

Alder Hey Children's NHS Foundation Trust

Inspection report


Alder Hey Hospital
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Ratings

Overall trust quality rating

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Good 

Summary of findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RBS/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RBS/inspection-summary).

Background to the trust

Alder Hey Children's NHS Foundation Trust is one of four stand-alone children's specialist providers in the country. Alder Hey provides a full range of secondary services to its local paediatric population as well as tertiary and quaternary care for a footprint stretching across the north west and beyond. Thirty-three per cent of the trust's clinical income is non-specialised and 67% is specialised. The trust is principally commissioned by NHS England for tertiary and quaternary care. The Trust also serves a wide population base for secondary care commissioned by Liverpool Clinical Commissioning Group (CCG).

Alder Hey provides care for approximately 330,000 children and families each year. The trust became a foundation trust in August 2008. The trust also leads research into children's medicines, infection, inflammation and oncology. The trust has a broad range of hospital and community services, including many for direct referral from primary care and an inpatient and community Child and Adolescent Mental Health Service (CAMHS) to support young people between the ages of 5 and 14 years. The trust also has children and young people's community services. The trust is a designated national centre for head and face surgery as well as a centre of excellence for heart, cancer, spinal and brain disease. The hospital is a recognised Major Trauma Centre and is one of four national Children's Epilepsy Surgery Service centres. Alder Hey Children's Hospital is the only national centre of excellence for childhood lupus and the only experimental arthritis treatment centre for children. The trust also provided the paediatric service of three nationally commissioned centres of excellence for Behcet's syndrome.

There is a new research and education centre built alongside the hospital. The work of this centre involves partnership working with four local universities and will allow researchers to develop safer, better medicines for use with children, infection, inflammation and oncology.

Summary of findings

We inspected the trust in 2018 and rated services overall as good. We rated Alder Hey Children's Hospital overall as good, rating effective, responsive and well-led as good, caring as outstanding and safe as requires improvement. We also inspected acute community services for children and young people and rated it as good overall, rating safe, caring, responsive and well-led as good and effective as requires improvement. We last inspected mental health services in 2017. We rated mental health services overall as requires improvement. We rated safe and well-led as requires improvement, effective and responsive as good and caring as outstanding.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Good** ● → ←

What this trust does

Alder Hey NHS Foundation Trust is a specialist children's hospital that provides acute and mental health services to children across Liverpool. The trust's services are predominantly based from Alder Hey Children's hospital but they also operate community services from sites and local clinics across Merseyside, Cumbria, Shropshire, Wales and the Isle of Man. The trust also provides specialist inpatient care for children with complex mental health needs at the Alder Park building in North Liverpool.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We inspected five acute core services and two mental health core services provided by the trust as part of our continual checks on the safety and quality of healthcare service.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated effective, responsive and well-led as good. We rated caring as outstanding and safe as requires improvement.
- We rated all seven services we inspected as good. This included improvements in the overall rating in three core services. In rating the trust, we took into account the current ratings of the five services not inspected this time.

Summary of findings

- Across the trust we found that children had good outcomes because they received effective care and treatment that met their needs.
- We found that children's' needs were met through the way services were organised and delivered.
- We saw evidence that people were truly respected and valued as individuals and were empowered as partners in their care.
- We noted improvement in the leadership and culture, which were used to drive and improve the delivery of high-quality person-centred care.

However:

- Although we found the trust's services largely performed well, it did not meet some legal requirements relating to the safe domain, meaning we could not give it a rating higher than requires improvement in this domain.
- We found some risks which had not been identified by the trust's internal governance structure. We escalated this to the trust at the time of the inspection, who took appropriate action.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- We found issues in core services that are reported under the safe domain that resulted in a breach of our regulations by the provider.
- We had concerns that some risks that could affect groups of patients in an area/ all patients were not consistently risk assessed and appropriately mitigated. We addressed these issues with the trust at the time of the inspection. They took immediate action to mitigate the risks. Fridge temperatures were not always recorded daily, and the forms used did not prompt staff to record the minimum and maximum temperatures, so we could not be sure that the fridges' correct temperature was always maintained. There was no algorithm or escalation instructions in place if the temperature went out of range.

However:

- Staff understood how to protect children from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect children, themselves and others from infection. They kept equipment and the premises visibly clean.
- Across most services, the design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff generally managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon children at risk of deterioration.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Staff across the trust provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used any findings to make improvements and achieved good outcomes for children.

Summary of findings

- Staff gave children enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and their families. They supported each other to provide good care.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain consent. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Staff told us that the trust did not carry out audits on consent. In some records we reviewed decision making relating to consent was not clear. We escalated this to the trust at the time of our inspection.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- Children were respected and valued as individuals and were partners in their care. Staff were fully committed to working in partnership with people.
- There was a person-centred culture within services and children's' needs were valued by staff. There was positive feedback from children and their relatives.
- Staff continued to respond compassionately to help and support children.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The trust was inclusive and took account of children's' individual needs and preferences. Staff made reasonable adjustments to help children access services. They coordinated care with other services and providers.
- Most people could access the trust's services when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children were mainly in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The trust's services treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The services included children in the investigation of their complaint.

However:

- The percentage of cancelled elective operations for non-clinical reasons at the trust was higher than the England average, however the service performance was comparable to other specialist children's hospitals.
- Did not attend rates were continually higher than the England average.

Summary of findings

- Across all core services we inspected we found that complaint responses were not provided in the timescales set out in the trust's policy.

Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- There was an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. Managers recognised the training needs of staff at all levels and worked to provide development opportunities for the future of the organisation.
- At inspection we found that there was a clear vision set out for the trust, describing where the organisation will be in four years' time, which was closely linked with the Health and Care Partnership for Cheshire and Merseyside based on PLACE based care. The vision and values were at the heart of all the work within the organisation
- The trust's strategy was directly linked to the vision and values. The trust involved clinicians, children and groups from the local community in the development of the strategy and from this had a clear plan to provide high-quality care with financial stability.
- All staff we spoke with during the inspection were passionate about what they did and proud about the work they completed. Leaders had a shared purpose and wanted staff to deliver and succeed at providing the best care for children.
- The trust had a clear structure for overseeing performance, quality and most risks. The trust's devolved governance structure gave them greater oversight of issues facing the services.
- Managers and staff shared holistic information on service quality and sustainability. This embraced information technology and consisted of a range of sources of information including monthly reports, dashboards, staff and children's experience.
- The leadership team worked well with the divisional leads and encouraged divisions to share learning across the trust. Services were developed with the full participation of those who use them, staff and external partners as equal partners.
- The trust's staff were committed to continuously engaging commissioners, service users and staff to both hold them to account against delivery of their priority areas and to help them identify new areas for each year of the strategy.
- The trust actively sought to participate in national improvement and innovation projects. Senior staff told us and we saw evidence that innovation was a strategic objective within the trust's strategic plan.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and research. The trust had recruited the highest number of children and young people to research studies (over 44,000 since the inception of the National Institute for Health Research (NIHR) Clinical Research Network (CRN)).

