The Clatterbridge Cancer Centre
NHS Foundation Trust

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality Account
2019 / 2020

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Part 1: Statement on Quality from the Chief Executive

The vision of The Clatterbridge Cancer Centre NHS Foundation Trust is to provide the best cancer care to the people we serve. To deliver our vision we have made it our Mission to improve health and well-being through compassionate, safe and effective cancer care. We strive to continuously learn and improve the quality of services we provide to our patients and I would like to thank our staff and volunteers for the professionalism, expertise and commitment that has ensured we can demonstrate in this report that the Trust continues to provide a safe and high quality service.

Our values, developed with our staff, demonstrate our commitment to how we work:

- Passionate about what we do
- Putting people first
- Achieving excellence
- Looking to the future
- Always improving our care

The Trust Board continues to ensure that Quality and Safety is a key priority and this is reflected in the new governance arrangements and structures introduced in 2019/20. The Trust Board continues to oversee the delivery of the Trust's quality priorities and initiatives.

As a Foundation Trust we work closely with our Council of Governors in shaping the Quality Strategy. The Governors are kept appraised of progress in the delivery of the plans it contains.

We continue to work with our staff and our key stakeholders to improve the quality of our services. This year has seen a number of key developments and challenges for the Trust including:

- A key part of our Trust strategy and Transforming Cancer Care initiative continues to be realised in the building of a new cancer centre in Liverpool which is due to be opened in Summer 2020.

- A full review and restructure of the governance team has resulted in each clinical directorate having a full time Clinical Governance manager in post to support the senior team in their delivery of the quality strategy.

- The corporate governance team has seen the introduction of new posts being; Head of Risk and Compliance, PALS/Risk Officer and Risk Management Facilitator who is an accredited Datix administrator.

- A daily incident call was introduced in summer 2019; all senior personnel review and discuss all incidents reported the previous day. . This has resulted in being able to identify trends and resolve issues and potential issues almost immediately. The incident report is now shared with 100 key staff every day.

- A Learning from Incidents Review Group (LIRG) panel has been in place since September 2019 And is well attended by a multi-disciplinary team. The panel review all incidents resulting in moderate harm or above and ensure appropriate investigations take place and lessons learned implemented.

- A bi-monthly Lessons Learned Bulletin is shared across the Trust

- In February 2020 the board approved the completion of CCC improvement plan, implementing all the CQC `must` and `should do` recommendations following the publication of their inspection report in April 2019. .

- Our annual PLACE (Patient Led Assessment of the Care Environment) assessment was undertaken in November 2019 for both in and out patient areas with the overall PLACE scores produced in February 2020. I am very pleased to report that the Trust scored an overall 91% across all the domains. I am also assured that the areas we need to improve will be rectified by the move into the new building in Liverpool.

- I am proud to report that the results of our Friends and Family tests identified that 99% of our in-patients would recommend our services, and 98% of our out-patients would recommend our services.

- The 2019 Adult Inpatient Survey conducted by the Care Quality Commission (CQC), rated CCC "well above average" when compared to other hospitals in nine out of ten survey categories including Care and Treatment, Waiting Lists and Leaving Hospital. This makes the Trust the highest scoring cancer hospital in the North West, the joint highest cancer hospital nationally, and one of only seven trusts in England to be rated consistently well above average. This is something we are all extremely proud of.

