

Liverpool University Hospitals NHS Foundation Trust

Inspection report

Royal Liverpool University Hospital
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Date of inspection visit: 8 to 17 Sept 2020
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Ratings

Overall trust quality rating

Are services safe?

Are services well-led?

Summary of findings

Our reports

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

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

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

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

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

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/REM/reports.

Background to the trust

On Tuesday 1 October 2019, Liverpool University Hospitals NHS Foundation Trust, which cares for a population of approximately 630,000 people, came into operation.

Prior to the merger, the services of Royal Liverpool and Broadgreen University Hospitals NHS Trust and Aintree University Hospital had evolved over time, there were more than 20 services duplicated across the two hospital trusts. There were differences in how these services were delivered and the range of services that were available. The rationale for a single trust was that the closer the partnership, the fewer barriers there would be in creating single services across the city. The individual trusts were already working together in some areas prior to the merger and could see further areas for development as a single organisation.

The Liverpool area is one of the most deprived areas of the country, with more than four out of 10 people living in the 10% most deprived neighbourhoods in England. People in Liverpool live shorter lives than the national average and spend a greater proportion of their life living with disability and poor health.

Overall summary

We did not rate the trust at this inspection.

What this trust does

The trust provides a full range of acute services which include acute medicine, accident and emergency, acute frailty units and surgical services. In addition to these services the trust provides specialist services for Merseyside, Cheshire, South Lancashire and North Wales. Specialist services include major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine, respiratory medicine, rheumatology, ophthalmology and alcohol services.

Summary of findings

The trust also provides a number of community services including Community specialist HIV/AIDS nursing service, Community respiratory services, community Tuberculosis (TB) services, community radiography, community cardiac diagnostic services and community heart failure services.

The trust has an annual turnover of around £1 Billion and a combined workforce of over 12,000 staff, making it one of the largest employers in the region.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We conducted this focused inspection of the safe and well-led domains only between 8 and 17 September 2020. This was in response to a number of escalating concerns of risks to patient and staff safety. This related to a series of Never Events and incidents that had resulted in harm to the patients. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. This resulted in concerns around the organisation and the effectiveness of its governance and risk management systems. Prior to this inspection, we received information from a variety of sources, including whistle-blowers. In relation to the safety culture among senior leaders and independent reports, related to poor engagement and communication and the slow pace of change and improvement within the trust.

What we found

This was a focused inspection and we only inspected three of the trust's eight acute core services. We did not inspect all of the key lines of enquiry as our concerns were related to specific risks. This means that the previous ratings given to Aintree University Hospital trust, prior to the acquisition of Royal Liverpool University Hospital in October 2019 are still applicable to Liverpool University Hospitals NHS Foundation Trust.

Overall trust

Liverpool University Hospitals NHS Foundation Trust came into operation on 01 October 2019. The trust has four hospitals – Aintree University Hospital, Royal Liverpool Hospital, Liverpool Dental Hospital and Broadgreen Hospital – which provide a full range of acute services, including acute medicine, accident and emergency, acute frailty units, rehabilitation services, dental services and surgical services, to a population of approximately 630,000 people.

We carried out a short notice announced focused inspection of elements of the safe and well-led domains in urgent and emergency care services, surgical services and medical care services, on both the Royal Liverpool Hospital and Aintree University Hospital sites. We did not rate the core services because this was a focused, short notice inspection in response to specific areas of concern.

Summary of findings

We inspected safety and governance processes in urgent and emergency care, surgery and medical care services. We also looked at the wider oversight and management of risk, governance and safety of patients across the trust.

During our inspection, we found significant concerns relating to the management of medicines. We put our concerns formally in writing to the trust and asked for urgent action to mitigate the risks to patients. The trust provided a detailed response including improvement actions already taken or planned, all actions were due for completion by November 2020. This provided assurance that sufficient action had been taken to mitigate any immediate risks to patient safety. We will continue to monitor this information through our routine engagement with the trust.