However:

- We found risks within divisions that had not been appropriately mitigated. These had not been identified by the trust's internal systems and processes. We escalated these to the trust at the time of our inspection and these issues were immediately addressed.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice at provider level and in Alder Hey Children's Hospital surgical, end of life and outpatients' services.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

Trust-wide

- The trust had recruited the highest number of children and young people to research studies (over 44,000 since the inception of the National Institute for Health Research (NIHR) Clinical Research Network (CRN)).
- Alder Hey was the first paediatric trust in the UK, the first trust in the North of England and fourth trust in the UK to receive Healthcare Management and Information Systems Society (HIMSS) Electronic Medical Record Adoption Model (EMRAM) stage six accreditation. This assessment incorporates methodology and algorithms to automatically score hospitals around the world relative to their Electronic Medical Records (EMR) capabilities.

Surgery

- In 2019 the cardiac service established the world's first post-operative cardiac unit (POCU) model of care. This approach evolves the pathway where 38% of patients will be extubating in theatre removing the need to PICU stay. This would result in faster recovery and length of stay reduction by up to two days. A lower risk of central line infections and better patient experience.

Summary of findings

- In craniostomosis surgery, work was undertaken by Alder Hey to reduce increased risk of infection with children that received blood from multiple donors. This was identified as a national and international issue with 'donor exposure' being a patient safety measure adopted by commissioners. Continued work led by experts at Alder Hey has led to an outcome of a major change in transfusion and anaesthetic practice across the world impacting all craniofacial children in the UK with an international impact. This work has meant that many children have only one donor exposure and a third of children have no exposure at all.

End of life care

- The bereavement service is available 24 hours a day for families who have suffered a death of their child or young person.
- The counselling service was available as long as individuals felt they needed it.

Outpatients

- There was a recently developed initiative called Bee Kind. Part of this involved specific support, including play specialist involvement with extended time appointments for children attending phlebotomy services.

CAMHS – Inpatient

- The unit offered phased discharges to ensure children were settled in the community prior to discharge. This included children staying part time in the community whilst still having a bedroom at the unit.
- The unit offered extensive support and training to those who would be supporting the child in the community. This included family therapy and psychology support at home. Families told us they felt skilled and empowered to support the needs of their child when they left the unit.

Areas for improvement

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

We told the trust that it must take action to bring services into line with eight legal requirements. This action related to two services.

Child and Adolescent Mental Health Services (Inpatient)

- The trust must ensure that the premises and equipment are clean, properly maintained, fit for use and that they are following appropriate infection control protocols. (Regulation 15)

We told the trust that it should take action either because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

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

Trust wide

- The trust should consider making metrics in the divisional performance reports correspond to the colour co-ordination set for them.
- The trust should consider that meeting minutes document challenge made during meetings.
- The trust should ensure complaint responses consistently make reference to advocacy services. (Regulation 16)

Summary of findings

- The trust should ensure that complaints are responded to in the timeframes set out in its policy. (Regulation 16)
- The trust should ensure that decisions relating to consent are clearly documented in children's' records. Consideration should be given to increasing records' audits in relation to consent. (Regulation 11)
- The trust should ensure that their systems and processes for fridge monitoring reflect best practice to provide assurance that medicines are appropriately stored within fridges that are kept in range. (Regulation 12)The trust should review their internal risk identification methods to ensure that they identify and mitigate risks in a timely manner. (Regulation 17)

Child and Adolescent Mental Health Services (Inpatient)

- The trust should ensure that all staff receive appropriate supervision and that this is recorded accurately.
- The trust should ensure that the oversight of supervision is embedded within service governance.
- The trust should ensure there are adequate systems in place for the maintenance of the premises and equipment. The trust should consider implementing personal emergency evacuation plans for all children.

Community Child and Adolescent Mental Health Services

- Staff should complete training on the Mental health Act and Code of Practice in line with the trust training policy".
- Children, young people, carer and families should be routinely offered copies of their care plans and outcome recorded in patient's records.

Urgent and Emergency Services

- The trust should ensure that staff continue to document eyeball assessment including time of arrival. (Regulation 17)
- The trust should ensure that staff continue to develop plans to install isolation pods in the emergency department for effective control of airborne transmitted infections.
- The trust should ensure that staff improve hand hygiene compliance.
- The trust should ensure that staff improve systems, oversight and compliance with safety checks in the department.
- The trust should ensure that staff improve systems and processes for cleaning schedules including toy cleaning processes.
- The trust should ensure that staff improve systems, oversight and compliance for their stock rotation process.
- The trust should ensure that staff continue to review and implement the workforce review to meet the increasing demand in the department.
- The trust should ensure that staff improve medical staffing numbers to meet national guidelines.
- The trust should ensure that staff improve systems and processes to monitor audits, audit actions and improvements to the service based on audit recommendations.
- The trust should ensure that staff consider implementing records audits to improve electronic patient recording.
- The trust should ensure that staff improve compliance figures for treating sepsis with IV antibiotics within one hour.
- The trust should ensure that staff develop relevant processes and procedures to gain assurance they meet RCEM and RCPCH standards in the department and improve compliance.
- The trust should ensure that staff improve mandatory training compliance for medical staff, including APLS training, in line with RCEM standards.

Summary of findings

- The trust should ensure that staff improve mandatory training compliance for nursing staff.
- The trust should ensure that staff improve appraisal compliance to meet the trust target for clinical support and administrative and clerical staff.
- The trust should ensure that staff consider implementing the play therapist role as a seven day service.

