and Efficiency.
- 3.20 In addition to PEQ and RICE, matrons are required to complete a daily 'Matron's Checklist', which comprises an assurance check of ward cleanliness (including toilet / washing facilities). Matrons will also select 4 sets of patient notes at random every day and ask the patients if they are happy with their treatment – responses are recorded and patients who are not happy will have their concerns followed up.
- 3.21 The Aintree Business Intelligence System (aBI) provides the Trust with a Quality and Safety Portal which can report in real time on PEQs. For example, Mark demonstrated that between 1st Jan 2011 and the date of the LINK visit there had been 735 patients surveyed and it was possible to show that, for instance, 88.57% said their hygiene needs had always been met whereas 0.41% said they had never been met. Another example showed that 95% of patients surveyed would choose to come to Aintree again (should they require relevant services) whereas 5% wouldn't. This search facility allows the Trust to identify issues which may require more in depth consideration – such as nutrition or pain relief. It also enables staff to break down data such as the number of falls or ulcers to ward level.
- 3.22 The PEQ covers issues including cleanliness, medication and single sex accommodation and takes approximately 20 minutes to complete – volunteers are encouraged to conduct the questionnaire as a 'conversation' with the patient.
- 3.23 In response to LINK questions Mark and his colleagues replied that outpatient waiting times are monitored in real time through the aBI system and that waiting lists for each consultant can be tracked. The Trust is keen to reduce the number of 'short-notice cancellations', i.e. when an appointment is cancelled by the hospital, in addition to 'Did Not Attends' (DNAs), i.e. when patients do not keep appointments. The current DNA rate was approximately 13% (approximately 9% for new patients but rising to 14% for ongoing patients). The Trust will ring or text patients in the run-up to their appointments, to remind them. It was agreed that it was unnecessary to send out letters to patients attending outpatient appointments (e.g. for the diabetic clinic) when appointment times were changes marginally – in some cases by 10 minutes.
- 3.24 The Trust currently conducts 20 ward-based surveys per month and is aiming to increase this number.

3. Melanie Warwick (Macmillan Lead Cancer Nurse) – Quality Developments in Cancer Services

- 3.25 The LINK group were interested to hear about cancer services at Aintree as Liverpool LINK members were currently working on a report about cancer awareness in Liverpool given the high rate of cancer deaths locally.
- 3.26 Melanie informed the group that Aintree has been involved in the National Cancer Standards Peer Review since 2004 which involves assessment against a range of quality standards for tumour-specific and cross-cutting services. Significant progress had been made in this time and Aintree is now rated in the top 20% of Trusts in the National Cancer Patient Survey although there is still work to be done in relation to the provision of written information to patients and around patient support regarding finding out about benefits to which they may be entitled and about free prescriptions.
- 3.27 Remedial action plans are in place to address any concerns or areas of non-compliance and these are updated and presented quarterly to the Trust's Clinical Governance Board.
- 3.28 Patients experience is not only through the National Cancer Patient Experience Survey but also through annual local surveys and through patient / service user representation on a local peer review panel. There are also ties with local support groups.
- 3.29 Recent developments include the delivery of complementary therapies alongside chemotherapy at the Marina Dalglish Unit and the introduction of two Macmillan Information Centres with a third centre due to open in May. Welfare Benefits advice sessions are held in partnership with Fazakerly Information and Advice Centre (FAIR) and Learning Disability Health Facilitators are helping to provide Easy Read information.
- 3.30 The Trust has introduced Patient Information Prescriptions which provide personalised information to patients using cancer services. This may include key points about an individual's diagnosis, treatment and/or care plan and information about other relevant sources of information and support.
- 3.31 The Lung Health and Wellbeing Clinic, which is a pilot provided by Macmillan and the Department of Health, provides support around self-management for survivors and now operates fortnightly having originally been a monthly service.
- 3.32 The Clatterbridge Radiotherapy Centre opened at Aintree on 14th Feb 2011 meaning that local residents no longer always have to travel to the Wirral for radiotherapy services. However, the Trust continues to provide services to patients from across Merseyside and North Wales

and provides head and neck specialists in addition to chemotherapy and radiotherapy.

