

# Alder Hey Children's NHS Foundation Trust

## Quality Report

Alder Hey Hospital  
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Date of inspection visit: 15 - 16 June 2015  
Date of publication: 23/12/2015

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Alder Hey Children's NHS Foundation Trust is one of the busiest children's hospitals in Europe and provides care for more than 270,000 children, young people and their families every year. The trust provides a range of services from the main Alder Hey Hospital site and leads research into children's medicines, infection, inflammation and oncology. The trust also provides an inpatient and community Child and Adolescent Mental Health Service (CAMHS) to support young people between the ages of 5 and 14 years. A new Alder Hey Children's Hospital is currently being built adjacent to the existing site and is set to open in 2015.

We last inspected this trust in May 2014 and we rated the provider as 'requires improvement' overall. In reaching our judgement, we told the trust that they must make improvements to:

- Ensure nurse staffing levels were appropriate in all areas, without substantive staff feeling obligated to work excessive hours or additional shifts.
- Provide effective medical leadership on the High Dependency Unit.
- Ensure that clinical records are available in the outpatients department for patient consultations
- Ensure that nurses are following the trust's policy regarding the safe administration of medicines.
- Address the shortfalls in governance and risk management systems.
- Improve the timely completion of investigation of incidents and Never Events (serious harm that is wholly preventable) so that learning can be systematically applied to avoid recurrence.

Before carrying out this inspection, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included clinical commissioning groups (CCGs); Monitor and the local Healthwatch.

We carried out our focused inspection on 15 and 16 June 2015 to check whether improvements had been made. As part of this inspection, we also inspected the community and inpatient Child and Adolescent Mental Health Services' (CAMHS), which had not previously been inspected using our comprehensive inspection methodology.

It was evident that the trust had made a very positive response to the findings of our last inspection and improvements had been made in all of the areas we identified. The trust had also improved in a number of areas where we indicated it should make improvements with particular reference to the services for young people transitioning in to adult services and in the engagement and inclusion of staff in the change agenda for the transfer in to a new purpose built hospital in October 2015.

Our key findings were as follows:

### **Leadership and Culture**

The trust was led and managed by a stable and visible executive team. The senior team were now well known to staff and were more frequent visitors to the wards and departments. It was evident that the senior team had made considerable efforts to engage and include staff in the change agenda through a variety of staff fora and engagement events. Staff were more positive about the visibility and accessibility of the senior team as well as the improvements made since our last inspection.

There was a positive culture throughout the trust. Staff were very proud of the work they did and proud of Alder Hey. There was a mix of excitement and anxiety regarding the move to the new hospital. Overall staff morale had improved and staff were well sighted on the transformation and change agenda. However, this was less evident in the Outpatients and Diagnostic Departments where some staff still felt remote from managers and communication with staff required improvement.

### **Nurse Staffing**

The trust had worked hard to recruit additional nursing staff and the numbers of nurses employed had significantly increased. Over 80 additional nurses had been recruited and the trust remained active in securing nursing staff on an ongoing basis. All the wards and departments we inspected were adequately staffed to meet the needs of patients. There was an escalation process in place that nurses used to alert managers to staffing shortages (often as a result of unplanned absence). Managers responded by securing additional

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resources where possible to maintain appropriate staffing levels and skill mix. There were occasions when managers were unable to secure additional resources, however such events were infrequent and there was no evidence that this had compromised patient safety at the time of our inspection.

## Medical staffing

Medical support for the High Dependency Unit (HDU) had significantly improved since our last inspection and it was evident that the trust had taken action to provide a longer-term solution for strong medical leadership and support within the unit until the transfer to the new hospital in October 2015. A consultant intensivist had been allocated to the HDU for 50% of their working time. This arrangement would remain in place until the transfer to the new hospital and meant that medical cover for the unit was now sufficient to provide clinical leadership and support for the care of children and young people requiring high dependency care.

## Records availability

The outpatients department has made considerable progress since our last inspection in managing medical records and making them available for clinics. The trust had undertaken a lot of work to ensure that 95% of records were available for each of the clinics and effective systems were now in place to ensure the availability of records within the department.

The trust was due to go live with a new electronic medical records system at the time of our inspection. It was anticipated that the new system would secure further improvement. Staff had received training in the use of the new system and were confident in using it.

## Transition Services for Young People

There has been a significant amount of progress in transitional services since we last inspected and we have been impressed by the trust's response in this area. There was now a clear overarching vision, framework and strategy for transitional care. The trust had a designated medical and nurse lead for transition who had recently led a review of transition services for young people into adult services, focusing on those young people with complex needs.

The team could clearly identify challenges in transitioning into adult services and had formulated clear aims and objectives to improve transition arrangements for young people.

A transition strategy was in place for young people with complex needs and there were arrangements in place to identify gaps in provision and escalate externally to providers and commissioners alike.

The trust had introduced a named executive lead for transition who chaired the transition steering group and there were arrangements in place for escalation of concerns to the board through the executive lead.

Young people in transition were benefitting from these improvements and were well supported in accessing appropriate support services as they moved in to adulthood.

## Child and Adolescent Mental Health Service (CAMHS)

Inpatient services were good overall, with caring rated as outstanding. The care was centred on the child and delivered safely and effectively. Community services provided good care; however, there were areas where improvements were needed. Vacancies within the service meant that staff were carrying high caseloads and there were delays of up to 18 weeks for assessment following referral to the service. When children and young people were accepted for service, care was good.

Lone working arrangements for staff need to be consistently applied to ensure safe practice. The monitoring of environmental risks in community settings also needs to be embedded to ensure that people are kept safe.

## Governance and Risk Management

A recent review of the actions undertaken to improve the trust's overall quality governance score was provided to us as part of our inspection. The score in July 2014 was 4.5; this had reduced to 3 in May 2015 and indicated positive improvements. (A score 4 or below is required for aspirant foundation trusts).

The trust had undertaken a great deal of activity to improve its risk management arrangements. This had included seeking the help of an external risk

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management consultant, implementing actions in response to internal audit reviews of risk management and included a risk maturity review of the internal audit programme.

The corporate risk register was much improved when compared with the register at the last inspection. The risk register template now includes clear sections for the risk description, causes and consequences to prompt risk owners to consider all potential causes and consequences of the risk condition. There is a section for existing controls but not for gaps in these controls. However, an assessment as to the effectiveness of the controls was still required. In the outpatient and diagnostic imaging departments, we found departmental risk registers were not kept up to date with little or no evidence that they were reviewed on a regular basis. Nevertheless there was evidence of improvement overall.

We saw that the compassionate care being delivered by staff on the critical care unit and the child and adolescent mental health (inpatients) service was outstanding.