Surgery

- The trust should ensure that staff ensure that ward attenders are safely managed. (Regulation 12)
- The trust should ensure that staff add the 'National Safety Standards for Invasive Procedures' (NatSSIPs) amendment to the safer surgery checklist to include documentation that lines are flushed following the procedure.
- The trust should ensure that staff always wear personal protective equipment when taking a cerebrospinal fluid sample.
- The trust should ensure that staff consider increasing the number of play specialist to support all children.
- The trust should ensure that staff consider implementing a system of verifying electronic records, like that which is taken around paper records safer surgery documentation.
- The trust should ensure that staff review how consent is gained for children who have capacity.
- The trust should ensure that staff ensure privacy and dignity is maintained whilst children wait for surgery. (Regulation 10(1)(2))
- The trust should ensure that staff review procedures around ensuring privacy and dignity and that they reflect patient needs.
- The trust should ensure that staff document induction of agency staff on surgical wards.

Neonatal

- The trust should ensure that staff consider how bedside handovers take place at shift changeover.
- The trust should ensure that staff should record maximum and minimum fridge temperatures daily on all medical grade fridges.
- The trust should ensure that staff complete the planned work with regard to security fencing around the external play area accessed via neonatal services.
- The trust should ensure that staff minimise the risk of abduction or absconding and the security of personal property in the neonatal surgical unit. (Regulation 12)
- The trust should ensure that staff ensure that all tests and procedures carried out on children are formally recorded on the medical records system. (Regulation 17)

End of life care

- The trust should ensure that staff within the hospital have adequate clinical cover 24 hours a day from the palliative care team.
- The trust should ensure policies are reviewed in a timely manner.
- The trust should ensure all decisions about capacity and Gillick competence are recorded.
- The trust should consider consistent ways of documenting do not attempt cardio-resuscitation decisions (DNACPR) across the trust for documentation recorded on paper and electronically.

Summary of findings

- The trust should consider auditing outcomes including preferred place of death

Outpatients

- The trust should ensure staff consider continuing to improve the adaptations of the environment for children including those with special needs in the outpatient's department as it is not child-friendly.
- The trust should ensure staff consider continuing to monitor the rates of did not attend and find ways to decrease the rates.
- The trust should ensure staff consider how it can ensure the availability of children and parents forums that all staff are aware of that are specific to the service.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as good because:

- The trust had a relatively stable board, led by the Chair and Chief Executive. There was an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. The board recognised the training needs of managers at all levels and worked to provide development opportunities for the future of the organisation.
- At inspection we found that there was a clear vision set out for the trust, describing where the organisation will be in four years' time, which was closely linked with the Health and Care Partnership for Cheshire and Merseyside based on PLACE based care. The vision and values were at the heart of all the work within the organisation. The board worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The trust's strategy was challenging, innovative and was directly linked to the vision and values. The trust involved clinicians, children and groups from the local community in the development of the strategy and from this had a clear plan to provide high-quality care with financial stability.
- Senior leaders made sure they visited all parts of the trust.
- All staff we spoke with during the inspection were passionate about what they did and proud about the work they completed. Leaders had a shared purpose and wanted staff to deliver and succeed at providing the best care for children. Staff were proud of the organisation as a place to work. They were encouraged to speak up and raise concerns.
- The trust had a clear structure for overseeing performance, quality and most risks. The trust's devolved governance structure gave them greater oversight of issues facing the service and had been improved since our last inspection. The board responded when services needed more support.
- The trust board received holistic information on service quality and sustainability. This consisted of a range of sources of information including monthly reports, dashboards, staff and patient experiences. The board reviewed performance reports that included data about the services, which divisional leads could challenge.

Summary of findings

- The leadership team worked well with the divisional leads and encouraged divisions to share learning across the trust. Services were developed with the full participation of those who use them, staff and external partners as equal partners.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives. The trust was committed to continuously engaging commissioners, service users and staff to both hold them to account against delivery of their priority areas and help them identify new areas for each year of the strategy.
- The trust actively sought to participate in national improvement and innovation projects. The trust had an innovation strategy which was introduced in 2019. This was underpinned by the innovation business plan which highlighted their priority projects. Senior staff told us and we saw evidence that innovation was a strategic objective within the trust's strategic plan.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and research.

However:

- We found risks within divisions that had not been appropriately mitigated. We escalated these to the trust at the time of our inspection and these issues were immediately addressed.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Jul 2020	Good →← Jul 2020	Outstanding →← Jul 2020	Good →← Jul 2020	Good →← Jul 2020	Good →← Jul 2020
Community	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Mental health	Requires improvement →← Jul 2020	Good →← Jul 2020	Outstanding →← Jul 2020	Good →← Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Overall trust	Requires improvement →← Jul 2020	Good →← Jul 2020	Outstanding →← Jul 2020	Good →← Jul 2020	Good →← Jul 2020	Good →← Jul 2020

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Alder Hey Children's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Jul 2020	Good Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020
Medical care (including older people's care)	Requires improvement Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017
Surgery	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Good ↓ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Critical care	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Neonatal services	Good ↔ Jul 2020	Good Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020
Transition services	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good ↔ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020
Outpatients	Good ↑ Jul 2020	N/A	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020
Diagnostic imaging	Good Jun 2018	N/A	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Requires improvement ↓ Jul 2020	Good ↔ Jul 2020	Good ↓ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020	Good ↔ Jul 2020
Specialist community mental health services for children and young people	Good ↑ Jul 2020	Good ↔ Jul 2020	Outstanding ↑ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020
Overall	Requires improvement ↔ Jul 2020	Good ↔ Jul 2020	Outstanding ↔ Jul 2020	Good ↔ Jul 2020	Good ↑ Jul 2020	Good ↑ Jul 2020

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Acute health services

Background to acute health services

Alder Hey Children's NHS Foundation Trust has a broad range of hospital services to support children and young people.

Alder Hey Children's Hospital provides a full range of acute services which include: acute medicine, urgent and emergency services, acute frailty unit, and surgical services. In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology, and alcohol services.

We inspected end of life care, urgent and emergency services, neonatal services, surgery and outpatients.

Summary of acute services

Good ● → ←

Our rating of these services stayed the same. We rated them as good.

Please see the inspection findings for Alder Hey Children's Hospital below.

Alder Hey Children's Hospital

Alder Hey Hospital
Eaton Road, West Derby
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www.alderhey.nhs.uk

Key facts and figures

Alder Hey Children's Hospital is based in Liverpool and is one of four specialist children's hospitals in the UK. It offers a range of services to the children of Liverpool but also accept referrals from across the UK.

The hospital contains 210 inpatient beds, 48 of which are in intensive care, high dependency and the burns unit. In addition, there are 16 operating theatres, including 12 for inpatient use and four for day surgery. The theatre suite has integrated operating theatres. Seventy-five percent of the beds are single occupancy with en-suite facilities, climate control and strip lightening for the child or young person to control. Each room contains a sofa bed to enable parents to stay with their child.