- In the National Cancer Patient Experience Survey 2019 our patient's average rating of care scored us 9.1 (from very poor to very good scoring), maintaining the same score from 2018.
- Research & Innovation (R&I) at CCC has continued its trajectory of improvement and this year has gone from strength to strength once again, and is reflected in our performance metrics. R&I achieved the highest level of patients recruited into research this year, surpassing the target of 1000 patients well in advance
- Through our quality performance data I am assured that the Trust is consistently achieving and surpassing all the patient experience targets that we are measured against.
- Our biggest challenge came in March 2020 with the Coronovirus pandemic. As for all Trusts, `business as usual` was paused and significant clinical decisions were made based on national guidance. I am extremely proud of the way the entire workforce of the Trust came together and worked tirelessly to find new ways of working within the national guidelines whilst continuing to ensure the Quality agenda was not interrupted.
- As Chief Executive I am confident that the Trust provides a high quality service and that this Quality Account demonstrates this. To the best of my knowledge the information in this report is accurate.
- In summary, The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) has a solid track record in the delivery of high quality services and outstanding care for our patients. We will continue to deliver against the objectives we have set and will continue to improve quality in the challenging times ahead.
- I would like to thank the staff of The Clatterbridge Cancer Centre for their exceptional commitment and professionalism, which ensures that we can continue to work as a leading cancer centre.

Dr Liz Bishop Chief Executive
Date: 20 November 2020

1.1 : Introduction

During the last year in our cancer centre:

We cared for 9201 In- patients

We saw 12,143 new out-patients

We delivered 92,345 outpatient radiotherapy appointments

We delivered 82,658 outpatient radiotherapy treatments

We delivered 63,845 outpatient chemotherapy appointments

We delivered 43,596 outpatient chemotherapy treatments

During the last year we had:

0 cases of MRSA bacteraemia

11 cases of Clostridium difficile but only 1 lapse in care

27 formal complaints

2824 patient safety incidents reported with 3 causing moderate harm

The Quality Account provides an overview of performance in key priorities set for improving the quality of care provided to patients and to achieve our vision to provide the best cancer care to the people we serve. It outlines our future priorities for continuous quality improvement and reports on key quality measures.

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The Trust will continue to build on performance and efficiency, working towards excellence in our clinical systems and engaging all of our employees in improvement and learning. Our goal is to excel as a learning organisation and to share this learning as a system leader in the provision of high quality cancer care.

You will see in this report evidence that the Trust has made, and continues to make, significant progress on the priorities outlined within the strategy during 2019/20. There have already been significant improvements to the services offered through a wide range of quality indicators that are closely monitored through robust committee structures and our commitment to learning and continuous improvement.

The next 2 years of the clinical quality strategy will see the Trust move into the brand new, specialist cancer centre in Liverpool and the complete integration of the Haemato-oncology service in to the new building. It will be a time of great change for CCC and a tremendous opportunity for the Trust to work more collaboratively with the acute Liverpool Trusts and the University of Liverpool – all of which can only be of benefit to the patients we serve and the staff we employ.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

Over the coming years the Trust will continue to keep a strong focus on improving the quality of the service it provides. This is primarily achieved through the delivery of the Clinical Quality Strategy 2019 - 2021. This three year strategy has a clear focus on defining the quality objectives that take us towards ‘Transforming Cancer Care’. Our Clinical Quality Strategy is based on the CQC five Key Lines of Enquiry:

- Are we safe?
- Are we Effective?
- Are we Caring?
- Are we Responsive?
- Are we Well Led?

Our Quality goals are:

- Reduce avoidable harm
- Achieve the best clinical outcomes
- Provide the best patient experience

The clinical quality strategy 2019 – 2021 has been developed through an ongoing programme of engagement with the Trust Board, Council of Governors, Commissioners and local Healthwatch as well as our staff via ongoing engagement processes throughout the year.

The Trust continues to monitor performance against its Clinical Quality Strategy through the Quality Committee.