However, there were also areas of poor practice where the trust needs to make improvements.

## **Importantly, the trust must:**

- Ensure that robust arrangements are in place to govern the fit and proper persons process.

## **The trust should:**

- Provide adult safeguarding training for staff across all services.

## **At Alder Hey Hospital**

### **The trust must:**

- Ensure that departmental risk registers are kept up to date and reviewed appropriately.
- Improve its risk management processes in the outpatient and diagnostic imaging departments and provide appropriate training for those delegated to manage risk.
- Ensure there is an appropriate process in place for checking and recording pregnancy status in adolescent female patients.
- Ensure that learning from incidents and complaints is shared with staff to prevent recurrent issues.

- Ensure that processes are robust and effective in relation to patient emergencies in the radiology department and that first aid and resuscitation equipment is suitably available and checks completed and documented regularly.
- Ensure that correct hand hygiene measures are in place and that people are aware of and using the correct techniques.

### **In addition the trust should:**

- Improve staff compliance with mandatory training.
- Improve staff compliance with safeguarding training.
- Provide adult safeguarding training for staff across all services.
- Continue to recruit nursing and medical staff to address shortfalls across the surgical and critical care services.
- Improve patient access and flow across critical care services.
- Ensure that people's medicines are given in the necessary quantities at all times and that the records reflect what has been administered to prevent the risks associated with medicines that are not administered as prescribed.
- Ensure that outstanding actions on the risk register are reviewed and updated across all departments.
- Ensure that adequate signage is displayed in relation to entering areas in the radiology department.
- Seek to fill vacancies on medical wards and reduce the need for locum cover.
- Continue to recruit nursing and medical staff to address shortfalls across the surgical services.
- Maintain staffing levels in the Neonatal Unit according to nationally recognised guidance.
- Implement policies and procedures relating to transition, to ensure there are trust-wide policies and procedures for staff to refer to when dealing with young people that are; or, should be considered for transitional pathways.
- Ensure that work undertaken in the learning disabilities steering group and the transition steering group are linked so that information is shared and used to benefit both of these vulnerable groups of children and young people.
- Continue to develop relationships with adult health and social care providers to ensure the safe and effective transition of care for young people.

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- Ensure that appropriate systems are in place for patients or those close to them to raise an alarm if they require assistance whilst in outpatient changing areas.
- Undertake a review of staffing within each area of the outpatients department to ensure that there is an appropriate system in place to determine staffing requirements.
- Improve communication with people for whom English is not their first language.

## **Child and Adolescent Mental Health Services (CAMHS) – Community**

### **The trust must:**

- Take action to improve the overall waiting time from referral to assessment to intervention and to ensure that there are effective systems in place to monitor the risk of people waiting to be seen.

### **The trust should:**

- Ensure that risk assessments are correctly recorded on the patient record system.
- Ensure that there is an effective system in place to keep staff safe when visiting people in the community.
- Ensure that there are suitable alarm systems in place in community offices where people are seen.
- Ensure that staff are receiving mandatory training.
- Ensure that staff know what action to take in case of fire.

- Ensure that there is an effective system in place to monitor the safe storage and use of FP10 prescription pads.

## **Child and Adolescent Mental Health Services (CAMHS) – Inpatient**

### **The trust should:**

- Ensure adequate medicines management oversight, and improve day to day medicines management practices, for example, recording dates of opening of medicines.
- Ensure that a patient's medication is verified by a pharmacist or pharmacist technician upon admission.
- Ensure that medicines management practices are audited frequently in line with good practice.
- Ensure full compliance with the Mental Health Act and Code of Practice including records management, treatment certificates, consideration of, and decisions around consent to treatment, and good and timely access to mental health act support.
- Consider improving the identification of key information in care records such as whether the child is on the child protection register or whether the child is looked after.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Background to Alder Hey Children's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust became a foundation trust in August 2008. The trust provides care for more than 270,000 children young people and their families. 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 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 had 279 beds and provided a wide range of inpatient medical, surgical and specialist services as well as 24-hour A&E and outpatient services. A new Alder Hey Children's Hospital is currently being built adjacent to the existing site and is set to open in 2015. The new hospital will allow the trust to make a significant upgrade to the patient and family experience. Improvements will include:

- Improved clinic areas, education and research facilities, new operating theatres and a new A&E department;
- 75% of beds will be offered as single, en suite rooms with pull-out beds for parents;
- Access to play areas, natural light and views of the park, wherever possible;
- Children, young people and teenagers will have dedicated areas to play and relax.

The trust is a teaching hospital and supports 958 trainee doctors each year and 556 student nurses and allied health professionals. In addition, 7,500 children and young people are involved in clinical trials each year.

The trust has an annual turnover of £194 million pounds.

The inspection team looked at the following core services in full at Alder Hey Children's Hospital:

We inspected the following core services in full:

- Critical care
- Outpatients and diagnostic imaging services\*
- Transition services

\* The last inspection in May 2014 was part of a wave of inspections to test our methodology and at that time, diagnostic imaging was not explicitly included in the outpatients' methodology. This inspection included diagnostic imaging services, which is part of our updated methodology.

We also looked at the "Safe" domain in the following core services to check whether improvements had been made:

- Surgery
- Medical care

At the Dewi Jones unit, we carried out a comprehensive inspection of:

- Inpatient - Child and Adolescent Mental Health Services (CAMHS)

The trust also provides community mental health services and we inspected:

- Community - Child and Adolescent Mental Health Services (CAMHS)

## Our inspection team

Our inspection team was led by:

**Head of Hospital Inspection:** Ann Ford, Care Quality Commission (CQC)

The team included two CQC inspection managers, 13 CQC inspectors, a modern paediatric matron for complex and

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tertiary medicine, a chief nurse, a paediatric surgeon, a radiographer, a governance specialist, a community mental health nurse, two consultant psychiatrists, an inspection planner and a recorder.

## How we carried out this inspection

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

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

However as this was a follow up inspection to the comprehensive inspection we undertook in May 2014, we reviewed the areas where Alder Hey Children's NHS Foundation Trust had been rated as "requires improvement".

We inspected the following core services in full:

- Critical Care
- Outpatients and diagnostic imaging services\*
- Transitional services

\*The last inspection in May 2014 was part of a wave of inspections to test our methodology and at that time, diagnostic imaging was not explicitly included in the outpatients' methodology. This inspection included diagnostic imaging services, which is part of our updated methodology.

We also looked at the "Safe" domain in the following core services to check whether improvements had been made:

- Medical care
- Surgery

As part of this inspection, we also inspected the community and inpatient Child and Adolescent Mental Health Services' (CAMHS), which had not previously been inspected using our comprehensive inspection methodology.

The inspection took place between 15 and 16 June 2015.