We found:

- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.
- The statement of its vision and guiding values was incomplete and had not been developed into deliverable strategies.
- The trust's strategic approach was underdeveloped and did not fully reflect the health economy in which the service operated.
- The governance arrangements and their purpose were unclear, and there was a lack of clarity and maturity regarding the implementation of the trusts board assurance framework.
- The arrangements for governance and performance management were not always clear and did not operate effectively.
- Risks, issues and poor performance were not always known or escalated appropriately, and actions lacked pace and urgency to address the concerns.
- The trust had inconsistent systems to ensure staff knew about safety alerts and incidents across the locations we inspected. We found an issue where there had been insufficient action to mitigate risks.
- Following the inspection, the trust acted to make improvements and had implemented a new trust-wide safety bulletin.
- We found a lack of clarity and proactivity regarding discharge planning, we raised this at the time of inspection and were given assurances from senior leaders that this would be addressed as part of the trust's winter planning.
- There was limited evidence of learning and reflective practice among leaders.
- There were limited processes to review key items such as the strategy, training objectives, implementation plans or the governance framework.
- Clinical engagement was variable. Medical staff reported that channels of communication were not always effective and appeared to be blocked at middle manager level.
- The pharmacy department and responsibilities for medicines management and governance sat within the clinical support division. Trust reconfiguration had initially resulted in limited representation from the pharmacy team at trust board level.

However:

- There was a varied mix of skills and experience across the non-executive directors and a considered approach to the skill set requirements when new non-executive directors were recruited.
- Staff and leaders recognised the workforce as being loyal to the city, local community, and the trust. Leaders also recognised that staff were hard working and committed to providing high quality patient care.

Summary of findings

- The trust had recently undertaken a series of quality improvement idea sessions with staff from different service areas in the trust.
- During the first wave of the pandemic, the trust had implemented a number of initiatives to support employee wellbeing, including free accommodation to keep staff and their families safe, provision of free food and car parking, and a 'Support Our Staff' appeal that had raised £500,000, which was being used to support improvements for staff break areas.

Are services safe?

Details appear in the hospital sections of our inspection report.

Are services effective?

We did not inspect effective.

Are services caring?

We did not inspect caring.

Are services responsive?

We did not inspect responsive.

Are services well-led?

Details appear in the hospital sections of our inspection report.

Ratings tables

We did not rate services at this inspection. The ratings tables in this report contain ratings from a previous inspection.

Full ratings for all services provided by this trust appear on our website: www.cqc.org.uk/provider/REM

Outstanding practice

The trust had introduced and planned to develop a violence reduction (VR) nurse role. This was in response to the department's rise in the number of violent and aggressive incidents. At the time of our inspection this role had begun at another trust site and leads planned to recruit another VR nurse at Aintree ED.

Radiology services within the trust achieved the ISO9001 Accreditation which is an international recognised standard.

Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We found actions the trust SHOULD take because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services

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

What happens next

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

Summary of findings

Areas for improvement

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

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

Trust-wide

- The trust must ensure risk assessments are reviewed and updated for patients to ensure they are up-to-date and mitigate risks to patient safety. This includes ensuring tools to identify patients at risk of deterioration are used in an accurate and timely manner by staff (Regulation 12).
- The trust must ensure the proper and safe management of medicines in line with the requirements of the Human Medicines Regulations 2012. (Regulation 12).
- The trust must ensure it operates effective governance processes to enable managers to assess, monitor and improve the quality and safety of services. It must ensure leaders have oversight of key performance and safety indicators (Regulation 17).
- The trust must develop and embed governance structures across all divisions (Regulation 17).
- The trust must develop a clear vision and strategy and ensure that it is aligned across all divisions (Regulation 17).
- The trust must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity (Regulation 17).
- The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed (Regulation 18).
- The trust must ensure staff receive appropriate support, training, professional development as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18).

Medical care (including older people's care) - Aintree University Hospital

- The service must ensure risk assessments are reviewed and updated for patients to ensure they are up-to-date and mitigate risks to patient safety. This includes ensuring tools to identify patients at risk of deterioration are used in an accurate and timely manner by staff (Regulation 12).
- The service must act to ensure the Nephrology service is fully compliant with local and national guidelines for COVID-19 social distancing measures (Regulation 12).
- The service must ensure it operates effective governance processes to enable managers to assess, monitor and improve the quality and safety of services. It must ensure leaders have oversight of key performance and safety indicators. (Regulation 17).