2.1 2019/20 Report: Priorities for Improvement

The clinical quality strategy 2019 – 2021 was approved by the board on November 2019.
The purpose of the clinical quality strategy is to articulate our ambitions for quality in a way that is meaningful and serves as a statement of intent that patients, carers, staff, commissioners and other stakeholders can use to hold the Trust Board to account for the delivery of high quality services. By implementing this strategy, we want to enhance our reputation for providing the best possible treatment and treatment outcomes, delivered with excellence in care and compassion

The clinical quality strategy sets out our ambitions for improving quality for the next three years, whilst also recognising that quality is a constantly moving target. Research knowledge is ever-expanding. The state of our local health and social care economy is also likely to change significantly during the lifetime of this strategy, as is cancer care in Cheshire and Merseyside, as we deliver our ambitious transformation goals

and continue to position ourselves and be the recognised system leaders in cancer care across the Cheshire and Merseyside footprint and beyond. We will need to continue to review the strategy on a regular basis, ensuring we are delivering safe, effective, caring responsive and well led cancer services for our patients and using clinical audit and benchmarking to drive improvements. We have listened to our staff and the people who use our services, and used them to shape this strategy. We are committed to continuing to engaging with, and listening to, our staff and patients and using their feedback to shape and improve the services we provide.

Table 1 - Summary of key quality priorities and current position

	2019 / 2020 Achieved	2020 / 2021 On track
Safe : People are protected from abuse and avoidable harm		
Develop and implement Infection Prevention & control E.coli bundle to reduce the number of CCC associated infections	√	
Deliver sustained & effective training in, & escalation & management of, incidents and risk		√
Support a culture of safeguarding awareness, reporting & practice measured against internal & multi-agency action plans	√	
Support early recognition and escalation of deteriorating patients including VTE and sepsis to achieve work stream milestones	√	
Reduce avoidable harm so 95% of all inpatients receive VTE risk assessment and 100% receive prescribed prophylaxis	√	
Ensure timely and efficient Sepsis/News2 patient management	√	
Strengthen safer staffing through digital monitoring systems		√
Strengthen safety culture through standardisation of safety huddle agenda	√	
Invest in research and innovation to deliver excellent patient care in the future		√
Effective : People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.		
Consistently meet national cancer waiting times standards		√
Reduce unplanned admissions and readmissions	√	
Maintain regulatory compliance	√	
Improve clinical outcomes and establish SRG KPIs monitored via new digitised SRG dashboards		√
Achieve 90% compliance with NICE guidelines	√	
Aim to reduce avoidable deaths to zero by disseminating lessons learnt through quarterly newsletter	√	
Improve Clinical audit monitoring via clinical audit subcommittee	√	
Strengthen clinical data recording monitored via SRG dashboards		√
Achieve 90% or better statutory & role essential training and role based competency compliance across the Trust		√
Strengthen management of MCA and DoLS through increase in staff training	√	
Implement stratified follow up of patients to optimise clinical input and appropriate follow up to meet CQUIN requirements		√

Caring : Staff involve and treat people with compassion, kindness, dignity and respect		
Continue to achieve top quartile results for patient experience	√	
Deliver outcomes identified in dementia strategy to improve dementia care and patient experience	√	
Deliver Patient and Public Involvement Strategy 2019-21 to improve our methods of engagement		√
Establish a Patient and User Experience Group ensuring we listen and respond to what our service users are telling us	√	
Implement the End of Life Strategy to deliver greater choice and support for individuals nearing the end of life	√	
Implement GDE quality digital work streams to include electronic patient information		√
Responsive : Services are organised so that they meet people's needs		
Deliver patient care closer to home through new clinical model so 90% of patients travel less than 45 minutes to access treatment	√	
Implement new Directorate complaints handling model monitored via bi-annual audits		√
Triangulate incidents, complaints and PALs to promote learning and improvements		√
Strengthen care and experience of patients with additional needs	√	
Deliver national learning disability standards		√
Share learning from PALs, complaints, deaths and serious incidents across the patient pathway, working in partnership with the Cancer Alliance		√
Expand the volunteer service to support the opening of the new hospital in Liverpool	√	
Well Led : Leadership, management and governance of the organisation assures the delivery of High quality person-centred care, supports learning and innovation, and promotes an open and fair culture		
Deliver on Trust's quality focused strategic priorities		√
Embed new corporate governance and risk committee structure	√	
Increase national profile and collaborative working as a system leader against regional & national quality priorities/indicators		√
Carry out monthly human factors focused quality and safety leadership walk rounds		√
Strengthen Nurse & AHP leadership		√

2.2 2018/19 Update Report: Priorities for Improvement

Priority 1: Safety
Patient Safety: Always safe, always effective

Patient safety: Developing enhanced management and care of the deteriorating patient within ICD/CDU

Why we chose this priority?