Before carrying out this inspection, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included clinical commissioning groups (CCG); specialist commissioners; Monitor and the local Healthwatch.

We spoke with children and young people and staff from the ward areas and outpatient services. We observed how children and young people were being cared for, talked with their parents and carers, and reviewed their records of personal care and treatment.

We would like to thank all staff, children and young people, their parents and carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Alder Hey Children's NHS Foundation Trust.

## What people who use the trust's services say

NHS Friends and family test results from young people between November 2014 - April 2015 showed that out of 247 responses, 233 young people were very likely or likely to recommend Alder Hey.

The CQC children and young people survey published in July 2015 gathered responses from children and their

carers who received inpatient or day case care at this trust during July, August and September 2014. Responses were received from 207 children and their carers. The results of the survey were about the same for overall experience when compared against similar trusts.



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## Facts and data about this trust

Alder Hey Children's Hospital is in West Derby in the north of Liverpool, a city within the metropolitan borough of Merseyside. Liverpool is the most deprived of 326 local authorities in England. It has a population of around 467,000 (2011). However, 60% of the hospital's income is from specialised services across the North West, North Wales – a population of around eight million.

Alder Hey serves a catchment area of 7.5 million, with around 60,000 children seen in A&E each year. In addition to the hospital site at West Derby, Alder Hey has a presence at more than 40 community outreach sites and programmes and its consultants hold 800 clinic sessions each year from Cumbria to Shropshire, Wales and the Isle of Man to help and support care and treatment closer to home

The trust provides over 270,000 episodes of care each year. In 2013/14 41,100 patients were admitted to hospital as inpatients or day cases, more than 177,200 attended outpatient clinics and 56,100 were treated in the A&E department.

Alder Hey Children's NHS Foundation trust offers 20 specialist services, including a designated national centre for head and face surgery and a centre of excellence for children with cancer, heart, spinal and brain disease.

Alder Hey Hospital is a teaching hospital and trains 958 medical and 556 nursing students each year. The hospital is also a designated Major Trauma Centre, and is one of four national Children's Epilepsy Surgery Service centres.

Alder Hey Children's Hospital is a paediatric research centre, leading investigation into children's medicines, infections, inflammation and oncology. At any time there are over 100 clinical research studies taking place, ranging from observational studies to complex, interventional clinical trials. Around 7,500 children and young people are involved in clinical trials each year.


Alder Hey Children's NHS Foundation Trust also provides a child and adolescent mental health service (CAMHS). Inpatient services, for children aged between five and fourteen, are provided at the Dewi Jones Unit. Community services are provided by four teams, which are accessed via a single point of access at Mulberry House, based at the main trust site.

The CAMHS service support children experiencing emotional or psychological difficulties. It provides treatment and support for a range of conditions including anxiety and emotional disorders, depression, eating disorders, autism, obsessive compulsive disorders and self-harm.



# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>When we inspected the trust in May 2014, wards were not always appropriately staffed to meet the needs of children and young people. We also found that medical leadership on the High Dependency unit required improvement. On this inspection we found that the trust had worked hard to recruit additional nursing staff and that the numbers of nurses employed had significantly increased. Over 80 additional nurses had been recruited and the trust remained active in securing nursing staff on an ongoing basis. All the wards and departments we inspected were adequately staffed to meet the needs of patients.</p> <p>Medical support for the High Dependency Unit had also improved and it was evident that the trust had taken action to provide a longer-term solution for strong medical leadership and support within the unit until the transfer to the new hospital in October 2015. Medical cover was now sufficient to provide strong leadership and support for the care of children and young people requiring high dependency care.</p> <p>The hospital was visibly clean and there were good processes for the prevention and control of infection. Infection rates were within an acceptable range for a trust of this size.</p> <p>In most clinical areas, equipment was regularly checked, safe and ready for use; however, in radiology we saw that emergency equipment was stored in different locations which could take longer to source if required and the checklists used to monitor whether the all of the necessary equipment was in place had not been updated for several months and in some cases a number of years.</p> <p>There was a system for reporting safeguarding concerns. Staff were able to identify and escalate appropriately issues of abuse and neglect. Practice was supported by staff training, although improved the numbers of staff who had received training was below the trusts set target of 90%</p> <p>Incident reporting had significantly improved and there was evidence of organisational learning as a result of investigations; however, in the outpatient and diagnostics departments there was still work to do in providing staff with feedback and opportunities for learning to prevent reoccurrence. There was good use of the paediatric early warning tool to promptly identify children and young people whose condition was deteriorating. Medical staff were alerted and attended promptly.</p>	<p><b>Good</b> </p>

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In surgery there was good use of the World Health Organization (WHO) safety checklist. There were regular audits of practice that demonstrated high levels of compliance with safe surgical practice.

The trust acknowledged that there was still work to do in ensuring that the policies and procedures for the safe handling of medicines were fully embedded. Improved performance in this regard had been identified as a high priority and plans to improve performance were underway.

## Incidents

- There had been a significant improvement to incident reporting since our last inspection.
- The latest National Reporting and Learning System (NRLS) data (published April 2015, covering incidents reported to the NRLS between the 1st April 2014 and the 30th September 2014) stated that the trust takes a median average of 16 days to upload an incident (an improvement on the previous 30 days) to the NRLS and reported 1713 patient safety incidents during this period at a rate of 55.6 per 1000 bed days. This was a significantly improved position for the trust.
- At our last inspection, the trust had a patient safety reporting ratio that was much lower than the other children's hospitals in England; the trust was now amongst the best performers for patient safety incident reporting.
- The trust has reported two "never events" since our previous inspection (never events are serious, wholly preventable patient safety incidents that should not occur if the relevant preventative measures had been put in place). Both incidents were subject to a Root Cause Analysis (RCA) investigation. We requested and reviewed completed RCA investigations, including the two never events. There was good evidence of root cause methodology being applied appropriately within these investigations.
- We found that the trust Board of Directors received limited information about Serious Incidents. The board report provided an update on whether the 45 working day compliance was on track for achievement and if the "Being Open Policy" had been implemented. There was no overview of the incident, any actions taken immediately in response to the incident, or planned actions to prevent recurrence.
- We discussed this with the Director of Corporate Affairs and Deputy Director of Quality. We were informed that the detail is not provided to the Board but that actions required are monitored. The most recent monitoring reports were sent to us following the inspection and showed that in June 2015 there

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were 41 overdue actions with the oldest actions having an original completion date of September 2013. This is a significant reduction from April and May where the overdue actions were 125 and 75 respectively. However, the Board does not appear to be informed of this at any stage in the reporting process.

