

# Liverpool Heart and Chest Hospital NHS Foundation Trust

## Quality Report

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

## Ratings

### Overall rating for this trust

Outstanding 

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?

Outstanding 

Are services at this trust well-led?

Outstanding 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Liverpool Heart and Chest Foundation Trust provide specialist services in cardiothoracic surgery, cardiology, respiratory medicine including adult cystic fibrosis and diagnostic imaging, both in the hospital and in the community, from locations in the Boroughs of Liverpool and Knowsley.

Liverpool Heart and Chest Hospital provides a full range of heart and chest services with the exception of organ transplantation. Throughout 2015/2016 these services included, procedures used to visualise the coronary arteries and treat narrowing's using balloons and stents (coronary angiography and intervention).

The implantation of pacemakers and other devices & treatments used to control and restore the normal rhythm of the heart (arrhythmia management). Surgical procedures used to bypass coronary arteries, replace the valves of the heart, and complex surgical correction of the major vessels in the chest (cardiac surgery).

Surgical procedures used to treat many major diseases affecting the lungs; these can include partial or complete lung removal.

Surgical procedures used to treat many diseases affecting the gullet and stomach (thoracic surgery). The trust also provided drug management of asthma, chronic obstructive pulmonary disease and cystic fibrosis (respiratory medicine). Community cardiovascular and chronic obstructive pulmonary services were provided for the residents of Knowsley.

We visited the hospital on 26- 29 April 2016. We also carried out an out-of-hours unannounced visit on 13 May 2016. During this inspection, the team inspected the following core services:

- Medical care services
- Surgery
- Critical care
- End of life Services
- Outpatients and diagnostic services
- Community Services for Adults

We rated Liverpool Heart and Chest Hospital outstanding . We have judged the service as 'good' for safe and effective and outstanding for caring, responsive and well - led.

We rated the community service as outstanding overall.

Overall, we rated Liverpool Heart and Chest NHS Foundation Trust as good in safe, effective. We rated caring, responsive and well - led as outstanding, the trust was rated outstanding overall.

Our key findings were as follows:

### Leadership of the trust

- The trust was led and managed by a stable, visible and accessible executive team. The senior team led the trust with a strong focus on service quality and positive patient experience.
- All staff we spoke with were familiar with the senior team and felt that managers listened to and acted upon matters of concern.
- All the staff we spoke highly of the senior team and board members. Staff gave examples of positive interactions and collaborative working between the board and staff in order to improve care, treatment and outcomes for patients.
- There was effective teamwork and clear leadership and communication in services at a local level. Managers and leaders were visible and approachable. Staff we spoke to felt supported by their managers and supported and encourage to raise concerns and ideas.
- However, there were some concerns regarding the leadership styles in some isolated areas in the medical division. Some staff raised with us that the leadership of the service at a local level could be improved in terms of approach and attitude. A small number of staff told us that the local leadership would benefit from a more open, equitable and flexible approach to their management and development, as at times the leadership style could occasionally feel repressive .

### Culture within the trust

- There was, in the main a very positive culture throughout the trust.

# Summary of findings

- Staff of all grades were committed to the continuous improvement to the quality of care and treatment delivered to patients.
- Staff felt comfortable and confident in respect of raising matters of concern. In addition staff felt that they could share ideas for improvement and innovation and that managers and the senior team would support the implementation.
- There was a range of reward and recognition schemes that were valued by staff. Staff were encouraged to be proud of their service and celebrate their achievements.
- However, there were also some (historical) concerns regarding the culture in the Critical Care Service and some additional concerns about the culture in parts of the medical services. The trust was sighted on the issues in both areas and had plans in place to develop leaders and improve the culture in both areas.
- Overall, we found that staff were proud of the services they delivered and proud of the trust.
- There were divisional governance meetings where performance, risks and learning was discussed and shared. Staff had access to robust data to support good performance which included thematic reviews and correlation of data to promote early identification of poor performance that supported remedial action planning.
- Locally staff were aware of the risks and challenges to both their service and the wider trust.
- Staff understood the risks and the actions in place to mitigate risks.
- The trust had a data quality strategy in place aimed at improving and maintain good data quality to underpin planning and performance management.