- 3.33 It is envisaged that a local Maggie's Centre will be based at The Royal but will provide outreach services at Aintree. Maggie's Centres offer information, advice and psychological support to people with cancer, their families and friends.
- 3.34 Aintree is also involved with the Royal and with Sefton and Liverpool PCTs in providing a Psychological Support Service for people with cancer, relatives, carers and some other patients with life-limiting conditions.
- 3.35 The Trust participates in cancer awareness activities in line with national and local campaigns and was participating in a bowel cancer awareness programme at the time of the visit – as evidenced by literature available at various points on the premises. Staff are involved in Merseyside and Cheshire Cancer Network and make use of its iVan mobile unit as appropriate.
- 3.36 Finally, Melanie informed the group that the average length of stay for this group of patients had reduced from 14 days to 8 days. This information was gathered by a 3 month audit prior to the establishment of the service, compared to a 3 month audit once the service was up and running.

4.0 Evidence from Visit – Tour of Services

- 4.1 Following the presentation session, the LINK group were taken on a tour by two of the Trust's volunteer team, Ruth Sturgeon and Norma Barrowcliffe.

a) Accident and Emergency Department

- 4.2 The LINK group was met by Jan Rider (Matron) who explained the way that triage and initial assessment work and showed the group the separate major and minor injuries areas whilst answering questions from the group.
- 4.3 Due to the nature of the work it was not considered practical to display patient waiting times as these can change at any time based on the number and seriousness of new admissions. However, every effort is made to reduce waiting times by making best use of staff skills. For instance, nurse practitioners can assess minor injuries and doctors can look at notes and request x-rays whilst the patients are waiting. Blood tests can be done at A&E.
- 4.4 The 4-hour wait time starts once patients have been triaged.

- 4.5 Staffing levels can vary but on the day of the visit there were 3 consultants and 2 registrars on duty and there will normally be 7 or 8 SHO's. At night there will be 1 registrar.
- 4.6 Friday nights are the busiest time and also the time when patients are most likely to be violent. Although more nurses are usually available on duty it can be harder to cover the rota for doctors although there will always be at least one experienced doctor available. Consultants will stay on duty until midnight and someone will be on call for the whole weekend.
- 4.7 The department holds weekly management meetings in which they will look at issues including peaks and troughs in demand. Staff start times can be staggered to meet demand and the aBI computer system is also very helpful in terms of planning and management. The Bed Management team are also able to log on to daily information about bed availability in other local hospitals should this be necessary.
- 4.8 The LINK group were shown the Patient Management screen which uses colour-coding to show the needs of individual patients clearly (e.g. red = emergency, blue = medical and purple = long wait).
- 4.9 Children are always prioritised but may be referred to Alder Hey for treatment depending on their particular condition.
- 4.10 In some cases patients may be referred for community support through Physio or Occupational Therapy staff rather than being admitted.
- 4.11 A&E staff are also able to assist patients / family members with the help of a team of volunteers, a counselling service, a bereavement service and a quiet room. There is also a stock of advice leaflets on a range of subjects including for example head injury or wound care which can be given to patients as appropriate.
- 4.12 Due to the nature of the Department the Clinical Decisions Unit is mixed-sex but from the point of medical assessment onwards all accommodation is single sex.

b) Marina Dalglish Centre

- 4.13 The Marina Dalglish Centre provides a range of services for chemotherapy patients including 16 treatment bays with reclining armchairs and a two-bedded bay where patients can receive treatment in comfort. There is also a complementary therapy area where trained volunteers provide aromatherapy and massage treatment. No patients stay overnight and the Centre has the feel of a health club.
- 4.14 Other services based in the Centre include a phlebotomy room (for taking blood samples), a chemotherapy preparation room and consulting rooms.