## Duty of Candour

- Since the duty of candour regulation was introduced in November 2014, the trust policy of informing parents/carers about incidents that had occurred had been used appropriately.
- There was good evidence that the trust had acted appropriately when the DoC requirements had been triggered by safety incidents. There was evidence that parents had been informed of an incident and the actions taken to prevent recurrence.
- Staff were aware of the process in relation to Duty of Candour and we saw examples of staff escalating and reporting concerns appropriately.

## Safeguarding

- There was a system in place for reporting safeguarding concerns. Staff were able to identify and escalate suspected abuse and neglect. Practice was supported by staff training, although improved the numbers of staff who had received training was below the trusts set target of 90%. Training figures for child safeguarding level 3 were poor and had not markedly improved since our last inspection.
- Staff had access to specialist advice and support available from the trust's safeguarding team 24 hours a day.
- There was evidence that safeguarding concerns were escalated and managed appropriately.

## Cleanliness and Hygiene

- Patients received care and treatment in visibly clean environments. Wards and departments were cleaned regularly and cleaning schedules maintained. Staff, in the main, followed good practice guidance in relation to the control and prevention of infection, although hand hygiene practice and the completion of cleaning schedules required improvement in the outpatients and diagnostic departments.
- Hygiene systems included the use of 'I am clean' stickers to inform colleagues at a glance that equipment or furniture had been cleaned and was ready for use.
- Staff continued to manage the hygiene challenges associated with an old building.

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## Nurse staffing

- The trust calculated nurse staffing levels using a recognised dependency tool for wards and departments; with the exception of outpatients, where there was no clear system to determine nurse staffing levels other than the managers judgement.
- At our last inspection we found that there were times when the wards were not always adequately staffed in accordance with the dependency tool. Since then, the trust had worked hard to increase the numbers of nursing staff and over 80 additional nurses had been recruited since our last inspection. As a result, wards and departments were adequately staffed to meet the needs of patients.
- There was an escalation process in place for staff to alert managers when patient acuity increased or to cover unplanned absence. There was evidence of managers making a timely response to addressing staffing shortfalls. However, in the community child and adolescent mental health service (CAMHS), the single point of access team was experiencing difficulties recruiting to vacancies which was creating pressure on staff that had to carry larger caseloads. It was also creating delays for both assessment and treatment of children and young people.

## Medical staffing

- Medical staff were highly skilled, competent and well-supervised. Doctors were universally committed to the care and treatment of children and young people.
- Consultants were present or accessible 24 hours a day and carried out daily ward rounds. Middle grade and junior doctors were on site 24 hours a day. Since our last inspection, the trust had addressed the clinical risks associated with a lack of overall medical leadership, clinical accountability and timely clinical decision making on the High Dependency Unit (HDU).
- Medical support on the HDU included an intensive care consultant allocated to the unit for 50% of their working time.

## Monitoring safety and responding to risk

- The trust continued to hold its weekly meeting of harm. This was implemented towards the end of 2013 and had continued to grow and develop. Staff who had attended the meeting spoke positively about the process and its contribution to improving incident reporting and learning.
- The trust also had a quality review programme. This process involved reviewing data about the ward areas, including incidents, meeting minutes and risk registers, observing care,

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reviewing care records, speaking with patients and parents and engaging with staff. Staff were asked what worries them and what makes them proud of where they work. The summary results were reported to the Board with notable practice recognised and improvement actions identified.

- In respect of reducing avoidable patient harm, the trust had set the improvement aim of no grade 3 or grade 4 hospital acquired pressure ulcers and 22% reduction of all pressure ulcers during 2014-15. At the end of February 2015, the trust had reported 61 hospital acquired pressure ulcers; 2 of which were grade 3. The trust has developed a business case to provide additional resource for the tissue viability service to support the reduction of hospital acquired pressure ulcers.
- The infection control target was to reduce the number of outbreak organisms and hospital acquired organisms by 16%, which was a maximum number of 139 by the end of 2014-15. At the end of February 2015, there had been 146 reported, which meant the target was not achieved. However, there was a 1% reduction in hospital acquired organisms overall.
- Staff were aware of how to escalate key risks that could affect patient safety, such as staffing and bed capacity issues, and there was daily involvement by ward managers and the clinical business unit lead nurse to escalate and manage risks.
- There was good use of the paediatric early warning tool to promptly identify children and young people whose condition was deteriorating. Medical staff were alerted and attended promptly.
- In surgery there was good use of the World Health Organization (WHO) safety checklist. There were regular audits of practice that demonstrated high levels of compliance with safe surgical practice.
- Robust procedures for identifying if young female patients were pregnant prior to undergoing scans within the diagnostic imaging department were described in the trust's radiation protection policy but they were not always followed.
- There was no effective system in place to monitor the risks of people waiting to access community child and adolescent mental health service (CAMHS). Children and young people were waiting up to 18 weeks between referral and assessment and then up to 22 weeks for treatment.
- Lone working policies were not consistently followed by staff working in CAMHS community services.
- There were not enough personal alarms for community staff, however staff did have mobile phones. Some consulting rooms did not have alarm systems.

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- One community building, which was a four storey converted terrace building, did not have records of fire alarm testing, undertake evacuation drills or have an environmental risk assessment available.

## Medicines Management

- The trust had set itself improvement targets for some of the themes from incidents, including medication errors. The target for medication errors was to reduce the number of medication errors that reach the patient by 23% by March 2015. This was not achieved. The trust reported 461 medication errors that reached the patient compared with 334 the previous year, which is an increase of 127. For the same time period, medication errors resulting in harm also increased from 87 to 119. The increase may be as result of an improved reporting culture.
- In response to the medication errors, the trust was monitoring 'medication safety preventative indicators,' that looked at compliance with policies via point prevalence and other existing audits. The trust also held a 'Medication Risk Summit' in February 2015.
- The trust acknowledged there was still work to do in ensuring that the policies and procedures for the safe handling of medicines were fully embedded. Improved performance in this regard had been identified as a high priority and plans to improve performance were underway. The trust was anticipating a big improvement in this area following the implementation of e-prescribing in June 2015.

## Records

- Since our last inspection, the trust has made considerable progress with records management and availability. This was evident within the outpatients department;
- At the time of our inspection, the trust was in the process of transferring to a 'paper light' system in respect of medical records. A 'paper light' system is one in which there is very limited use of any paper records. This meant that there were both paper records and electronic patient records database.
- The radiology department also used a system called the Picture Archiving and Communications System (PACS). This is a nationally recognised system used to report and store patient images. The system was used across the trust and within a North West consortium of 10 trusts who shared the system, allowing regional access to images.