The digital pathway to record and escalate a patient's clinical condition and the need for escalation of care and digital sepsis pathway have been in place since 2018. The NEWS2 track and trigger tool is a national tool used to identify the deteriorating patient and support clinical staff in appropriate action. This has helped to highlight and identify patients with potential sepsis and ensure they receive the right treatment according to national guidelines. Education was provided at the time of the launch to patient facing staff in use of the digital tools and an on-going E- Learning module is in place for NEWS2 training. The newly formed Acute Care Team (ACT) Nurse Practitioners continue to support the on-going work to support the deteriorating patient and provide a 7 day service supporting our patients across CCC.

This work is linked to the Advancing Quality Alliance (AQUA) programme and audit tool for the management of sepsis. The Clinical Director and Integrated Care Directorate (ICD) Matron continue to lead this piece of work with the clinical teams. The established deteriorating patient steering group set up to support the clinical objectives around the care and management of the deteriorating patient support any future developments. This group feeds into the Mortality and Morbidity Group, Acute oncology SRG, Quality and Safety Group and Integrated Governance Committee.

In the future CCC-L will have a designated step-up 4 bedded area for patients requiring further intensive monitoring and support. This area will be based on ward 3. The ACT will continue to support ward 3 nurses to build their critical care skills to care for this group of patients.

As a Cancer Trust, it is essential that the care of patient with potential sepsis is managed efficiently and effectively:

- To prevent patient harm
- Ensure standardised quality pathways across all clinical services
- Prevent avoidable deaths
- Standardise clinical tool to identify the deteriorating patient

How we will continue to monitor and measured progress of this priority

Monitoring and measuring of progress was through the Quality Committee of the Board who had oversight of delivery of:

- Review of monthly sepsis audit data
- Datix system for risk management - Datix incidents logged for all real time sepsis and Medical Emergency Team (MET) calls by the acute care team
- Daily NEWS2 and Sepsis pathway compliance
- Review of all deaths linked to sepsis in mortality & morbidity meeting
- Education for key staff in sepsis awareness
- All missed sepsis incidents have a 72 hour review and are discussed at the Learning from Incidents Review Group (LIRG)
- Development of the Acute Care Team and re-launch of this service following the move to CCC-L and integration with haemato-oncology services
- Interface work with the RLBUHT/LUHFT to agree clinical pathway with critical care and outreach services for 2020/21 following move to CCC-L

Priority 2: Experience:

Patient Experience: Delivering a Nursing and Allied Healthcare Professionals model of Shared Governance

Why we chose this priority

The national critical shortage of registered nurses and AHP's is a worrying theme in healthcare. In response to this situation, more organisations are turning to a shared governance model. This model enables shared decision making based on the principles of partnership, equity and ownership and empowers all members of the healthcare workforce to have a voice in decision making which directly influences safe patient care and experience.

In June 2019 an engagement meeting was held with Healthwatch to discuss how the Trust was going to implement a shared governance framework to ensure Allied Healthcare Professionals (AHPs) and nursing staff are empowered as leaders to be involved with, and to assist, in shaping organisational clinical decision making.

Strong clinical leadership is vital to ensure the Nursing/AHP voice is heard from floor to Board. Nursing has a strong leadership and governance model within the trust and is represented at board level by Director of Nursing & Quality (DoN&Q). Matrons and Ward Leaders work closely with the DoN&Q and the Deputy Director of Nursing regarding decision making aligned to the Quality Agenda as well as the Matrons being part of the "triumvirate" within directorate senior leadership teams. Nursing leadership development is a priority area for the Trust as well as pushing the boundaries in developing clinical practice. CCC has a professional nurses forum led by the Matrons and attended by a number of registered nurses across the organisation and is where National, Regional and local updates are shared and discussed. A similar forum for the non- registered nursing workforce is also being explored.