Each inpatient room offers natural light and many have views of the park. There are separate, dedicated areas, including outdoor space, for children and young people on each ward to allow them to socialise, play and relax. In addition there is a kitchen situated on every ward with a ward based chef to ensure that each child is given a freshly prepared, healthy meal of their choice.

In terms of activity, from July 2018 – June 2019 the hospital had 41,178 inpatient admissions, 261,363 outpatient attendances, 61,142 accident and emergency attendances and sadly had 51 patient deaths.

During our inspection we:

- Spoke with 42 patients and their families.
- Spoke with 116 staff including nurses, health care assistants, consultant neonatologists, advanced nurse practitioners, pharmacists and senior managers.
- Attended a range of meetings and reviewed 56 patient records.

Summary of services at Alder Hey Children's Hospital

Good ● → ←

Our rating of services stayed the same. We rated it them as good because:

- We rated effective, responsive and well-led as good. We rated caring as outstanding. We rated safe as requires improvement.

Summary of findings

- We rated the five hospital core services we inspected overall as good at this inspection. We improved the overall rating of outpatients and surgery at this inspection.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care.
- Across most services, patients' needs were met through the way services were organised and delivered.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.

However:

- Although we found the hospital's services largely performed well, it did not meet some legal requirements relating to the safe domain, meaning we could not give it a rating higher than requires improvement in this domain. We found that across most areas, people were protected from avoidable harm and abuse.

Urgent and emergency services

Good   

Key facts and figures

Alder Hey Children's NHS Foundation Trust houses its own paediatric emergency department based within Alder Hey Hospital. The department treats around 60,000 children and young people per year and services are available for children under the age of 18. This is a designated major trauma centre for the north west.

From July 2018 to June 2019 there were 61,142 attendances at the trust's urgent and emergency care services as indicated in the chart above. The percentage of A&E attendances at this trust that resulted in an admission increased in 2018/19 (20.7%) compared to 2017/18 (20.0%) by 0.7%. In both years, the proportions were slightly higher than the England averages.

During the inspection we spoke with nine children, young people and their families, 11 medical staff members, 14 nursing staff members, four managers and six support staff members. We looked at 14 patient records and three root cause analysis reports.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good clinical care records. They managed most medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have robust governance arrangements for risk assessments, stock control and toy cleaning schedules.

Urgent and emergency services

- Mandatory training compliance was below the trust target in some modules. In relation to nurse staffing, in five out of 11 modules the 90% target was not achieved. For medical staffing, the trust's target was not achieved in seven out of eight modules.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not always in line with national standards.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service did not always have enough medical staff to meet their establishment and national guidelines. However, on each shift we saw there were enough staff to keep patients safe.
- Staff kept detailed records of patients' clinical care and treatment. Records were clear, mostly up-to-date, stored securely and easily available to all staff providing care.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff collected safety information and shared it with staff.

However:

- Trust targets for completion of mandatory training were not always met. In relation to nurse staffing, in five out of 11 modules the 90% target was not achieved. For medical staffing, the trust's target was not achieved in seven out of eight modules.
- Not all nursing assessments were recorded in the patient's electronic record.

Urgent and emergency services

- It was not always clear when actions following incidents had been completed in the service records. Although an action log of actions was kept for a trust-wide meeting.
- We found out of date items of stock and gaps in equipment checks.
- There were gaps in the cleaning schedule for toys in the department.
- There was no facility to appropriately isolate patients with suspected or confirmed airborne transmitted infections. Following the inspection the trust told us that funding had been agreed for improvements and that these would be implemented within six months.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children and young people's religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and young people. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Staff monitored the effectiveness of care and treatment, however we did not always see evidence that they used the findings to make improvements to achieve good outcomes for children and young people.
- Audit action plans and documentation did not have clearly documented target and completed dates for actions to be completed.

Urgent and emergency services

- Two staff groups in the service did not meet the trust appraisal target; additional clinical service staff compliance was 61.5% and administrative and clerical staff was 31.8%. The trust target was 90%.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and young people's individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The department was not meeting the trust target of 25 working days to investigate and close complaints. Improvements were ongoing relating to this, however they were not embedded in the department.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

Urgent and emergency services

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people and their families and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a draft strategy to turn parts of it into action. The vision and strategy were focused on sustainability of services.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where children, young people and their families and staff could raise concerns without fear.
- Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified and escalated most risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Leaders operated governance processes, throughout the service and with partner organisations. However, they were not always robust, and we found limited oversight of non-medical prescriber practices in the department. The service collected data and analysed it. However, nationally reported data did not always correspond with data provided by the trust.

Surgery

Good  

Key facts and figures

Alder Hey Children's NHS Foundation Trust provides 136 elective surgical lists every week with approximately 40 of these being specialist day surgery lists across 16 elective theatres and two treatment rooms. Of these lists and for every four weeks as per the theatre schedule, approximately 66 are general paediatric surgery lists with an average of 30-day case lists, and 36 elective inpatient lists. (Note that these figures do not include the lines list; a service established in order to proactively support children requiring such procedures.)

The general paediatric surgical service has 14 general paediatric surgeons, one advance nurse practitioner (ANP) and two trainee ANP's within the speciality. The service operates using a 'surgeon-of-the-week' on-call rota model and plans to implement a 'neonatal 'surgeon-of-the-week' rota which will incorporate joint ward rounds with a neonatologist from The Liverpool Women's Hospital across both trust sites. The aim of introducing this rota is to improve the quality of care for neonatal patients requiring surgery.

The service utilises a surgical decision unit based on the surgical ward to proactively manage children and young people both pre and post-surgery.

(Source: Routine Provider Information Request (RPIR) Acute – AC3. Surgery CYP)

The trust had 2,114 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 106 (5.0%), 1,664 (78.7%) admissions were day case and the remaining 344 (16.3%) were elective admissions.

(Source: Hospital Episode Statistics)

The Care Quality Commission (CQC) carried out an unannounced inspection of the surgical services between 21 and 23 January 2020. During this inspection we visited surgical theatres and the following wards;

Ward 4A – Specialist surgery (neurosurgery and orthopaedics)

Ward 3A – General surgery (paediatric surgery, urology, ENT, cleft and other surgical specialties)

Ward 1C – Cardiac and neonatal surgery

Ward 1B – Burns and plastics

The Day Surgery ward

Surgical Admissions Lounge

We spoke to 11 children and young people and their relatives. We also spoke with members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, allied health professionals including physiotherapists, play specialists, dieticians, pharmacists, ward clerks, housekeepers and nursing agency staff.