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- It was noted that letters from the clinics were typed up within a few days of the clinic taking place, which ensured effective communication between health professionals. Copies of these letters were also sent out to the parents/guardians.
- At Seymour House, a child and adolescent mental health service (CAMHS) community clinic, there were frequent problems accessing the internet which meant that staff were unable to access electronic records for several hours. This meant records were not always available during consultations.

## Mandatory training

- Staff received mandatory training on a rolling annual programme. They were able to access online courses, booklets and face to face sessions.
- The mandatory training was in areas such as manual handling, fire safety, equality and diversity and safeguarding.
- At the time of our inspection the numbers of staff who had completed mandatory training varied across the hospital. Numbers had improved since our last inspection however, in most areas completion rates were below the trusts set target of 90%.
- An action plan had been developed to increase mandatory training compliance and there were individual ward plans in place to increase the percentage of staff that had completed it.
- The trust had developed 'The Big Move Mandatory Training Workbook'. This was not yet finalised but will be in place prior to the move to the new hospital. The workbook aimed to provide key messages in relation to mandatory training subjects such as fire, health and safety, information governance, needle stick injuries, waste disposal and equality and diversity. The workbook includes an induction checklist that staff need to complete and return.

## Patient mortality

- The trust had a well-established mortality review process. The expectation was that departments and services to undertake mortality review within two months of the patient's death with a further review by the Hospital Mortality Review Group within four months to review the findings.
- There were minimal variances in the findings. Both reviews identify any elements of the patient journey where harm and/or death were avoidable. Root cause analysis investigations are completed where this can add additional learning and action plans are generated and implemented.



# Summary of findings

## Are services at this trust effective?

Good



Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).

Clinical pathways and care bundles were used to ensure appropriate and timely care for children and young people with specific needs in accordance with nationally recognised standards.

There was good use of clinical audit to monitor and improve performance. In the absence of national data clinicians worked well together to benchmark patient outcomes both nationally and internationally.

Patient outcomes were comparable to or better than other children's centres.

Multi-disciplinary team work was well established and focused on securing the best outcomes for children and young people.

Care and treatment was delivered by highly skilled and committed staff.

## Evidence based care and treatment

- Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Clinical pathways and care bundles were used to ensure appropriate and timely care for children and young people with specific needs in accordance with nationally recognised standards.
- The trust monitored compliance with NICE guidance via the Clinical Quality Assurance Committee. In addition to the mandated 3 month timescale for completion of Technology Appraisals, the trust has set an internal timescale of 6 months for completion of a baseline assessment and development of an action plan for clinical guidelines. It did not, however, set a timescale for implementation of the guidance.
- An Assessment of Quality at Alder Hey Report, February 2015 – reported to the Board of Directors May 2015 'The Trust is working towards full compliance with all relevant recognised protocols, pathways and guidelines. Clinical audit reported no non-compliant relevant NICE guidance and no partially compliant NICE guidance as at February 2015.
- The Dewi Jones Unit had achieved Quality Network status for Inpatient child and adolescent mental health service (CAMHS).

## Patient outcomes

# Summary of findings

- The Paediatric Intensive Care Unit (PICU) contributed to the Paediatric Intensive Care Audit Network (PICANet) database. (PICANet is an international audit of paediatric intensive care which collects data on all children admitted to paediatric intensive care units in the UK and Ireland).
- The PICANet 2014 report demonstrated that the PICU at Alder Hey performed similarly to comparator children's trusts in terms of mortality, length of stay and unplanned re-admissions.
- Where there was an absence of national data medical staff worked well together with their colleagues in other children's hospitals to benchmark patient outcomes. The data collated indicated that outcomes were comparable to or better than other children's centres.

## **Pain Management**

- The hospital had a dedicated pain service which helped to support and advise children and young people and their families.
- Pain assessment tools were in place where appropriate and pain relief was administered as required for children such as those with long-term conditions or children with complex needs and those who required ventilation.
- Pain relief was also supported with the use of appropriate positioning e.g. use of special beds, mattresses and specialist seating for children and young people who were not mobile.

## **Multidisciplinary working**

- Multidisciplinary team work was well established and focused on the best outcomes for children and young people.
- Staff across all disciplines worked well together for the benefit of patients. There were robust mechanisms in place such as combined ward rounds and regular MDT meetings that enable all disciplines to positively contribute to the care and treatment of children.
- It was evident that colleagues valued each other's contribution, relationships between the disciplines were positive.
- MDT meetings were effective in child and adolescent mental health service (CAMHS).

## **Consent, Mental Capacity Act, and Deprivation of Liberty safeguards**

- The trust had a policy for seeking informed consent. The policy was implemented across the hospital.

# Summary of findings

- The Gillick competency and Fraser guidelines (used to decide whether a child is mature enough to make decisions), were applied appropriately, to balance children's rights and wishes with the responsibility to keep children safe from harm.
- Staff had the skills and knowledge to ask children and their representatives for consent and were familiar with the correct processes to seek best interest decisions where required.

## Competent staff

- Data provided by the trust indicated 97% compliance in both medical and non-medical appraisal for 2014/15 and plans to achieve 97% compliance in 2015/16 by the end of July 2015 for non-medical appraisals. This year's appraisals have been brought forward as part of developing individual plans for all staff to support them with the move into the new hospital site.
- The appraisal system was used to underpin on going professional development. Staff in the main were positive about the process and the support they received in respect of their development.

## Are services at this trust caring?

Staff at all grades were compassionate, kind and respectful towards the children, young people and their families. Children and those close to them were treated with dignity and compassion. Care and treatment was delivered in a person-centred and sensitive way. Patients and those close to them were very positive about the caring and supportive attitudes of staff. Relationships between children who used the service, those close to them and staff were caring and supportive.

Patients and parents were active partners in care and felt involved in the decision-making process. Children and young people's individual preferences and needs were reflected in how care was delivered.

Children and those close to them understood their treatment and the choices available to them. Meeting people's emotional needs was recognised as important by all staff disciplines, and staff were skilled and sensitive in supporting patients and those close to them during difficult and stressful periods.

Friends and family test results from young people between November 2014 - April 2015 showed that out of 247 responses, 233 young people were very likely or likely to recommend Alder Hey.

The trust carried out young people specific inpatient surveys and in the month of May 2015 received 30 responses. The results were positive.

Outstanding



# Summary of findings

## Compassionate care

- Children, young people, their families, relatives and representatives were very positive about the care and treatment provided.
- Children, young people and their families and carers were being treated with compassion, dignity and respect by staff of all grades.
- As part of our inspection, we made observations about the care people received using a Short Observational Framework for Inspection (SOFI). (SOFI is a way of observing care to help us understand the experience of people who could not speak with us).
- We found that staff were kind, compassionate and caring. We saw staff attending to children of all ages sensitively. Where children and infants were unable to communicate verbally, staff used 'touch' and other non-verbal communication methods to convey support and comfort.
- Friends and family test results from young people between November 2014 - April 2015 showed that out of 247 responses, 233 young people were very likely or likely to recommend Alder Hey. Seven young people were neither likely nor unlikely, three were unlikely and four didn't know.
- The trust carried out young people specific inpatient surveys and in the month of May received 30 responses. The results for May were positive. For example, all 30 young people stated that they received enough information about their care. The results of surveys were displayed on hospital corridors.