- 4.15 The LINK group met Gill Marflitt (Macmillan Cancer Information Manager) who provides a wide range of information, advice and signposting to cancer patients and their families / carers. Information provided includes things patients may need to know about any form of cancer such as effects, financial implications, local support agencies, self-help groups and hospices.
- 4.16 Jill explained how information requests are logged, actioned and followed-up including by 3 Macmillan Benefit Specialists based at Sefton CAB and by contacts at Fazakerley Advice and Information Resource (FAIR). At present there are no Macmillan Benefit Specialists within Liverpool CABx but staff at Sefton CAB and the Royal may be able to help to signpost Liverpool residents to appropriate services.
- c) Ward 16**
- 4.17 Ward 16 is an elective orthopaedic ward where approximately half the patients are 'short stay' (the average for March 2011 was 0.9 days) and other patients who are having work done on hips and other joints stay an average of 3.9 days (March 2011 figures).
- 4.18 Gemma Londesborough (Ward Manager) explained how patient experience information is collected. The Housekeeper will speak to the Nurse In Charge on a daily basis to identify the patients who will be going home that day and will complete questionnaires with them at their bedside – some will complete the questions themselves and others will request assistance. Completed questionnaires are placed in an envelope and then the information is uploaded onto the computer system. The information is collected at the time of discharge in order to cover experience of the patient's whole stay. Prior to this method of information collection hand-held PEMs (Patient Experience Measures) devices were used and gave largely the same results.
- 4.19 It was acknowledged that patients may feel less able to give honest answers whilst still in hospital and to this end some patients are sent cards which they can complete and return a month after discharge.
- 4.20 Information collected about patient experience and patient safety is addressed through team meetings and briefings on the ward.
- 4.21 Any issues relating to catering are dealt with through direct liaison with kitchen staff including the provision of food for day patients who have not had the opportunity to order it in advance of meal times.
- 4.22 Nursing staff serve meals although assistance is provided by Hostesses who will also serve drinks. Direct involvement of nurses at meal times is felt to be beneficial to patient care and experience.

- 4.23 Staff on the ward have links with staff providing other specialisms elsewhere in the Trust and regularly share skills with each other so that best practice can be cascaded and all staff developed.
- 4.24 Some 5-bed bays have been made into 2 side rooms with en-suite facilities which has improved privacy and dignity.
- 4.25 Early Rehabilitation at Home services are provided in the community and patients may get up to 5 days support following discharge to help them re-settle into life at home. Physio services may be provided twice a day to inpatients as part of the Enhanced Recovery programme before transfer to home-based services and independence.
- 4.26 The Trust operates an Expected Date of Discharge Policy so that patients have a discharge plan in place even before their operations take place. A pre-operative education group run by Occupational Therapists is attended, prior to admission, by patients undergoing elective hip replacements and provides information on what will happen and what patients can expect after their operation.
- 4.27 Hand hygiene information was displayed on the wall and showed 100% compliance for the previous week. There was also a useful range of visitor / patient information on a board outside the ward.

d) Departure Lounge – Lynn Evans (Matron)

- 4.28 This new discharge facility was opened in December 2010 – having previously been an old ward used for storage space – and is a big improvement on previous discharge premises to the extent that utilisation has increased by 300%.
- 4.29 Single sex facilities are available and have been decorated with murals and art works, comfortable chairs and beds for those who require them. Facilities include lounges and a dining area.
- 4.30 Most discharges are planned and Departure Lounge staff encourage clinicians to have prescriptions submitted the previous day to reduce potential delays. Day cases may however have to wait an hour or two.
- 4.31 Patients with dementia may not be moved to the lounge if it is judged, on a case by case risk-assessment basis, that a move may add to their confusion or distress.
- 4.32 Discharge plans and any appropriate liaison with community based care services should be finalised on wards. However, Departure Lounge staff would follow up any concerns or fears raised by patients/family members/carers.
- 4.33 Waiting for an ambulance can take time but this would never normally be more than 3 hours. Meals or refreshments are available for patients

who are waiting and volunteers are on hand to provide support. There is currently access to TVs and radios and the Trust is looking at obtaining some games.

- 4.34 A side room is available for cases where infection control is required and a wet room is provided so that patients who have not had a chance to be washed on wards prior to collection by discharge staff are able to wash or be washed.
- 4.35 A Breakfast Club operates so that all patients are fed before they are collected by family, taxi or ambulance.