## Mortality rates

### Governance and risk management

- The governance arrangements were centred on three divisions, Medicine, Surgery and Clinical services. Each division was managed by a triumvirate of an Associated Medical Director, Divisional head of Operations and a head of nursing. The triumvirates reported to the board through a well-developed committee structure that included, people, quality, integrated performance, audit, charitable funds and Nomination and remuneration for Executives.
- Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood. There was good challenge and scrutiny by non-executive directors who were well sighted on both risk and quality.
- The Board Assurance Framework (BAF) was suitably aligned to strategic objectives and was linked appropriately to divisional risk registers that were regularly reviewed.
- We noted that the trust had an over-all trust risk register, processes were in place to ensure that both operational and strategic risk and performance issues were reported and mitigated through monthly management meetings chaired by the Chief Executive.
- Mortality and morbidity reviews were held in accordance with trust policies and were underpinned by robust and well understood procedures. All cases were reviewed and appropriate changes made to help to promote the safety of patients and prevent avoidable deaths. Key learning Information was cascaded to staff appropriately. Monitoring arrangements were in place at board level to ensure that opportunities for learning and improvement were implemented.
- The Summary Hospital-level Mortality Indicator (SHMI) is a set of data indicators, which is used to measure mortality outcomes at trust level across the NHS in England using a standard and transparent methodology. Specialist acute Trusts do not calculate their mortality rates using the summary hospital-level mortality indicator (SHMI). Due to the specialist nature of its services, Liverpool Heart and Chest Hospital has implemented the risk prediction equations published by the British Cardiac Interventionist Society and the Society of Cardiothoracic Surgery to derive estimates of mortality expected from the case mix of patients being treated. Measures of observed and expected mortality are updated and compared monthly as part of its performance management arrangements and reported to the Trusts Clinical Patient Family Experience Committee. Between January and December 2015, mortality rates within the trust had remained at or below the expected levels.

## Safeguarding

# Summary of findings

- Accessible policies and procedures explained the processes for safeguarding vulnerable adults and children.
- Safeguarding practice was supported by mandatory training. Training statistics provided by the trust showed that 91% of staff had completed level 1 safeguarding adult training and 76% had completed level 2 training. This was below the trust target of 95%
- The trust target for safeguarding children was 95% and compliance rates for safeguarding children level 1 was 92% and level 2 was 88%. Again below the trusts target of 95%.
- Data received from the trust showed that training rates for safeguarding, ranged from 98% to 20%. It was noted that some departments had very small numbers of medics which accounted for the low percentage in some areas. We did not have access to individual training records for exact figures .
- A trust safeguarding team advised on adult safeguarding concerns. The team included a lead nurse for patient and family centred care and safeguarding. Support was also provided for patients with additional and/or complex needs.
- The lead nurse worked with patients and families to develop plans of care in order to fully meet the patients' individual needs. This included support for people living with dementia, a learning disability, autism spectrum conditions, patients with physical disabilities and patients with mental health and capacity issues.

## Equality and Diversity

- The trust had developed an Equality and Inclusion Strategy. The aim the strategy was to support the further development of the trusts approaches to promoting equality, managing diversity and ensuring that it was effective and efficient in taking a human rights based approach as a health care provider and an employer. Staff and patient representatives had participated in the strategy development.
- The trust has developed high level aims and categorised the activity planned under four clear outcomes aligned with the refreshed Equality Delivery System (EDS2) Outcomes:
  - Better Health Outcomes
  - Improved Patient Access

- Empowered Engagement & Well Supported Staff
- Inclusive Leadership
- We analysed data from the NHS Staff survey regarding questions relating to the Workforce Race Equality Standard (WRES). The results for the trust were generally positive in most areas.