Surgery – Aintree University hospital

- The service must ensure risk assessments are reviewed and updated for patients to ensure they are up-to-date and mitigate risks to patient safety. This includes ensuring tools to identify patients at risk of deterioration are used in an accurate and timely manner by staff (Regulation 12).
- The service must ensure it operates effective governance processes to enable managers to assess, monitor and improve the quality and safety of services. It must ensure leaders have oversight of key performance and safety indicators (Regulation 17).

Summary of findings

Urgent and emergency services – Aintree University Hospital

- The service must ensure staff follow policies and procedures for managing medicines. These policies and procedures should be in line with current legislation and guidance and address: storage, dispensing, preparation, administration and recording. (Regulation 12)

Action the service SHOULD take to improve:

Surgery – Royal Liverpool Hospital

- The service should consider establishing an effective system to monitor compliance with mandatory training.
- The service should ensure staff securely maintain an accurate and complete record of patients' care and treatment.
- The service should ensure patient records are maintained securely.
- The service should consider developing a clear vision and strategy that is aligned across both divisions.
- The service should continue to develop and embed governance structures across both divisions.

Urgent and emergency services - Royal Liverpool Hospital

- The service should consider establishing an effective system to monitor compliance with mandatory training.
- The service should act to improve compliance with safeguarding training.
- The service should ensure patient records are maintained securely.
- The service should consider developing a clear vision and strategy that is aligned across both divisions.
- The service should continue to develop and embed governance structures across both divisions

Medical care (including older people's care) – Royal Liverpool Hospital

- The service should act to ensure that there are enough staff with the right qualifications, skills and experience to provide the right care and treatment.

Medical care (including older people's care) – Aintree University Hospital

- The service should consider establishing an effective system to monitor compliance with mandatory training.
- The service should consider developing a clear vision and strategy that is clear for all specialities.

Surgery – Aintree University hospital

- The service should consider establishing an effective system to monitor compliance with mandatory training.
- The service should ensure staff securely maintain an accurate and complete record of patients' care and treatment.
- The service should ensure patient records are maintained securely.
- The service should consider developing a clear vision and strategy that is aligned across both divisions.
- The service should continue to develop and embed governance structures across both divisions.

Urgent and emergency services – Aintree University hospital

- The service should ensure all bays in the resuscitation area are designed, maintained and used to keep people safe when performing aerosol generating procedures (AGPs).
- The service should ensure they take measures to reduce the number of patients who abscond. They should ensure patients seen by the mental health liaison team can be supervised.

Summary of findings

- The service should ensure their divisional governance team's agreed actions at investigations involve clinical members of the team at an earlier stage.
- The service should ensure the backlog of overdue incidents past the ten-day review period and overdue serious incident actions are reduced, completed and actioned.
- The service should ensure clear interpretation of the RCEM guidance around consultant response times. The divisional reset plan should review and agree standards of practice all ED staff understand

Is this organisation well-led?

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

We found that the Liverpool University Hospital FT NHS trust's statement of vision and guiding values were underdeveloped. Executives we interviewed had a vision for the future and clear aims for what the trust wanted to achieve. However, this vision was not fully developed into strategies to turn the vision into action; this was partially due to the COVID-19 pandemic.

The trust's strategic approach was under developed had some significant gaps and weaknesses, nor did not fully reflect the health economy in which the service operated.

Plans to develop the strategy into an effective working model had not been prioritised and were still in the early stages of development. The senior team acknowledged that more work was required in respect of the trust's clinical, workforce and integration strategies.

While the strategic approach was evolving, there was no clear system which enabled the trust to monitor performance against any existing strategic objectives utilising a comprehensive improvement plan.

There was a limited process to review key items such as safe staffing levels, training objectives and completion rates, service implementation or the governance framework. The trust did not have effective current structures, processes and systems of accountability to support the delivery of good quality, sustainable services. Governance arrangements and their purpose were unclear. There was also a lack of clarity regarding the implementation and application of the trust board assurance framework.

We found no clear evidence that the balance of risks between quality, performance and finance had been fully considered.

Risks, issues and poor performance were not always dealt with appropriately or quickly enough. The service collected data and analysed it; however, staff told us they could not always find the data they needed in easily accessible formats to understand performance, make decisions and secure improvements. The information systems were not integrated or fully secure across all sites.