At the beginning of December 2019 the Trust appointed an AHP Lead to drive the shared governance programme forward. This key role is integral in ensuring the success of the shared governance model. The AHP Lead is directly linked to the Director of Nursing & Quality (DoNQ) and is a critical part of the senior clinical team meetings/discussions.

In addition to this role, there are now AHP clinical managers that work closely with the matrons as Patient Safety Leads. There have been 2 AHP forums held to date; the first one being a workshop facilitated by HR to help in the drafting of the first Trust AHP strategy. The strategy remains under development but will be approved in the next financial year. The second forum saw the sharing and discussion of national, regional and local updates. Further forums will be planned for 2020/21. The AHP Lead is now part of the Cheshire and Merseyside APH Council and attends the national Chief AHP conferences. Through an improved reporting structure and the promotion of innovations, AHP work will be able to more closely align, support and influence the organisational clinical decision making.

A "Matrons Charter " was developed and launched in June 2019 All Matron's and AHP Patient Safety Leads have signed up to the shared values. Following the expansion to Clatterbridge Cancer Centre Liverpool (CCCL) the Charter will be visible on all information screens together with photographs of all the leads to ensure easy identification and accessibility.

How we continue to monitor and measure progress of this priority

Progress is through the Quality Committee of the Board against the Trust Objectives for 2019/20. Progress throughout 2019/20:

- Refreshed Professional Forum initiated – agenda's compiled by Matron Group.
- Professional updates/Future Nurse developments and the heightened awareness of Research discussed – making research "business as usual". Additional support implemented via Head of Nursing/Safeguarding.
- Daily morning safety huddles across all our patient areas. AHP Patient Safety Leads are a key component of this process and have worked tirelessly with the Matron group to ensure the templates used to capture this information are fit for purpose across all their services.
- The AHP Patient Safety Leads are also part of the trust "Matron" group and attend their regular meetings, development days and any ad hoc team meetings that are organised.
- All the AHP Patient Safety Leads are members of the Patient Engagement and Inclusion Group (PEIG) and are designated "Pledge Leads" for the delivery of 2 of the patient experience Pledges. The PEIG is the overarching trust group for patient experience where any new developments/ideas/progress on strategy delivery/challenges and plaudits are reviewed, monitored and delivered.

- The PEIG provide updates/escalation and assurance to the trust Integrated Governance Committee (IGC) and then up to Board via the committee structure, ensuring ward to board visibility and oversight.

Progress with the strategy will be monitored through the Quality Committee of the Board against the Trust Objectives for 2020/21.

Priority 3: Effective:

Outcomes / Effectiveness: Efficient, effective, personalised care

Patient Outcomes/effectiveness: Delivering outstanding Patient Experience through achievement of the Patient & Public Involvement & Engagement Strategy 2019-2021

Why we chose this priority

The vision of The Clatterbridge Cancer Centre NHS FT is to provide the best cancer care to the people we serve. This Patient and Public Involvement and Engagement Strategy 2019-2021 aims to support this vision, by ensuring patient and public experience and feedback is used to enhance the care and services we provide and to ensure, in line with our values, that we always improve our care by listening to our patients and those whose lives we touch. The eight key pledges of the strategy will ensure our patients continue to receive the safest care possible, and in an environment where all complaints raised are listened to, and used, for improving the quality of care by the Trust, as a truly learning organisation. Patient and public feedback, involvement and engagement is essential in helping us to shape our future model of care and in supporting us on our exciting cancer care transformation journey, allowing us to continue to deliver outstanding care for our patients

How we continue to monitor and measure progress of this priority

The Strategy was ratified by the Trust Board in January 2019. The strategy contains eight pledges to improve the experience of our patients their carers and families. The PEIG receive monthly updates from the pledge leads on progress against each of the pledges.