## Nurse Staffing

- There were processes in place to ensure ward staffing levels were monitored on a daily basis. Senior nurses and matrons met each week to discuss nurse staffing levels across services to ensure that there were sufficient numbers of staff to meet patient needs.
- Staffing on a day to day basis was reviewed as part of the trust bed management strategy. Shortfalls were subject to management action and risk mitigation.
- Staffing levels were maintained by staff regularly working extra shifts and with the use of bank or agency staff
- An induction process was in place for new and temporary staff to familiarise them with the trust's operational policies and procedures.
- Nursing handovers were structured and information handed over to the incoming staff included allergies, mobility of patients, incidents and expected date of discharge. Each member of staff on the ward had access to a copy of the handover sheet at the beginning of each shift.
- However, nurse staffing levels remained a challenge, particularly in critical care and surgery. Nurse staffing was identified on both operational and corporate risk registers. At the time of this inspection there were 50 nursing staff vacancies across the trust and additional posts had been made available in order to support the increased requirements across the hospital.

## Medical Staffing

- At the time of our inspection in surgical services there were appropriate numbers of medical staff to meet the needs of patients.
- Health and Social Care Information Centres (HSCIC) statistical data from September 2004 to September 2014 showed that the proportion of consultants was 51% compared to the England average of 41%; middle career doctors were 4% compared to the England

# Summary of findings

average of 11%. The registrar group was 39% compared to an England average of 37%, whilst the proportion of junior doctors at the trust was 6% compared to an England average of 12%.

- Trust staffing data dated December 2015 confirmed planned medical staff – consultant or equivalent grade as 74.00 and of this 73.89 whole time equivalent (wte) consultant staff were employed. In addition an additional two consultants were due to join the trust in July 2016.
- In medical services there was an on call rota which ensured there was a consultant available on site, 24 hours a day seven days a week for advice and support..
- The percentage of consultants working in medical services trust wide was 42% which was higher (better) than the England average of 34%. The percentage of registrars was 46% which was above (better) than the England average of 39%. The percentage of junior doctors was 12% which was lower (worse) than the England average of 22%. There were no middle grade levels compared with the England average of 6%.
- In December 2015 there were 3.5 whole time equivalent medical staff vacancies in medical services.
- The trust had an ongoing medical recruitment programme.

## Cleanliness and infection control

- Clinical areas at the point of care were visibly clean, trust had infection prevention, and control policies in place that were accessible to staff and staff were knowledgeable about their role in controlling and preventing infection.
- Staff followed good practice guidance in relation to the control and prevention of infection in accordance with established trust policies and procedures.
- There was an ample supply of personal protective equipment available such as aprons and gloves that were accessible for staff and was used appropriately.
- There were established audit programmes in place related to the prevention of infection, which included hand hygiene, infections within a central line (a long, thin, flexible tube used to give medicines, fluids, nutrients, or blood products) and methicillin-resistant Staphylococcus Aureus (MRSA). Compliance rates were high and where practice shortfalls were identified there was action planning to secure improvement.

- There were no cases of trust reported MRSA reported between August 2014 and August 2015. There were three cases of Clostridium difficile and 12 cases of Methicillin-susceptible staphylococcus aureus (MSSA) reported over the same period.
- The MSSA infection rate was higher than the England average in seven out of 12 months. However; the counts of infections have not been adjusted to give a standardised rate considering factors such as organisational demographics or case mix.

## Nutrition and Hydration

- As part of CQC inpatient national survey, between August 2015 and January 2016, a questionnaire was sent to 1250 recent inpatients at each at Liverpool Heart and Chest Hospital NHS Foundation Trust. Responses were received from 819 patients; these responses rated the Hospital as better when compared with other trusts in relation to both the quality of food and the assistance given to support people to eat.
- The trust score the same as other trusts in relation to the choice of food being offered to patients.
- We found that that there was a comprehensive selection of meals available was available for patients. Meals were also available for patients with different dietary, cultural and religious requirements; for example, halal meals.
- When patients had a poor intake of food due to their condition, medical staff prescribed appropriate dietary supplements. There were also dedicated chefs on the cystic fibrosis wards to ensure that patients had the correct diet when they required it.
- Support for patients who required assistance with eating and drinking was given in a discreet and sensitive way.
- Patient led assessments of food and hydration (PLACE) in 2015 showed a standard of 99%. This was higher (better) than the England average of 89%.