We requested copies of the trust's Quality Performance Metrics and were provided with information from the trust that stated work on the development of a divisional dashboard to ensure visibility of quality and safety metrics and key performance indicators in one place is underway. These dashboards are intended to support divisional assurance group agendas and inform Quality of Care Executive Led Group. However, we were given no further information relating to the timescales for implementation, nor any overview of what the current quality performance metrics or rationale as to how the updated system would improve any existing quality performance metrics.

Summary of findings

The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

There was lack of pace in the extensive organisational development work needed to improve the culture across the organisation.

Although leaders told us that they continued to work hard to be visible and approachable, the feedback we received from staff demonstrated that there was still a significant 'disconnect' between senior leaders and staff in some areas of the organisation.

Leaders described a culture of openness and felt that staff were not afraid to raise concerns without the fear a retribution. However, during the core service inspection staff gave us a mixed response of staff feeling able to raise concerns.

Some staff reported that although they did know how to raise concerns. They did not always feel empowered to do so, or they were not always taken seriously, appropriately supported, or treated with respect when they did.

Senior leaders did not fully demonstrate that they understood the challenges to quality and patient safety that had triggered this focused inspection. This meant that there was limited assurance that they would always be able to identify actions needed to address key concerns relating to the quality of the service and the safety of patients and staff.

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019	Good Sept 2019

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

University Hospital Aintree

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Key facts and figures

Services at University Hospital Aintree are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following a process of acquisition, in which Aintree University Hospital NHS Foundation Trust acquired Royal Liverpool and Broadgreen Hospitals NHS Trust .

Summary of services at University Hospital Aintree

See below for details of individual services.

Urgent and emergency services

Key facts and figures

Urgent and emergency services at University Hospital Aintree are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two adult acute Trusts, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The urgent and emergency care services at University Hospital Aintree form part of the division of acute and emergency medicine. Emergency care is provided 24 hours a day, seven days per week and primarily serves the population of Liverpool and the wider Merseyside area. The service is not a designated children's hospital but any child patients attending the department are stabilised and transferred to Alder Hey Children's Hospital.

Between 2019 and March 2020 the following attendances were recorded across Liverpool University Hospitals NHS Foundation Trust:

223,243 emergency and urgent attendances (total)

22,038 children attended emergency and urgent services

15,306 emergency and urgent attendances arrived by ambulance

We carried out a focused inspection that covered two key questions; is the service safe and well led. We determine which core services to inspect and when based on an assumption of risk from intelligence gathered during our monitoring phase which includes information from the public, whistle blowers, stakeholders and national data sources.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focused inspection:

We found that:

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

However:

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Three of the six resuscitation area bays only had curtains and an Aerosol Generating Procedure [AGP] line marked on the floor instead of doors. The division had a COVID-19 plan regarding AGPs. This included undertaking risk assessments which minimised the risk as much as possible

Urgent and emergency services

- The department had many patients who absconded, either awaiting or after a review by the mental health liaison team. Staff pressures meant staff could only supervise these patients 50% of the time.
- The service did not always follow national guidance for safe storage and administration of controlled medicines.
- The division had 23 overdue incidents past the ten-day review period and 21 overdue serious incident actions. Junior medical staff were not always involved in incident learning and feedback.

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focused inspection.

We found that:

- Local leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- Staff assessed risks to patients, acted on them and kept good care records.
- Managers ran services well using reliable information systems. Staff felt respected, supported and valued.
- All staff were committed to improving services continually.

However:

- The department had misinterpreted RCEM guidance around consultant response times and used unclear terminology to set an impractical target.
- The service did not always learn lessons from incidents. The division had many overdue incidents still awaiting actions.
- Local leaders did not always support staff to develop their skills and take on more senior roles, or provide opportunities for career development.
- The divisional governance team's actions at investigations did not involve clinical members of the ED team. This meant that opportunities for learning from incidents may be missed.
- Junior medical staff were not always involved in incident learning and feedback.

Urgent and emergency services

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Key facts and figures

Medical care services at Aintree University Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two acute Trusts, Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The medical care services at Aintree University Hospital span across two divisions (acute and emergency medicine and medicine). Medical care specialities for cardiology, nephrology, respiratory, gastroenterology, frailty, stroke, diabetes and endocrinology is provided 24 hours a day, seven days per week and primarily serves the population of Liverpool and the wider Merseyside area.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focused inspection.