Pledge 1

Improve the utilization of our members and widen the responsibilities of our Patient Council

We have done this by widening the Patient Council responsibilities to enable more involvement in Trust initiatives. Patient Council members who choose to engage in a new role receive appropriate support and will identify any training and development needs they may have.

In December 2019, Patient Council members and Governors attended Patient led Assessment of the Care Environment (PLACE) inspections at Clatterbridge Cancer Centre-Wirral and Haemato-Oncology in Liverpool. The expansion of the Patient Council remit was further explored and members now form part of Trust Patient Participation Group (PPG) to co-design solutions, innovation and research including the planned opening of the new Clatterbridge Cancer Centre in the heart of Liverpool.

Pledge 2

Improve Trust wide signage and introduce 'in your shoes' shadowing

We have done this by identifying areas where shadowing can be undertaken across the Trust, helping to create a 'map' of a patient and family's journey through their own lived experience at Clatterbridge Cancer Centre. It helps to highlight any real time concerns, encourages valuable feedback and overall improves patient experience.

Signage at the new Clatterbridge Cancer Centre-Liverpool (due to open in Spring 2020) has been driven by an external company with involvement from a patient participation group and a learning disability advisory group. Signage from Aintree Hospital car park to Marina Daglish centre has been improved in collaboration with Prop Care (CCC estates provider) with the Chemotherapy Directorate team and Aintree estates department. Clear concise signage across all Trust sites enabling patients and visitors to have a stress free time finding their way around our various locations across Cheshire & Merseyside is very important and a critical component of achieving a world class experience. Trust Volunteers are providing feedback on any signage issues they encounter whilst helping visitors to find their way on all sites.

The introduction of 'In your shoes' patient initiative, is in line with the implementation of The Patient & Family Centered Care project, initially implemented in Radiation services.

Pledge 3

To pro-actively share 'You said We Did' and we will be responsive

We have achieved this by keeping people informed and responding on feedback we have received; displaying this in the form of flyers, posters, leaflets, notice board displays and electronic means.

This has enabled involvement and co-design of service developments and the Always Events vision; "What matters most to me", encouraging meaningful feedback and listening and responding effectively in a transparent way with our patients and their families/carers.

Social media templates have been designed with the Communications team to be able to share FFT and other patient feedback on social media. This is in addition to updating the current Trust website section and displaying feedback on magnetic boards across all Clatterbridge Cancer Centre sites.

Pledge 4

We will incorporate Mental Health awareness in everything we do

We have accomplished this by working with patients and providers of mental health services to further raise awareness of mental health with Trust staff and deliver improved patient satisfaction of care and experiences. As part of the pledge, we agreed to work in collaboration with patients and mental health services to further develop mental health awareness across Clatterbridge Cancer Centre.

Progress to date includes,

- 20 staff planned to be trained as Mental Health First Aiders (however, due to Covid-19 this will now take place June 2020).
- One accredited instructor within the Trust and funding for further two staff to undertake training to increase capacity to teach mental health awareness to Clatterbridge Cancer Centre staff.
- The Covid-19 pandemic has raised the profile of Mental Health Awareness and there are now a plethora of mental health support mechanisms available for both patients and staff.
- Work has commenced on the pathway for suicide ideation and gathering other sources of Mental Health support for individuals from within and outside the Trust.

Pledge 5

We will deliver personalized care

We have realised this by giving our patients greater control over their own care by offering personalised delivered treatment closer to and in their home. We complete an holistic needs assessment (HNA) which enables every consideration to be reviewed regarding the needs of our patient and their family.

The HNA also provides the opportunity to better support communication and co-ordination of care across the region. CCC has nine dedicated Cancer Support Workers who help to facilitate this process.

‘Partners in Care’ is a quality improvement initiative that has been implemented which supports a nominated member of a patients, friends and family to stay with the patient (for extended periods of time) and deliver elements of the care needed during the stay. They also stay overnight with the patient if required.