We saw several areas of outstanding practice including:

- Medical services developed the lateral atrial appendage occlusion service (LAAO) which has the highest activity rates in the country and implemented the first leadless pacemaker. LAAO is a treatment to reduce the risk of atrial blood clots entering the bloodstream and causing a stroke.

# Summary of findings

- A number of staff received external awards for innovative projects; for example, for continuous glucose monitoring and the cardioversion service.
- 'Back to the Future' is a multi-disciplinary team model of working that places the patient at the centre of the decision making and builds a trans disciplinary working team (TDT). Pivotal to the delivery of this model of care were the concepts of person-centred coordinated care from the perspective of the individual and reablement using trans disciplinary working.
- A new role to be developed as part of the pilot is the 'Total Care Practitioner.' This non-registered member of the care team will play an essential role to support the patient to achieve their agreed goals through facilitation, reablement and delivery of delegated therapy and nursing interventions.
- A chest x-ray competency tool was developed for advanced practitioners and this had been shared both nationally and in Europe. The nurse led chest drain clinic was shortlisted by the Nursing Times Awards to enable patients to be discharged home with a chest drain connected to a flutter bag. An article was also published within the Nursing times. A standardised discharge letter was developed for district nurses with all relevant information. This enabled patients to be cared for at home without frequent trips to the hospital to aspirate fluid, therefore hopefully making the end of life more comfortable and dignified for patients and families.
- The trust had developed the 'Liverpool Lounge Suit' that patients could wear during procedures, the suit replaced the traditional hospital gown and supported the patients dignity as the design of the suit meant that only the minimum of exposure was required to carry out the procedure and the patients dignity maintained.

However, there were also areas of practice where the trust should make improvements.

The trust should:

## Trust Wide

- Improve adult and children's safe guarding training compliance rates in line with internally set targets.

### In Critical Care Services;

- The management team should ensure that the policy for managing delirium is updated and that a policy for administering medication in end of life care should be implemented to ensure that up to date evidence based practice is followed.

### In Surgery;

- The trust should ensure that staff attendance at mandatory and safeguarding training is improved. The trust should ensure medical staff attendance at safeguarding training sessions is documented to determine compliance.
- The trust should ensure that medical trainees can access human factors training, simulation training and formalise cardiac training opportunities.
- The trust should continue to improve WHO checklist completion by staff.

### In Outpatients and Diagnostic Imaging;

- The trust should take steps to ensure that resuscitation equipment is checked in line with trust policy, expiration dates are monitored and all emergency equipment is available for use.

### In End of Life services;

- The trust should ensure that consultant cover is increased to meet the national standard required.
- The trust should ensure that plans in place are implemented to ensure all staff has access to specific training needs in end of life to deliver effective and high quality care to all.
- The trust should ensure that there are specific medication guidelines in place for patients at the end of their lives who are being cared for in the intensive care environment

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



# Summary of findings

## Background to Liverpool Heart and Chest Hospital NHS Foundation Trust

- The Trust achieved foundation trust status in 2009, and operates as a public benefit corporation with the Board of Directors accountable to its membership through the Council of Governors, which is elected from public and staff membership along with nominated representatives from key stakeholder organisations.
- The Trust serves a catchment area of 2.8 million people, spanning Merseyside, Cheshire, North Wales and the Isle of Man, and also receives referrals from outside these areas for highly specialised services.
- Liverpool Heart and Chest Hospital is located in the suburb of Broadgreen within the city of Liverpool, the site is close to the junction of the M62 and M57 motorways and is estimated to have a catchment population of 2.8 million, compared with a resident Liverpool population of 467,500.