We found that:

- The service provided mandatory training in key skills to staff but did not always have an effective and consistent system to make sure everyone completed it.
- The service did not provide clear detailed information to show they had enough nursing and medical staff to keep patients safe from avoidable harm and provide the right care and treatment.
- The service did not always manage safety incidents well. Although staff recognised and reported incidents and near misses, and managers investigated incidents, lessons learned were not always shared with the whole team and the wider service.
- Staff did not always complete and update risk assessments for each patient.
- The maintenance and use of facilities, premises and equipment did not keep people safe at all times.
- The Nephrology service was unable to fully comply with local and national guidelines for COVID-19 social distancing measures.
- Staff did not always keep up to date, fully complete records of patients' care and treatment.
- The service did not provide information to show they had enough nursing staff to keep patients safe from avoidable harm and provide the right care and treatment. The service relied on bank and agency staff to fill shifts.

However:

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff managed clinical waste well.
- Staff used control measures to protect patients, themselves and others from infection. They kept equipment and premises visibly clean.

Medical care (including older people's care)

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Records were stored securely.

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focused inspection.

We found that:

- Divisional leaders could not oversee areas of poor performance and continue to sustain improvement in the service. The service did not have a clear leadership structure in all specialities following the merger of the two trusts.
- The service did not have a fully developed vision and strategy across the division for what it wanted to achieve and how to turn it into action.
- There were governance processes with partner organisations, but they were new and not yet fully embedded.
- Local leaders and teams used some systems to manage performance, but these were not always effective. They did not consistently identify and escalate relevant risks and issues or mitigate identified risks in a timely manner.
- The service collected data, but this was not in easily accessible formats for staff to understand performance and make decisions for improvement.

However:

- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service promoted equality and diversity in daily work and provided opportunities for career development.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Key facts and figures

Surgical services at Aintree University Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two adult acute trusts, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Surgical services at Aintree University Hospital are managed across two divisions, the surgery division and the division of anaesthesia, critical care, head and neck and theatres.

Aintree University Hospital has four dedicated theatre suites with a total of 20 theatres. The service provides general and specialist surgery including urology, breast, ear nose and throat, complex head and neck surgery, trauma and orthopaedic surgery and maxillofacial surgery. The service also carries out day case surgery including vascular, ophthalmology, dermatology and gynaecology.

The service also hosts Mersey NETS, an endocrine and neuroendocrine tumour service for patients across the North West.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focused inspection.

We found that:

- Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well.
- Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities and local leaders of the service engaged well with staff.
- Staff were committed to continually improving services.

However:

- The local leadership and divisional structure was new and not all key posts had yet been filled. This meant there were not robust and embedded governance processes and information systems to support leaders to effectively manage performance and risks.
- The service did not keep good care records.
- Although the service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely, we found an issue where insufficient action had been taken to mitigate the risk.

Is the service effective?

We did not inspect effective.

Surgery

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focussed inspection.

We found that:

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Local leaders and staff actively and openly engaged with staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

However:

- Although local leaders had the skills and abilities to run the service, there was no capacity within the leadership team due to the number of vacancies in the recently formed structure to ensure they understood and managed the priorities and issues the service faced.
- Managers and teams used some systems to manage performance, but these were not always effective. They did not consistently identify and escalate relevant risks and issues and identified actions to reduce their impact.
- There were governance processes throughout the service and with partner organisations but they were new and not yet fully embedded.
- Staff and managers could not always find the data they needed in easily accessible formats to understand performance and make decisions and improvements.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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Key facts and figures

Services at the Royal Liverpool Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following a process of acquisition, in which Aintree University Hospital NHS Foundation Trust acquired Royal Liverpool and Broadgreen Hospitals NHS Trust .

Summary of services at Royal Liverpool University Hospital

See below for details of individual services.

Urgent and emergency services

Key facts and figures

Urgent and emergency services at Royal Liverpool Royal University Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two adult acute Trusts, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The urgent and emergency care services at Royal Liverpool Royal University Hospital form part of the division of acute and emergency medicine. Emergency care is provided 24 hours a day, seven days per week and primarily serves the population of Liverpool and the wider Merseyside area. The service is not a designated children's hospital but any child patients attending the department are stabilised and transferred to Alder Hey Children's Hospital.