## Understanding and involvement of patients and those close to them

- Parents and young people received information about their care and treatment in a manner they understood and contributed to the development of a personalised care plan. Patient records included assessments that took into account individual preferences.
- Parents, young people and those close to them were involved in the planning for discharge or transfer. Parents were treated as active partners in care.
- Staff were sensitive to the needs of parents and carers and understood that having a sick child was a very anxious and worrying time for them. As a result staff communicated regularly with the child and those close to them about developments, likely outcomes and treatment options regularly and in a way they could understand.

# Summary of findings

- Meeting people's emotional needs was recognised as important by all staff disciplines, and staff were skilled and sensitive in supporting patients and those close to them during difficult and stressful periods.

## Emotional support

- Psychology services were actively involved in supporting young people in transition to adult services. We found good examples of the use of psychology services in cardiology and nephrology. Young people told us that they found these services helpful and supportive.
- The role of transition nurse and designated lead consultant for young people and their families with complex needs had provided a point of contact and emotional support for young people
- Cardiology nurse specialists had visited schools in order to provide emotional support and information to young people and school staff on individual health matters.
- Health play therapists provided emotional support through condition specific pathways and diversional and distraction techniques for younger children.
- There was strong support from the palliative specialist care team for Children (and those close to them) who had life limiting illnesses and conditions.
- People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

## Are services at this trust responsive?

Services were planned and delivered to meet the needs of patients. Access and referral to treatment national targets were consistently achieved by the trust in acute services. However, there were concerns about the lengthy waiting times (up to 18 weeks for assessment and then up to 22 weeks for treatment) in the community Child and Adolescent Mental Health Service (CAMHS).

There were good systems to meet the individual needs of children and young people. There was good access to interpreter services for children and young people whose first language was not English. However, there was no evidence that the trust provided information leaflets in any other language than in English. In addition, appointment letters and supporting information were only produced in English.

## Service planning and delivery to meet the needs of local people

Good



# Summary of findings

- Services were planned and delivered to meet the patients' needs.
- There were systems in place to meet children and young people's individual care needs. There was good access to interpreter services for children and young people whose first language was not English; however, there was limited evidence that the trust provided information leaflets in any other language than in English.
- Appointment letters and supporting information were only produced in English.

## Meeting people's individual needs

- Staff were responsive to the individual needs of patients and those close to them. There was good evidence of personalised care planning that focused on the needs of children and young people.
- Children and young people with a learning disability were sensitively managed with a person centred approach and staff were skilled in meeting their needs appropriately.
- There was strong leadership from consultants in coordinating transition to adult services for those young people with specific long-term conditions.
- The trust had worked hard since our last inspection to engage with young people and their families in order to clearly define transition process for young people with complex needs.
- The transfer to the new hospital would address the current lack of space and cramped conditions in some departments as well as resolve the matter of a designated recreational space for young people.

## Access and flow

- Access and referral to treatment national targets were consistently achieved by the trust in acute services. However, there was a concern about the lengthy waiting times (up to 18 weeks for assessment) in the community Child and Adolescent Mental Health Service (CAMHS).
- Patients and those close to them waited for long periods to be seen in the outpatients department, this coupled with the inconsistencies in scheduling appointments via the 'choose and book system' were sources of frustration for children and those accompanying them to their appointment.
- The NHS target for radiology diagnostics was 6 weeks, and at the time of inspection this was being met. The waiting time had increased to 10 weeks in November 2014; however, the department had taken action to reduce it by facilitating extra clinics.

# Summary of findings

- For patients requiring more than one appointment in the radiology department, the booking team facilitated these on the same day where possible.

## Learning from complaints and concerns

- We looked at the complaints report for January to March 2015. The report indicated that 90% of complaints were responded to within agreed timescales; however it did not state how often these timescales are renegotiated or what proportions of the first agreed timescale were met.
- The trust stated that it endeavours to respond to complaints within 25 working days; however, additional data provided suggested that this timeframe is often not met.
- There was evidence of organisational learning from complaints and improvements to practice and service provision as a result of complaint investigations.

## Are services at this trust well-led?

The trust responded very positively to our last inspection report and had made improvements in all the areas we identified as requiring improvement.

The senior team were more visible and accessible to staff and were making good progress to promote a positive inclusive culture throughout the trust. Staff engagement had improved and good progress had been made in developing an integrated organisation with staff working better together across teams.

Staff were positive about their line managers and felt they were supportive and knowledgeable.

Staff remained proud and passionate about their work and there was a strong commitment to delivering and securing the best for children and young people evident throughout the organisation.

Governance and risk management systems had improved although there was still work to do to embed the systems throughout the trust.

## Vision and strategy

- There was evidence of the trust's vision and values displayed at ward and department level.
- Staff were familiar with the vision and values and the plans for the future of their service.
- The People Strategy 2012-17 was revised in October 2014 and signed off by the Board in November 2014. This read as quite a new document, as opposed to being 3 years in, as the majority

Good





# Summary of findings

of the work-streams were only just starting to report on progress. There was now a regular People strategy update provided to the Board of Directors, which reports under the four headings of 'Engagement', 'Availability of key skills', 'Structure and Systems' and 'Health and Wellbeing'.

## **Governance, risk management and quality measurement**

- At the time of the last inspection, the trust had recently undergone an assessment of Monitor's Quality Governance Framework. The results of this external assessment were not available at the time. A recent review of the actions undertaken to improve the overall quality governance score was provided to us as part of this inspection. The score in July 2014 was 4.5; this had reduced to 3 in May 2015 and indicated positive improvements.
- The trust had undertaken a great deal of activity to improve its risk management arrangements. This had included seeking the help of an external risk management consultant, implementing actions in response to internal audit reviews of risk management and including a risk maturity review on its internal audit programme.
- The corporate risk register was much improved when compared with the register at previous inspections. The risk register template now included clear sections for the risk description, causes and consequences to prompt risk owners to consider all potential causes and consequences of the risk condition. There is a section for existing controls but not for gaps in these controls. However, an assessment as to the effectiveness of the controls is required; the template has the categories of 'Inadequate', 'Could improve' or 'Effective' for this. There is no inherent risk rating (the gross risk before existing controls are applied) on the risk register template but there was a current risk rating and 'target residual' risk rating. There is also a 'Trend' section that is completed with 'Escalated', 'Better', 'Static', 'Worse', 'De-escalated' or 'Close'. These 'trends' are then abbreviated and summarised on the front page of the risk register to enable the Board or reporting Committee to have a high level view of all corporate risks.
- The content of the corporate risk register was variable. Some risks were populated fully and demonstrated completion of risk reduction actions, appropriate controls and a clear understanding of the causes and consequences of the risks; however, we reviewed the corporate risk register that was submitted to the Board of Directors on the 5th May 2015 and found that 22 of the 34 risks had incomplete fields. These fields ranged from the escalation date, causes, consequences and

# Summary of findings

controls to missing fields in the action plan section. Two of the risks on the risk register had the current and target risk rating as the same, despite these being known areas of challenge for the trust.