## Our inspection team

Our inspection team was led by:

**Chair: Dr Nick Bishop Consultant Radiologist**

**Head of Hospital Inspections: Ann Ford.**

The team included an inspection manager, ten CQC inspectors, two CQC analysts, a CQC inspection planner

and a variety of specialists including: Consultant surgeons, Consultant physicians; Directors of Nursing and quality, Lead nurses in critical care, surgery and medicine and a Pharmacist.

## How we carried out this inspection

To get to the heart of patients' 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?

The inspection took place between 26- 29 April 2016. We also carried out an out-of-hours unannounced visit on 13 May 2016.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); Monitor; NHS England; Health Education England (HEE); General Medical Council

(GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

We held a public engagement event on 14 April 2016 when people shared their views and experiences of the trust. Some people shared their experiences with us via email or by telephone.

We spoke with a range of staff in the hospital and community service, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, and pharmacists. We also spoke with staff individually and held 'drop in' sessions for all staff.

# Summary of findings

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views

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

- Good performance in the Cancer Patient Experience Survey 2013/14. The trust was in the top 20% of trusts for 13 of the 34 questions. It was in the bottom 20% for two questions.
- Performed better than the England average for all but one area in the Patient Led Assessments of the Care Environment 2015.
- Performed better than the England average for 10 of the 12 questions in the CQC Inpatient Survey 2014.
- Performance in the Friends and Family Test was consistently above the England average from January to December 2015.
- The trust received 45 written complaints in 2014/15, down from 59 in 2013/14.
- In the Staff Survey 2015, the trust was in the top 20% of acute specialist trusts for 20 findings. Areas where the trust performed well included staff recommendation of the trust as a place to work or receive treatment, staff satisfaction with the quality of care they were able to deliver and support from immediate managers.



## Facts and data about this trust

- The trust is a specialist tertiary referral centre for management of cardiothoracic conditions. The trust served a population size of approximately of 2.8 million people across Merseyside, Cheshire, North Wales and the Isle of Man.
- It also receives referrals from outside these areas for highly specialised services. Approximately 84,000 people attend the trust for treatment every year and 14,000 patients are admitted.
- Approximately 70,000 attend the outpatient departments for consultations.
- The Liverpool Heart and Chest Hospital has approximately 220 beds and employs 1,427 staff.
- < >: 220 < >: 1,427.9 WTE (against an establishment of 1525.4)  
**Revenue 2014/15:** £118.7 million  
**Full Cost 2014/15:** £115.5 million  
**Surplus 2014/15:** £3.2 million



# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>We rated the safe domain as good because</p> <ul style="list-style-type: none"><li>• The trust was committed to the safe and appropriate care of patients and safety was a key feature of the trust's approach to patient care.</li><li>• There were good systems and processes in place to promote the provision of harm free care to patients.</li><li>• There were sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patient's needs were met appropriately and promptly.</li><li>• Patients care and treatment was regularly reviewed by skilled and competent medical staff.</li><li>• Patients received care and treatment in suitably equipped and visibly clean environments, there were robust systems for the prevention and control of infection supported by mandatory training and a specialist control of infection team.</li><li>• Infection rates were within an acceptable range for a trust of this size.</li><li>• Incident reporting was robust and well understood by staff. Staff escalated and reported incidents appropriately. There was evidence of organisational learning and improvement as a result of incident investigations.</li><li>• Staff were confident and competent in identifying and escalating issues of abuse and neglect appropriately. Practice was supported staff training. The trust safe guarding team provide support and guidance for staff so that safeguarding issues were escalated and managed.</li></ul> <p>However,</p> <ul style="list-style-type: none"><li>• We found that mandatory training rates were below the trusts expected target in a number of key areas. Similarly safeguarding training rates fell below the trust target. In addition we could not ascertain the number of Doctors who had completed safe guarding training as the trust did not provide this information.</li></ul>	<p><b>Good</b> </p>
<p><b>Are services at this trust effective?</b></p> <p>We rated the effective domain as good because</p>	<p><b>Good</b> </p>