Between 2019 and March 2020 the following attendances were recorded across Liverpool University Hospitals NHS Foundation Trust:

- 223,243 emergency and urgent attendances (total)
- 22,038 children attended emergency and urgent services
- 15,306 emergency and urgent attendances arrived by ambulance

There is a separate urgent treatment centre at the same site. This is provided by a separate provider and was not inspected.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focused inspection.

We found that:

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- Staff assessed risks to patients, acted on them and kept good care records.
- Local leaders ran services well and supported staff to develop their skills.
- Staff had training in key skills and managed safety well.
- The service-controlled infection risk well.
- All staff were committed to continually improving services.

However:

- The number of staff who completed mandatory training did not meet trust targets.
- The service planned to increase the number of side room facilities for isolating patients, but this had not yet been implemented.

Urgent and emergency services

- The service did not meet national guidelines for the recommended number of trained paediatric nurses but had control measures in place to minimise risks to patient safety.

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focused inspection.

We found that:

- Local leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Staff told us they felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Local leaders encouraged innovation and participation in research.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Key facts and figures

Medical care services at Royal Liverpool University Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two acute trusts, Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The medical care services at the Royal Liverpool University Hospital span across three divisions (acute and emergency, specialist medicine and diagnostic and support services). Medical care is provided 24 hours a day, seven days per week and primarily serves the population of Liverpool and the wider Merseyside area.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focussed inspection.

We found that:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff collected safety information and shared it with staff, patients and visitors.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

However:

- The service did not always have enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Medical care (including older people's care)

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focused inspection.

We found that:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- The service promoted equality and diversity in daily work and provided opportunities for career development.
- Managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff could find the data they needed in easily accessible formats to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Key facts and figures

Surgical services at Royal Liverpool University Hospital are provided by Liverpool University Hospitals NHS Foundation Trust. The trust was created on 1 October 2019 following the merger of two adult acute trusts, Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Surgical services at Royal Liverpool University Hospital are managed across two divisions, the surgery division and the division of anaesthesia, critical care, head and neck and theatres.

Royal Liverpool University Hospital has 12 main theatres and an additional four theatre complex in St Paul's Eye Clinic which is a tertiary referral centre for vitreoretinal surgery and ocular oncology. The service provides general and specialist surgery including breast and endocrine, urology, vascular, spina, renal transplant, trauma and emergency surgery. The service also carries out day case surgery and has a pre-operative assessment unit and recovery units. There are eight surgical inpatient wards.

Summary of this service

See below for details.

Is the service safe?

We inspected but did not rate safe as part of this inspection because this was a focused inspection.

We found that:

- At the time of our inspection the service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills to staff and a system to make sure everyone completed it.

However:

- The service mainly had enough staff to care for patients and keep them safe.
- Local leaders did not have a robust system to ensure all staff had completed training in how to recognise and report abuse.
- Although managers at a local level regularly reviewed and adjusted staffing levels and skill mix, this had not been reviewed by senior leadership during the COVID-19 pandemic.
- Not all patient care records we reviewed were up to date or stored securely.

Surgery

Is the service effective?

We did not inspect effective.

Is the service caring?

We did not inspect caring.

Is the service responsive?

We did not inspect responsive.

Is the service well-led?

We inspected but did not rate well-led as part of this inspection because this was a focused inspection.

We found that:

- Local leaders had the skills and abilities to run the service.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Local leaders and staff actively and openly engaged with staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service provided mandatory training in key skills to staff and a system to make sure everyone completed it.

However, we also found the following issues that the trust needs to improve:

- Due to the number of vacancies in the recently formed structure, there was not capacity within the leadership team to ensure they understood and managed the priorities and issues the service faced.
- Governance processes were new and not yet fully embedded.
- The service did not have a fully developed vision across both divisions for what it wanted to achieve nor a strategy to turn it into action, developed with all relevant stakeholders. The division of anaesthesia, critical care, head and neck and theatres did not have a vision or strategy.
- Though local leaders and teams used some systems to manage performance, these were not always effective.
- Staff and managers could not always find the data they needed in easily accessible formats to understand performance and make decisions and improvements.

Surgery

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Stephen Posey chaired this inspection and Judith Connor, Head of hospital Inspection North West, led it. Two executive reviewers also supported our inspection of well-led for the trust overall.

The team included four inspectors, and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.