We observed care and treatment and looked at 12 patient care records and 14 patient prescription records. We reviewed comments from staff focus groups, patient feedback cards and we looked at the service performance data.

Summary of this service

Our rating of this service improved. We rated it as good because:

Surgery

- The service had enough nursing, medical, theatre and support staff to keep children and young people safe and mandatory training levels were mostly achieved. Safeguarding processes were in place and staff knew how to recognise and report abuse. The service controlled infection risk well and kept the premises visibly clean. The design, maintenance and use of facilities, premises and equipment kept people safe. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed children and young people safety incidents well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people individual needs. The service made it easy for people to give feedback and investigated and learned from complaints. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with staff and the patient community to plan and manage services and all staff were committed to improving services continually.

However:

- Agency staff induction was not always evidenced. Theatre staff did not always follow safety standards when conducting the count out. The checklist used in theatres was not compliant with 'National Safety Standards for Invasive Procedures' (NatSSIPs). Fridge temperatures were not always recorded or escalated appropriately. Some patient group directions (PGD) were past their review date. Staff did not have oversight of ward attenders on ward 4a.
- Staff did not always follow consent best practice following a capacity assessment. The service did not currently audit consent processes.
- Children were required to wait in the waiting room before their surgery in pyjamas or surgical gowns. This may not always respect their privacy or dignity.
- The service did not have enough play specialists to meet the need of all children and young people. The percentage of cancelled elective operations for non-clinical reasons at the trust was higher than the England average. The department was not meeting the trust target of 25 working days to investigate and close complaints.
- Staff felt there was not always opportunities provided for career development. Staff in day case area did not feel supported due to a recent organisational change.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

Surgery

- Fridge temperatures were not always recorded daily, and the forms used did not prompt staff to record the minimum and maximum temperatures, so we could not be sure that the correct temperature was always maintained. There was no algorithm or escalation instructions in place if the temperature went out of range.
- When completing the safer surgery checks, there was no check that it was the correct patient record which the data was entered into on the computer system. There was a risk that data was entered into the computer system for the incorrect patient. This risk was increased if there was a change to the order of the theatre list.
- Surgical wards did not evidence agency staff induction through the trust induction documentation.
- 'National Safety Standards for Invasive Procedures' (NatSSIPs) state there should be an amendment to the surgical safety checklist to include documentation that lines are flushed following the procedure. This was observed to be done but was not recorded / evidenced by addition to the checklist.
- In theatres we observed on two occasions, a count out being conducted by two unregistered members of staff. The Association for Perioperative Practice (AFPP) standards and trust policy state this should be conducted by at least one registered member of staff.
- Some patient group directions (PGD) were past their review date.
- There was a potential risk of deterioration of ward attenders on ward 4A. We escalated this risk to the trust who, since the inspection, implemented a standard operational procedure (SOP) to manage neurosurgical ward attenders to ward 4A.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect children and young people, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service had enough theatres staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Surgery

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed children and young people safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children and young people and visitors.

Is the service effective?

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of young people subject to the Mental Health Act 1983.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children and young people's religious, cultural and other needs.
- Staff followed national guidelines to make sure children and young people fasting before surgery were not without food for long periods.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and young people. They supported each other to provide good care.
- Key services were available seven days a week to support timely children and young people's care. However, specialist services such as dietitians, occupational therapy and access to specialist nurses, were not available at weekends.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain children and young people's consent. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit children and young people's liberty.

However:

- We reviewed one case where an 18-year-old patient had been deemed competent by a psychologist, and the surgeon would only accept parental consent for the patient's surgery.

Surgery

- The service did not currently audit consent processes.
- We were made aware of a case where lack of communication between the specialist preoperative clinic and the ward meant there was not appropriate food in place for a patient's arrival before their operation.

Is the service caring?

Good ● ↓

Our rating of caring went down. We rated it as good because:

- Our rating of caring went down. We rated it as good because:
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children and young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children and young people, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Children were required to wait in the waiting room before their surgery in pyjamas or surgical gowns. This may not always respect their privacy or dignity.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and young people's individual needs and preferences. Staff made reasonable adjustments to help children and young people access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards. The service reported that they have achieved 100% compliance with the six-week diagnostic wait for all surgical specialities since June 2019 and there had been no 52-week breaches for children and young people waiting for surgery during 2019. That is; no children or young person waited longer than 52 weeks for their operation in 2019.
- Since the last inspection the service has improved the percentage of children and young people whose operation was cancelled and were not treated within 28 days from being continually higher than the England average to below the England average.

Surgery

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children and young people in the investigation of their complaint.

However:

- The service did not have enough play specialists to meet the need of all patients.
- The percentage of cancelled elective operations for non-clinical reasons at the trust was higher than the England average, however the service performance was comparable to other specialist children's hospitals.
- The department was not meeting the trust target of 25 working days to investigate and close complaints.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children and young people and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated most risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children and young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

Surgery

- Staff felt there was not always opportunities provided for career development.
- Staff in the day case area did not feel supported due to a recent organisational change.

Neonatal services

Good   

Key facts and figures

Neonatal services at the trust were provided in collaboration with a local NHS trust. The neonatal surgical unit is now part of the Liverpool Neonatal Partnership. This had been established in 2019 with a neighbouring women's trust with the objective of meeting the neonatal and surgical care needs of all babies in the region, regardless of their location and ensuring the standards of care provision are equitable across both sites. Staff, including neonatologists and advanced nurse practitioners have started to work across both sites.

The long-term plan is to bring the partnership together as a single entity and open a 22 cot neonatal intensive care unit at Alder Hey whilst reducing the number of cots at the partner trust so that transfers between the hospitals, for babies requiring surgery, can be reduced. Future funding for the partnership is in place.

The neonatal surgical unit is located in Alder Hey Children's Hospital as part of ward 1C. The unit has nine cots for new born babies who have had or require surgery. These babies were cared for by neonatologists, advanced nurse practitioners, surgeons and nurses.

There is one cot in the cardiac unit adjoining the neonatal surgical unit for babies with cardiac issues or who require cardiac surgery.

Neonates are generally cared for on the unit until the age of 20 weeks past their due date but could stay longer, dependent on their needs as assessed by the neonatologists.

From April 2018 to March 2019, the neonatal surgical unit had 254 admissions and 254 discharges. From April 2019 to December 2019, the unit had 193 admissions and 192 discharges.