# Summary of findings

- 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).
- Monitoring and review of clinical guidelines was regularly undertaken to ensure currency.
- Clinical pathways were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.
- There was good use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement.
- Nutrition and fluid assessments were regularly assessed and patients were well supported in meeting their nutritional and hydration needs.
- Multi-disciplinary team work was well established and focused on securing the best outcomes for patients. Staff in all disciplines worked well together for the benefit of patients in their care.
- Patient's pain and discomfort was managed effectively and pain scoring tools used to support efficacy.
- Staff demonstrated a sound understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment. Recording of both verbal and written consent was robust.
- People had comprehensive assessments of their needs both before during and after rehabilitation programmes and one to one interventions with robust mechanisms for monitoring outcomes.
- The service participated in all of the clinical audits for which it was eligible through the advancing and national quality programmes.
- Care and treatment was delivered by skilled and committed staff.

## Are services at this trust caring?

We rated the caring domain as outstanding because

- Care and treatment was delivered by caring, committed, and compassionate staff. Staff in all disciplines treated people with dignity and respect.

**Outstanding**



# Summary of findings

- Patients were very positive about their interactions with staff. Patients felt staff had a helpful and positive attitude to their work and sought to enhance the patient's experience.
- Staff were open, friendly and helpful, many went out of their way to help and support patients.
- We found some excellent examples of staff 'going the extra mile' for patients and were very sensitive to patients individual needs.
- End of life care was highly personalised and staff supported patients in achieving their wishes and aspirations as far as possible.
- Meeting people's emotional needs was recognised as important by all staff disciplines, and staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.
- Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients felt included and valued by the staff team.
- Staff at the trust provided compassionate and highly personalised care to patients in the community.
- Patients and those close to them understood their treatment and the choices available to them. Patients felt that staff took time to answer their questions and explain matters in language they could understand.
- There were support groups available to patients and those close to them that enabled patients to understand their condition and influence service delivery for the future.
- The NHS family and Friends Test data indicated that patients were very positive about their experience and would confidently recommend the trust as a place of care and treatment.
- In the Care Quality Commission's National Inpatient Survey 2015 patients have rated Liverpool Heart and Chest Hospital NHS Foundation Trust as the best hospital in the country for the eighth time in 10 years.

## Are services at this trust responsive?

We rated the responsive domain as outstanding because.

- The trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities. Services were flexible, adequately resourced and provided patients with a choice as far as possible.

**Outstanding**



# Summary of findings

- National indicators were met in the main and local access targets in the community service were exceeded.
- There was a proactive approach to understanding the needs of different groups of people accessing the range of specialist services including those patients with complex needs.
- There were good systems and processes in place to support patients whose circumstances or condition made them vulnerable.
- A lead nurse worked with patients and families to develop plans of care in order to fully meet the patients' individual needs. This included support for people living with dementia, a learning disability, autism spectrum conditions, patients with physical disabilities and patients with mental health and capacity issues.
- In end of life and the community based services access to support was prompt and person centred.
- There was a strong focus on discharge planning so that patients were discharged in a timely way and were not subject to unnecessary delays.
- In the community base service family members were invited to join groups to encourage them to get involved with education and treatment plans. All patients were provided with an on going exercise plan and offered referral to activity for life.
- Patients and those close to them were encouraged to participate through regular feedback and local surveys. Feedback and learning from complaints was used to support service development and improve patient experience.
- Services were planned to meet the needs of the local people that were flexible, adequately resourced and provided choice.
- The community team worked in close partnership with primary care and to implement a rapid response service as well as other clinical pathways, such as home oxygen assessments to ensure seamless transition between acute and community.

However,

- In the critical care service patients had experienced delayed discharges of between 4 and 24 hours and 8% of patients had waited for between 1 and 6 days to be discharged from the service.
- Staff confirmed that the main reason for delayed discharges was bed capacity throughout the hospital. The critical care manager or matron attended daily bed management meetings to discuss patient flow.
- To address this issue strategies had been implemented to improve performance and facilitate timely discharge.