e) Other questions

- 4.36 Liverpool LINK members finished the day by putting some final questions to staff. The answers they received were as follows.
- 4.37 The Trust has approximately 4,500 staff and a capacity of 730 beds (down from 840). The ratio of staff to patients varies according to individual levels of dependency, however, critical care support would normally be 1:1 whereas 'step-down' care is 4:1.
- 4.38 All Trust policies are Impact Assessed and staff are involved / consulted by the policy's lead author. The Head of Equality and Diversity sits on a Review Group and can challenge policies if necessary.
- 4.39 The Training and Development Department delivers a range of modules via the University of Liverpool. These are based on individual staff Training Needs Analyses. Staff self-score and are also scored by their manager and work together on a development plan. Appraisal information can be accessed in real time via the Compass electronic system.
- 4.40 Although staff go home from work in their uniforms the Trust has a policy that fresh uniforms should be worn every day and that changing facilities are available where they work they must change when they get to work. There is a possibility that changing facilities may be increased. Staff are also issued with uniform washing guidelines and some staff do make use of the hospital's laundry service. All staff have jackets to cover their tunics. All staff in A&E wear uniforms/scrubs with colours denoting their specific roles. There has been no research showing that uniforms are a problem with MRSA.
- 4.41 A staff Smoking Group is considering the extent to which staff can be covered by the hospital smoking policy outside the Trust premises.
- 4.42 Access to the hospital for people with disabilities should not be a problem. The high rise car park has disabled bays on the 'bridge level' and spaces have been increased. Security services take violations

seriously. For those coming to hospital by taxi, the main taxi rank is directly at the front of the building and Help Points are being introduced in car-parks and corridors. A shuttle bus is also available.

- 4.43 Kathy Rafferty (Disability Advisor) is working closely with Estates and disabled service users to look at the accessibility of the site.
- 4.44 In relation to discharge planning the Trust has CQUINS around safe discharge and electronic discharge letters to GPs and is working hard to meet targets.

5.0 Conclusion: are patient needs/preferences being met?

- 5.1 Given the evidence available on the day of the visit the LINK visitors were satisfied that every effort is being made to ensure that patient experience is as positive as possible and that patients are given suitable opportunities to provide feedback and raise any concerns. Quality is clearly high on the Trusts agenda and a range of innovations are already in place or are being actively considered to capture and make constructive use of information provided by patients and staff.
- 5.2 Liverpool LINK members were pleased to see that Information Prescriptions were being used for patients using the Trusts cancer services – as this is an approach the LINK has previously recommended to clinicians in all tiers of the health service.
- 5.3 Signage in the hospital is generally fairly good and includes coloured floor markings as well as written signs. It was encouraging to see that the new Diabetic Clinic is now adequately signed (although the LINK visitors did have to direct one 'lost' patient to the Clinic) and that PALS / Customer Care information was easily accessible.

6.0 Recommendations

- 6.1 Based on the evidence gathered in the course of the visit, Liverpool LINK makes the following recommendations.
 - I. It would be useful to introduce Easy Read versions of all patient questionnaires or even to make Easy Read versions the only versions available – this may improve accessibility and clarity for all patients. A related point is that some of the signage around the hospital uses 'jargon' that may not be clear to patients e.g. 'TTDs'.
 - II. A review of the ways in which the cost of missed or cancelled appointments is communicated to both staff and patients might be worthwhile as there is still a need to underline the unnecessary cost this causes the Trust (in time and money) at a time of particular financial pressure on the NHS. It might also be useful to review the need to send patients letters regarding very minor changes to appointment times.

- III. It may be helpful to patients resident in Liverpool to ensure that staff providing Information Prescriptions have made links with the Advocacy Rights Hub¹ and other relevant signposting agencies which can assist with providing referrals to non-clinical / community based sources of advice, information and support (to complement the work being done by FAIR and Sefton CAB in Sefton).
- IV. It would be useful to examine ways of supporting patients to access the Diabetic Clinic and Chiropody Department as there does not seem to be any disabled parking within easy walking distance. Although there is plenty of accessible parking in the new car park it can be a long walk for those with neuropathy and can also be difficult for wheelchair users, particularly in bad weather.
- V. Liverpool LINK would welcome all opportunities to develop an ever closer working relationship with Aintree University Hospitals NHS Foundation Trust, particularly in the current period of change and transition for health services and patient/public involvement. Regular meetings between Liverpool LINK's Health and Social Care Ambassador for the Trust and key Trust Officers would be beneficial as would Trust involvement in LINK neighbourhood activities.
- VI. Liverpool LINK members are currently concerned with discharge planning across all health providers in Liverpool and would welcome closer liaison with Aintree University Hospitals NHS Foundation Trust officers as appropriate.

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¹ www.advocacyrightshub.co.uk