We visited the unit as part of our unannounced inspection on 21 to 23 January 2020.

As part of our inspection we reviewed the environment and staffing levels, we looked at seven sets of patient records, prescription charts and reviewed policies and procedures.

We spoke with 17 staff of different grades, including nurses, health care assistants, consultant neonatologists, advanced nurse practitioners, pharmacists and senior managers of the Liverpool Neonatal Partnership.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients and acted on them and kept care records securely. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients sufficient nutrition, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised their parents how to support them to lead healthier lives, supported families to make decisions about their care, and had access to good information. Key services were available seven days a week.

Neonatal services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped their parents to understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for patients' families to give feedback. Children could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The design of the premises did not maintain the security of children and their families at all times. The service had not minimalised potential security risks to babies due to the design or the premises and security systems used.
- The numbers of nurses with a recognised neonatal qualification was not in line with recognised standards.
- There were omissions in medical records.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities and equipment kept children and their families safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and took action to remove or minimise risks. Staff identified and quickly acted upon children at risk of deterioration.
- The service had enough staff with skills, training and experience to keep children and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. 50% of the nursing staff held a neonatal qualification.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of children's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Neonatal services

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.

However:

- The design of the premises did always not maintain the security of children and their families. We saw that the security measures on the unit were not robust enough to ensure that unauthorised persons were prevented from entering. We escalated this to the trust at the time of the inspection and they took some action to address this.
- There were omissions in medical records which appeared to be a recording issue. We saw that there was no evidence of blood spot (heel prick) tests being included in the medical records of age-appropriate babies. Staff believed that the tests had been carried out but were unable to find evidence of this, or the results of the tests, on the medical records system.

Is the service effective?

Good 

We have not previously rated effective. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave families practical support and advice to lead healthier lives.
- Staff supported families to make informed decisions about their care and treatment. They knew how to support children and families who lacked capacity to make their own decisions or were experiencing mental ill health.

Neonatal services

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children and their families to minimise their distress. They understood children and their family's personal, cultural and religious needs.
- Staff supported and involved families to understand their children's condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included families in the investigation of their complaint.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Neonatal services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated most risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

End of life care

Good   

Key facts and figures

Palliative and end of life care was provided at the trust for children and young people. The service worked closely with the local children's hospice and NHS ambulance trust and were part of the North West Children and Young People's Palliative Care Clinical Network.

The trust had 51 deaths from July 2018 to June 2019. This was 16% lower than the previous time period of July 2017 to June 2018 which had 61 deaths.

There was no dedicated palliative care ward but children and young people deemed to be palliative or at end of life are nursed on wards throughout the hospital.

The end of life team consisted of one palliative care consultant and five specialist palliative care nurses. The service worked closely with the hospice and there were plans to become an integrated service.

We plan our inspections based on everything we know about services including whether they appear to be getting better or worse.

We inspected the hospital as part of an unannounced inspection between 14 and 16 January 2020. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring performance.

We reviewed seven records for patients at end of life. We spoke with eight relatives of children, who were patients, as well as observing care on the wards.

We spoke with 24 members of staff including senior managers, specialist palliative care nurses, palliative care consultants, the bereavement team, a counsellor, nurses of all grades, doctors, chaplains, mortuary staff, porters and medical engineer.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, attended to nutrition and hydration needs appropriately, and gave them anticipatory pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of children and young people, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

End of life care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- At the time of inspection, the substantive palliative care consultant was absent, therefore; there was no set on-call rota in place.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, attended to nutrition and hydration needs appropriately, and gave them anticipatory pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of children and young people, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children and young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- At the time of inspection, the substantive palliative care consultant was absent, therefore; there was no set on-call rota in place.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

End of life care

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used any findings to make improvements and achieved good outcomes for children.
- Staff gave children enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave families practical support and advice to lead healthier lives.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain consent. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff treated families with compassion and kindness and took account of their individual needs in a way that respected their privacy and dignity. There was a strong sense that children and their families were supported depending on their own requirements.
- Staff, in a multi-disciplinary way, supported children, families and carers to understand their condition and involved them in decisions about their care and treatment.
- Staff, in ward areas, provided a range of examples of when they had supported children with their end of life wishes that included decorating rooms as beach themes or Christmas themed.
- Feedback from parents of children with palliative care needs we spoke with were very positive about the care and treatment provided by all the staff at the trust. They spoke about the exceptional care provided by all staff they came into contact with during visits and stays at the hospital.
- Copies of compliments from families included: "I have seen staff go above and beyond to help and care to facilitate cuddles and trips outside." "Your presence in our lives has been invaluable." and "our chats with you brought so much comfort and reassurance."
- Staff provided emotional support to children, families and carers, with a 24 hour bereavement service available to minimise their distress. The bereavement suite could be personalised to meet each families preferences, such as a child's favourite character or football team

End of life care

- The bereavement team supported families for as long as was needed. We were provided examples of when adults had approached the service following the death of their child a number of years ago.
- Staff understood children's personal, cultural and religious needs. There were staff at the sanctuary who could provide emotional support to families in a way they needed it as well as providing a private space to visit.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children's and families individual needs and preferences. Staff made reasonable adjustments to help families access services. They coordinated care with other services and providers.
- Families could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included families in the investigation of their complaint.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service and the trust had employed medical staff to support the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for families and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of children and their families receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

End of life care

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with children, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and families.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The palliative care consultant had been absent and therefore; there was no continuity of oversight of for the service.

Outpatients

Good  

Key facts and figures

Alder Hey Children's NHS Foundation Trust provides a comprehensive range of outpatient clinics in support of specialties Alder Hey Children's Hospital. This included:

- Phlebotomy
- Pharmacy
- Ophthalmology
- Blood pressure
- Ear examinations
- Weight measurements
- Chest examinations
- Height measurements
- Throat examinations
- Plaster room.

The department had 234,679 first and follow up patient attendances from July 2018 to June 2019.

Summary of this service

Our rating of this service improved. We rated it as good because:

The trust's outpatient's department consists of services based within a new hospital building. The department includes clinical specialties including physiotherapy; phlebotomy; dental; occupational therapy; ear, nose and throat; fracture; cardiology; respiratory; cystic fibrosis; and ophthalmology. It also includes a general paediatric clinic.

The department has administrative functions such as medical records, transcription services, and booking and scheduling. These services are based within the old estate next to the new hospital.