- The Board Assurance Framework (BAF) was a comprehensive document. The principal risks were set out under each strategic objective with existing controls, assurance evidence, gaps in controls and assurance, actions required and progress. Updates were provided in the 'Exec Lead's assessment' section of the framework. The risk descriptions did not always clearly detail the condition, cause and consequence. There was also no inherent risk rating, which meant that the Board was not fully sighted on what the gross risk would be should the controls fail. The BAF used two risk ratings, current and target.
- No target risk ratings were achieved during 2014/15. One target risk rating has since been achieved in April 2015. However, it was not clear how the evidence from previous risks has been used to make this decision. For example, BAF risk 1.1 'Maintain care quality in a cost constrained environment' is the merger of 3 risks from the 2014/15 BAF. One of these 3 risks was 'Sustain Quality Improvement Culture', which had a risk rating of 15 in the February 2015 BAF paper. The merged risk was rated as an 8, which does not match the evidence seen on this inspection in terms of agreeing quality aims and achieving targets set. Two new risks were added to the BAF for 2015/16: one for the safety and effectiveness of the new hospital move and one in relation to finance for Phase 2 of the research facility. The remainder of the risks are from the previous version of the BAF with no change to the risk ratings.
- Internal Audit has recently undertaken two pieces of work for the trust in relation to Risk Management. The first is a follow up review of the Clinical Business Unit Risk Management arrangements further to a report in January 2014 giving Limited Assurance and the second a Risk Maturity Review of the Clinical Business Units. The follow up review looked at the 16 actions that were agreed following the previous audit. There were 6 high priority actions, 9 Medium and 1 low; Of the 16 actions, only 8 had been completed fully with a further 7 partially completed and 1 where no progress had been made. One of the partially completed actions was to implement local risk registers; this matched findings of the inspection teams with some wards and departments telling us they did not know how to view or enter risks on to the risk register. Staff at this level were unaware of the risks within their areas. Other areas of partial implementation included risk management training, terms of reference for Clinical Business Unit risk, governance

# Summary of findings

meetings and the scheduling of these meetings and meeting serious incident investigation timescales. The action that had not been progressed at all since the January 2014 report was Clinical Business Units (CBU) linking risks identified on their risk registers to their objectives. The Risk Maturity Review highlighted similar areas for improvement but acknowledged the significant amount of progress that has been made in improving Risk Management since its last review in 2013/14.

- The trust acknowledged that its quality strategy did not accurately reflect the trust's priorities in terms of quality improvement. The Strategy is due to end this year and is being revised to take this into consideration. The current strategy had 16 aims. The trust had determined that this diluted the focus and has agreed on three priorities per year. The priorities for 2015/16 are medication errors, pressure ulcers and infection rates. Targets that had been set for these three areas in 2014/15 were not achieved.
- We discussed the process for setting targets with the chief executive who acknowledged that the targets had not been underpinned by robust data and were aspirational at best. With the increase in patient safety incident reporting being the main priority initially, the trust now felt that it has a more reliable baseline from which to agree improvement aims and targets in the future.

## Leadership of the trust

- The senior team were more visible and accessible to staff. Staff were positive about the increased visibility of the senior team.
- Staff were positive about their line managers and felt they were supportive and knowledgeable.
- Leadership at service level remained apparent. There were some strong and positive role models for staff in all of the services we inspected, with the exception of domestic staff who raised concerns about the leadership style within their service. The trust was aware of this issue and were in the process of addressing it.
- The trust was investing in leadership development and was providing leadership courses for relevant staff.
- Discussions were underway for the development of band 5 nurses to support their ongoing professional development and career aspirations.
- Clinicians remained active in developing and supporting improvements within their specialist fields.

## Culture within the trust

# Summary of findings

- The trust was making good progress to promote a positive inclusive culture throughout the organisation.
- Staff in all disciplines remained proud and passionate about their work and there was a strong commitment to delivering and securing the best for children and young people evident throughout the organisation.
- There were some excellent examples of staff going the extra mile for children including medical staff coming in to support the care and treatment of sick children on their days off.
- The latest available staff temperature check (May 2015) showed the percentage of staff recommending Alder Hey as a place to work as 69% and as a place for treatment 92%

## Fit and Proper Persons

- The trust was aware of its obligations in terms of the fit and proper persons regulation.
- Recruitment processes were robust and included relevant personal, professional and financial checks. However, the internal systems designed to support the fit and proper persons requirement for Directors were not robustly governed, nor applied. This was an area that required improvement.

## Public engagement

- The views of young people, family and carers had recently been collated following roadshows and surveys in order to establish and map transitional services.
- The transition team sought experience from other multi-disciplinary professionals involved in transition such as people in education and the private sector in order to map current service provision for young people with complex needs.
- This information had been used to identify a baseline for current transition arrangements and identify gaps.
- The trust had established young peoples and parent fora. There was good evidence that these fora had a direct influence of the range and nature of services provided. For example, the children's forum members had been involved in the development of food menus and the design and furnishings for the new hospital. Forum Members were also able to raise their views regarding hospital policy. There was evidence that young people had asked the trust to consider its TV policy and asked that viewing times be extended to accommodate adolescent viewing patterns.
- Transition surveys specific to cardiology and cleft services were used to evaluate what was important to young people.

# Summary of findings

- The teenage cancer unit had focus groups in place and these were used for staff and young people to discuss ideas on what was working well and how things could be improved.
- Child and adolescent mental health service (CAMHS) had a number of highly effective ways in engaging with people. Young people from the FRESH project had recently presented to the board.

## **Staff engagement**

- Staff engagement had improved and good progress had been made in developing an integrated organisation with staff working better together across teams.
- Staff engagement plans were having a positive impact and staff felt better informed and heard.
- Group and team meetings were increasing staff's understanding of the trust's future ambitions services.
- There were excellent examples of staff engagement in transition services such as transition roadshows, meetings and a web based survey. Feedback had been used to improve services for young people in transition.
- However, there was still work to do in the outpatients and diagnostic departments. A lack of team meetings and opportunities for information sharing meant that staff in these departments still felt remote from their managers and senior team.