# Summary of findings

- There was clear evidence of integrated pathways between different heart and chest services. Several patients commented on the seamless pathway from hospital to community.

## Are services at this trust well-led?

We rated the well led domain as outstanding because

- The trust was led and managed by a stable, visible and accessible executive team. The senior team led the trust with a strong focus on service quality and positive patient experience.
- The Trust had a vision to be the 'best cardiothoracic integrated health care organisation'. The vision was underpinned by the PACT values and behaviours. The vision and values were well understood by staff.
- There were robust governance structures to understand and manage performance, service quality and risks.
- Staff had access to robust data to support good performance which included thematic reviews and correlation of data to promote early identification of poor performance and support remedial action planning.
- There was, in the main a very positive culture throughout the trust.
- Staff of all grades were committed to the continuous improvement to the quality of care and treatment delivered to patients.
- Staff felt they were able to raise concerns and ideas and managers in the main were open and supportive.
- The trust had developed an Equality and Inclusion Strategy. The aim the strategy was to support the further development of the trusts approaches to promoting equality, managing diversity and ensuring that it was effective and efficient in taking a human rights based approach as a health care provider and an employer.
- Part of the Trusts approach to quality including listening to patients and families. The trust actively sought feedback from all key stakeholders including members of the public. Feedback was used to influence service design and development.
- The community service was fully integrated across the trust and worked in partnership to provide seamless care between the hospital and community. The service was held in high regard by all parts of the trust. The community service had a well-developed identity which was part of the medicine division.

However;

Outstanding



# Summary of findings

- A number of staff told us that the local leadership would benefit from a more open, equitable and flexible approach to their management and development as at times the leadership style felt repressive.
- In addition, there were also some (historical) concerns regarding the culture in the critical care service and in isolated areas in medical services. The trust was sighted on both issues and had plans in place to develop leaders and improve the culture in these particular services.



# Overview of ratings

## Our ratings for Liverpool Heart and Chest Hospital

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

## Our ratings for Liverpool Heart and Chest Hospital NHS Foundation Trust

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

## Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Overall Community	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

# Outstanding practice and areas for improvement

## Outstanding practice

- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.
- It was clear that there was a strong culture of person centred care for patients and their families and staff strived to meet the needs of the patients and their loved ones.
- It was evident that staff went the extra mile to provide care for patients who were nearing the end of their life or who had died and their families whose loved one had died for example arranging a wedding on the ward.
- Community COPD service had been awarded external network funding to undertake a study utilising a self-monitor system on patients with COPD. This worked by using web-connecting iPads which are provided to patients, for self-monitoring.
- The service had creatively used the cross over integration between the rehabilitation teams. The service had merged rehabilitation groups to engage with more patients and increase the number of extended programme we offer for patients awaiting thoracic surgery, lung cancer treatments, lung transplantation as appropriate.
- Knowsley CVD service had been awarded regional innovation funding (RIF) to pursue a 'cancer rehabilitation' project using the blueprint of cardiac rehabilitation to continue the favourable clinical and psychological outcomes demonstrated in a pilot study.
- The service was using this opportunity to bring additional specialist resources and clinical expertise to support a more individualised rehabilitation programme for a group of patients who require specific clinical expertise to promote improvement outcomes in cancer management.
- More procedures were being undertaken as a day case and the holly unit had been designed to meet the needs of the patients and relatives. The unit had excellent resources which included a relaxation room with massage chairs for patient and relatives and computers that provided access to the internet. There was also a fully equipped beverage bay where snacks and drinks were readily available
- When patients arrived by ambulance for a procedure staff responded by meeting them in the ambulance and explained everything to them and their relatives whilst waiting for the doctors to get ready for the procedure. This was confirmed by patients we spoke to who told us they felt 'special and staff knew their name and what needs they had.
- Relatives told us they felt staff always treated their loved one with dignity and respect and would always talk to the patient in a caring and compassionate way. Comments that were added to a palliative patient's survey in 2015 included 'Care was of the highest standard in every respect' and 'at a very stressful time we found the staff very kind and caring. Thank you to all.'