We plan our inspections based on everything we know about services including whether they appear to be getting better or worse.

We inspected the outpatient department between 21 and 23 January 2020. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team visited three floors of the outpatient department within the new building, and some of the administrative functions within the old estate. The inspection team spoke with 14 children and young people and carers who were using the service, and 32 staff members including managers, consultants, reception staff, play specialist, nurses, healthcare assistants and administrative staff. We reviewed 16 patient records.

Outpatients

Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children and young people, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff recognised, removed or minimised risks to children and young people.
- The service had enough staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Not sufficient evidence to rate

- We inspected the effective domain but did not give a rating in line with our guidance.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Food and drink was available in the hospital.
- Staff assessed and monitored children and young people's pain if relevant.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and young people. They supported each other to provide good care.

Outpatients

- Key services were available five days a week to support patient care.
- Staff gave children and young people practical support and advice to lead healthier lives.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain children and young people's consent. They knew how to support children and young people who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children and young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children and young people, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ↑

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities it served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children and young people's individual needs and preferences. Staff made reasonable adjustments to help children and young people access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to attendance in outpatient department for children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children and young people in the investigation of their complaint.

However:

- Did not attend rates were continually higher than the England average.

Is the service well-led?

Good ● → ←

Outpatients

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the department faced. They were visible and approachable in the service for children and young people and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff collaborated with partner organisations to help improve services for children and young people. They actively and openly engaged with organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in improvement.

However:

- There was increasing understanding of the availability of partnership forums with children and young people and parents. However, further work was required for this to become embedded across all services.

Mental health services

Background to mental health services

Alder Hey NHS Foundation Trust provides child and adolescent mental health inpatient ward services at the Dewi Jones Unit, a nine bedded unit for children aged five to 13 years.

Alder Hey NHS Foundation Trust also provides specialist community mental health services for children and adolescents (CAMHS) up to the age of 18. Services are provided from two sites:

- Liverpool FRESH CAMHS
- Sefton CAMHS

Liverpool FRESH CAMHS provides services for children and young people in Liverpool and Sefton CAMHS provides services for children and young people in the Sefton area. Within each service, the teams were divided into primary mental health (typically for children and young people who needed relatively short-term work with one member of staff) and specialist child and adolescent mental health services (for children and young people who needed longer term support, usually with more than one member of staff).

We inspected specialist community mental health services for children and young people and child and adolescent mental health wards.

Summary of mental health services

Good  

Our rating of these services improved. We rated them as good.

Please see the inspection findings for Alder Hey NHS Foundation Trust specialist community mental health services for children and young people and child and adolescent mental health wards below.

Child and adolescent mental health wards

Good ● → ←

Key facts and figures

Alder Hey Children's trust provided an inpatient CAMHS service. The service consisted of an inpatient CAMHS unit which offered beds for up to nine children up to the age of 13. There were seven children at the unit when we inspected.

We carried out a comprehensive inspection which meant we inspected against all five domains.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

We spoke with nine staff, two children, observed a group with five children in, looked at three client records, seven medication records and spoke with three carers, attended a multi-disciplinary meeting and a handover meeting and looked at various documents.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided safe care. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the children and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward team included or had access to the full range of specialists required to meet the needs of children on the wards. Managers ensured that these staff received training and appraisals. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed good practice with respect to young people's competency and capacity to consent to or refuse treatment.
- Staff treated children with compassion and kindness, respected their privacy and dignity, and understood the individual needs of each child. They actively involved children, families and carers in care decisions. Consideration was given to children's care after they were discharged and the service offered extensive support to carers to ensure they could support children after discharge from the service.
- Staff planned and managed discharge well and liaised well with services that could provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service was well led, leaders had the skills knowledge and experience to perform their roles, staff felt respected and valued and performance and risks were managed well.

However:

Child and adolescent mental health wards

- The ward environment was not well maintained. There were a number of maintenance jobs that had not been completed. There were infection control risks on the ward that had not been identified. We found equipment that was out of date. Checks on equipment were not up to date. Cleaning records were poor and did not provide assurances of regular cleaning and clean stickers were not in use.
- There were no personal emergency evacuation plans to provide guidance to staff around the evacuation of individual children. We raised this and personal emergency evacuation plans were put in place by the second day of our inspection.
- Clinical supervision levels were low at 54%, staff received other methods of supervision but these were not always recorded and it was not clear whether staff were receiving the level of supervision they needed.

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The ward was well furnished but it was not well maintained. The ward looked clean but we had several concerns about the cleaning procedures and assurances that were in place.
- There were no personal emergency evacuation plans at the start of our inspection. However, we raised this and they were put in place on the second day of our inspection.
- Some of the equipment in the clinical room was out of date. Equipment checks on the resuscitation equipment had not been completed in line with the policy.
- There were several maintenance jobs that needed to be completed on the day of our visit. The intercom system in the seclusion room did not work.
- There were infection control risks in relation to clinical waste bins. Clean stickers were not being used on equipment to show it had been cleaned. Although the ward looked clean, cleaning audits were infrequent, contained gaps and did not provide assurances that cleaning was being carried out regularly.

However

- The service had enough nursing and medical staff, who knew the children and received basic training to keep children safe from avoidable harm.
- Staff assessed and managed risks to children and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- Staff understood how to protect children from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had a safeguarding team for child safeguarding and the ward had a safeguarding lead.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each child's mental and physical health.

Child and adolescent mental health wards

- The ward had a good track record on safety. The service managed child safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children honest information and suitable support.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all children on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for children based on national guidance and best practice. They ensured that children had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included or had access to the full range of specialists required to meet the needs of children on the ward. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. Each staff member, including bank staff received a full induction prior to starting work.
- Staff from different disciplines worked together as a team to benefit children. They supported each other to make sure children had no gaps in their care. The ward team had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported children to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to children under 16. Staff assessed and recorded consent and capacity or competence clearly for children who might have impaired mental capacity or competence.

However:

- Clinical supervision levels were low at 54%, staff received other methods of supervision but these were not always recorded and it was not clear whether staff were receiving the level of supervision they needed.

Is the service caring?

Good ● ↓

Our rating of caring went down. We rated it as good because:

- Staff treated children with compassion and kindness. They respected children's privacy and dignity. They understood the individual needs of children and supported children to understand and manage their care, treatment or condition.