## **Innovation, improvement and sustainability**

- There were numerous clinical research studies taking place, ranging from observational studies to complex, interventional clinical trials.
- The trust was able to provide good examples of innovation and research. A consultant had been given dedicated time to focus on innovation. This included work with companies to develop IT solutions to healthcare that would improve and enhance the care and treatment options offered to children and young people.

# Overview of ratings

## Our ratings for Alder Hey Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	 Outstanding	Good	Good	Good
Neonatal services	Good	Not rated	Good	Good	Good	Good
End of life care	Good	Good	 Outstanding	Good	 Outstanding	 Outstanding
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Transitional services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

## Our ratings for Mental health services

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

# Overview of ratings

## Our ratings for Alder Hey Children's NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	 Outstanding	Good	Good	Good

### Notes

#### Notes for overall ratings for Alder Hey Hospital

1. The overall ratings for this hospital have been aggregated using an amalgamation of the ratings from our inspection in May 2014 and our updated ratings from the focused inspection of medical care, surgical care, critical care, outpatients and diagnostics and transitional services.



# Overview of ratings

## **Notes for Outpatients and diagnostics ratings**

1. The last inspection in May 2014 was part of a wave of inspections to test our methodology and at that time, diagnostic imaging was not explicitly included in the outpatients' methodology. This inspection included diagnostic imaging services, which is part of our updated methodology.

2. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients and diagnostic imaging.

# Outstanding practice and areas for improvement

## Outstanding practice

We saw that the compassionate care being delivered by staff in critical care and the child and adolescent mental health (inpatients) service was outstanding.

## Areas for improvement

### Action the trust MUST take to improve

#### Action the trust MUST take to improve

- Ensure that robust arrangements are in place to govern the fit and proper persons process.

#### The trust should:

- Provide adult safeguarding training for staff across all services.

### At Alder Hey Hospital

#### Importantly, the trust must:

- Ensure that departmental risk registers are kept up to date and reviewed appropriately.
- Improve its risk management processes in the outpatient and diagnostic imaging departments and provide appropriate training for those delegated to manage risk.
- Ensure there is an appropriate process in place for checking and recording pregnancy status in adolescent female patients.
- Ensure that learning from incidents and complaints is shared with staff to prevent recurrent issues.
- Ensure that processes are robust and effective in relation to patient emergencies in the radiology department and that first aid and resuscitation equipment is suitably available and checks completed and documented regularly.
- Ensure that correct hand hygiene measures are in place and that people are aware of and using the correct techniques.

#### In addition the trust should:

- Improve staff compliance with mandatory training.
- Improve staff compliance with safeguarding training.
- Provide adult safeguarding training for staff across all services.

- Continue to recruit nursing and medical staff to address shortfalls across the surgical and critical care services.
- Improve patient access and flow across critical care services.
- Ensure that people's medicines are given in the necessary quantities at all times and that the records reflect what has been administered to prevent the risks associated with medicines that are not administered as prescribed.
- Ensure that outstanding actions on the risk register are reviewed and updated across all departments.
- Ensure that adequate signage is displayed in relation to entering areas in the radiology department.
- Seek to fill vacancies on medical wards and reduce the need for locum cover.
- Continue to recruit nursing and medical staff to address shortfalls across the surgical services.
- Maintain staffing levels in the Neonatal Unit according to nationally recognised guidance.
- Implement policies and procedures relating to transition, to ensure there are trust-wide policies and procedures for staff to refer to when dealing with young people that are; or, should be considered for transitional pathways.
- Ensure that work undertaken in the learning disabilities steering group and the transition steering group are linked so that information is shared and used to benefit both of these vulnerable groups of children and young people.
- Continue to develop relationships with adult health and social care providers to ensure the safe and effective transition of care for young people.
- Ensure that appropriate systems are in place for patients or those close to them to raise an alarm if they require assistance whilst in outpatient changing areas.

# Outstanding practice and areas for improvement

- Undertake a review of staffing within each area of the outpatients department to ensure that there is an appropriate system in place to determine staffing requirements.
- Improve communication with people for whom English is not their first language.

## **Child and Adolescent Mental Health Services (CAMHS) – Community**

### **The trust must:**

- Take action to improve the overall waiting time from referral to assessment to intervention and to ensure that there are effective systems in place to monitor the risk of people waiting to be seen.

### **The trust should:**

- Ensure that risk assessments are correctly recorded on the patient record system.
- Ensure that there is an effective system in place to keep staff safe when visiting people in the community.
- Ensure that there are suitable alarm systems in place in community offices where people are seen.
- Ensure that staff are receiving mandatory training.
- Ensure that staff know what action to take in case of fire.

- Ensure that there is an effective system in place to monitor the safe storage and use of FP10 prescription pads.

## **Child and Adolescent Mental Health Services (CAMHS) – Inpatient**

### **The trust should:**

- Ensure adequate medicines management oversight, and improve day to day medicines management practices, for example, recording dates of opening of medicines.
- Ensure that a patient's medication is verified by a pharmacist or pharmacist technician upon admission.
- Ensure that medicines management practices are audited frequently in line with good practice.
- Ensure full compliance with the Mental Health Act and Code of Practice including records management, treatment certificates, consideration of, and decisions around consent to treatment, and good and timely access to mental health act support.
- Consider improving the identification of key information in care records such as whether the child is on the child protection register or whether the child is looked after.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

##### **How the regulation was not being met:**

The trust's processes for managing the fit and proper person's process were not robust. Regulation 5 (3) (a)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

##### **How the regulation was not being met:**

We found that checks for resuscitation equipment in radiology were not documented appropriately and that equipment was not stored together, increasing the time taken to source it if required. Regulation 12 (2) (b).

Robust procedures were followed to check pregnancy in adolescent females. Regulation 12 (2) (b).

Hand hygiene practice was not correctly adopted or encouraged in certain areas. Regulation 12 (2) (h).

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

##### **How the regulation was not being met:**

Departmental risk registers in outpatients and diagnostics were not kept up to date or reviewed appropriately. Processes for the assessment and management of risk were not adequate and staff were

This section is primarily information for the provider

## Requirement notices

not appropriately trained to manage risk. We found no evidence that lessons learned from incidents or complaints were shared appropriately with staff. Regulation 17 (2) (b)

Children and young people were waiting for up to 18 weeks from initial referral to assessment and then up to 22 weeks for intervention in CAMHS community services. There was no effective system in place to manage and monitor the risks of those waiting for treatment. Regulation 17(2) (b)