Child and adolescent mental health wards

- Staff developed an in-depth knowledge of the needs of individual children and care and support was based on this understanding. We were told that staff responded to children's anxieties and to behaviours that challenged with patience and understanding.
- Staff involved children in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that children had easy access to independent advocates and to child helplines.
- Staff informed and involved families and carers appropriately. Family and carers were integral to the children's support and treatment and were involved and informed throughout the children's stay.
- Staff were extremely mindful that care and support needed to be effective on discharge and a large amount of work was carried out with families and carers to equip them with the skills and confidence to support children when they left the unit.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, children did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.
- The design, layout, and furnishings of the ward supported children's treatment, privacy and dignity. Each child had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of a good quality and children could make hot drinks and snacks at any time.
- Staff supported children with activities outside the service and made sure young people had access to high quality education throughout their time on the ward.
- The wards met the needs of all children – including those with a protected characteristic. Staff helped children with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for children and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They felt the service promoted equality and diversity, and provided opportunities for career development. They could raise concerns without fear.
- Performance and risk were managed well.

Child and adolescent mental health wards

- The ward team had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff engaged actively in local and national quality improvement activities.

However:

- Some governance processes did not operate effectively at ward level. There was a lack of oversight of some of the systems in place. Adequate infection control measures were not in place. Systems in place did not ensure medical supplies were in date. Monitoring systems for maintenance of equipment were not effective.

Specialist community mental health services for children and young people

Good  

Key facts and figures

Alder Hey Children's NHS Foundation Trust provides community mental health services for children and young people up to the age of 18.

The service is provided from two geographically based sites:

Liverpool FRESH CAMHS provides services for children and young people in Liverpool. It is also the base for the single point of access team. The single point of access team triages all referrals made to the service, including those from Sefton. The service is based in a standalone building in the grounds of Alder Hey Children's Hospital.

Sefton CAMHS provides services for children and young people in the Sefton area. The service is based in an office building in Sefton that is shared with non-NHS businesses.

Within each geographical service, there is an integrated service model for teams and staff worked with children and young people with primary or specialist needs. Liverpool had four multidisciplinary teams, and Sefton had three.

We carried out a comprehensive inspection which meant we inspected against all five domains.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

We toured the premises in which the services were located. We received fourteen tell us about your care comment cards. We spoke with twenty-six staff, eight children and young people, observed a participation forum and participation group with twenty children and young people and two partnership meetings, looked at seventeen children and young people's records, spoke with three carers. We attended two multi-disciplinary meetings and a handover in the emergency department and observed a business and reflective practice meeting and looked at various documents.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided safe care. Clinical premises where children and young people were seen were safe and clean. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each child the time they needed. Staff managed waiting lists well to ensure that children and young people who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of children and young people. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of children and young people. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

Specialist community mental health services for children and young people

- Staff understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, and understood the individual needs. They actively involved children, young people and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated children and young people who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care.
- The service was well led, and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- All clinical premises where children and young people received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the children and young people and received basic training to keep them safe from avoidable harm. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each child the time they needed.
- Staff assessed and managed risks to children, young people patients and themselves. They responded promptly to sudden deterioration in a child's health. When necessary, staff worked with children, young people and their families and carers to develop crisis plans. Staff monitored children and young people on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The provider had a named nurse and doctor for child safeguarding and the teams had a safeguarding lead.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff regularly reviewed the effects of medications on each child's physical and mental health.
- The teams had a good track record on safety. The service managed children's safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children and young people honest information and suitable support.

However:

- We saw examples of staff acting appropriately and sharing information to help keep children and young people safe. We were concerned that risk information would not be easy to find for staff who did not know the patient well, as trust staff who showed us how the system worked had difficulty in finding the information.

Specialist community mental health services for children and young people

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the mental health needs of all children. They worked with children, young people, families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of treatment and care for children and young people based on national guidance and best practice. They ensured that children and young people had good access to physical healthcare and supported them to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in research, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of children and young people under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit children and young people. They supported each other to make sure children and young people had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported children and young people to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16. Staff assessed and recorded consent and capacity or competence clearly for children and young people who might have impaired mental capacity or competence.
- The service participated in clinical audits.

However

- We saw in either their choice or partnership appointment records and in clinical letters that capacity had been confirmed with the child or young person. We were concerned that this information would not be easy to find for staff who did not know the patient well, as trust staff who showed us how the system worked had difficulty in finding the information.
- Children, young people, carer and families should be routinely offered copies of their care plans and outcome recorded in patient's records.
- Staff should complete training on the Mental Health Act and Code of Practice in line with the trust training policy.
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Specialist community mental health services for children and young people

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Children and young people said they were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Children, young people, parents and carers were consistently positive about the way staff treat them.
- Staff treated children and young people with compassion and kindness. They understood the individual needs of children and young people and supported them to understand and manage their care, treatment or condition.
- Children, young people, parents and carers are active partners in their care. Staff are fully committed to working in partnership with children, young people and their families and making their voices heard in decisions about their care and treatment.
- Children, young people, parents and carers are involved in care planning and risk assessment and staff actively sought their feedback on the quality of care provided.
- Staff recognise that children and young people need to have access to, and links with, their advocacy and support networks in the community and they support patients to do this.
- Staff supported children, young people, parents and carers to be involved in the design and delivery of the service. Children, young people, parents and carers were supported to be creative in overcoming obstacles to delivering care and service improvement. Children, young people, parents and carers' individual preferences and needs are always reflected in how care is delivered.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service was easy to access. Its referral criteria did not exclude children and young people who would have benefitted from care. Staff assessed and treated children and young people who required urgent care promptly and children and young people who did not require urgent care did not wait too long to start treatment. Staff followed up children and young people who missed appointments.
- The service ensured that children and young people who would benefit from care from another agency, made a smooth transition. This included ensuring that transitions to adult mental health services took place without any disruption to their care.
- The service met the needs of all children and young people including those with a protected characteristic. Staff helped children and young people with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However

Specialist community mental health services for children and young people

- The trust should improve waiting times for children and young people for all care pathways for assessment to referral and referral for treatment.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for children, young people and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers worked closely with other local healthcare services and organisations (schools, public health, local authority, voluntary and independent sector) to ensure that there was an integrated local system that met the needs of children and young people living in the area. There were local protocols for joint working between agencies involved in the care of children and young people.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

This inspection was led by Judith Connor, Head of Inspection (Hospitals). An executive reviewer, Jagtar Singh (Chair), supported our inspection of well-led for the trust overall.

The team included five inspection managers, 10 inspectors, five executive reviewers, three pharmacy inspectors, 7 specialist advisers, and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.