Following local benchmarking against NHS England’s Personalised Care and Support handbook and feedback from patients and their families, another quality improvement initiative was implemented. A Trustwide Patient Flow team was established and operationalised. This team is now actively involved in daily MDT/Consultant board rounds discussing patient’s hospital length of stay and timely repatriation to their destination choice, supported by social worker and safeguarding involvement.

Pledge 6

We will transform cancer care using world class digital technology. We will enable information sharing through digitally connected systems across C&M

We have achieved this by the use of world class digital technology and information, creating the Digital Patient and Agile Clinician and establishing a Trust wide Patient Participation Group (PPG) to act as a representative to support the practice and influence the local provision of digital health and social care.

Over the past year, the PPG have helped us to successfully deliver a number of projects to support patients in anticipation of the opening of Clatterbridge Cancer Centre - Liverpool. This includes Patient Experience & Education (Inpatient TV system) on Levels 1 to 6 in the new hospital and patient calling screens in outpatient areas. In addition, we have planned a number of new digital initiatives onto a mobile tablet device on carts for Digital ward rounds, to support patients to keep in touch namely:

- Utilising Microsoft Teams to support consultants to undertake a remote ward round with the patient
- Visionable App for inpatients to make secure & free video calls to relatives, carers and friends (Family Liaison) especially important whilst visiting restrictions are in place
- My Perfect Ward to enable staff to complete important clinical and quality audit inspections across all wards, Chemotherapy and Radiation service areas
- Digital Friends & Family Test Survey

We have a number of clinicians piloting video consultations using the national platform ‘Attend Anywhere’. This solution offers improved patient experience and choice, whilst enabling Clatterbridge Cancer Centre to provide care closer to home for our most vulnerable and unwell patients.

In the pilot areas, new patients are currently offered a video consultation in the first instance. We are actively monitoring patient and staff experience using this digital offering. The Attend Anywhere solution is in line with Covid 19 recovery planning and will remain to be a key component to support digitally enabled pathways for our patients and offers a blended approach to engagement.

Pledge 7

We will increase the number of patients taking part in Research studies, increase reputation nationally in trials and ensure patient access to research wherever they are

We have successfully increased the number of patients taking part in research studies, raising the Trust profile nationally in Clinical Trials and Research and have maximized opportunities for patient access to research wherever they are.

The new Clatterbridge Cancer Centre Research Strategy was approved in 2019/20 with close alignment to this pledge.

- Work has been undertaken with outpatients to ensure chemotherapy packs also contain Research & Innovation (R&I) information.
- Patients and staff drop-in sessions are facilitated on the wards to share the latest research and research.
- Staff now attend the daily huddle to ensure improved communication and understanding concerning research opportunities is achieved.
- PPG events have also taken place to work with patients to ascertain what they would like to know and ideas to promote the Biobank & Experimental Cancer Medicine Centre (ECMC).

R&I has continued its trajectory of improvement and this year has gone from strength to strength. Patients recruited into research this year, surpassed the target of 1000.

Pledge 8

Patient health & wellbeing (Arts)

We have continued to utilise art to benefit patient's health and wellbeing, working with the support of Culture, Health and Wellbeing Alliance in conjunction with the CCC Arts Strategy Group, Charity and staff. To further strengthen CCC connection with Arts for Health, the funding for an Arts Co-Ordinator has been secured for Summer 2020 and is a new role at CCC.

Community engagement, working with local artists and the opportunity to involve staff and patients in the process to help them become engaged in Arts for Health is an exciting opportunity now and in the future. The process of selecting the artwork for the new Cancer Centre has been the responsibility of the CCC Arts Steering group.

Patients and staff across the Trust have been involved in the procurement, selection of artists and the commissioning of artwork to be displayed in 2020. The Arts Co-Ordinator when appointed will then be responsible for further development and implementation of this agenda.

2.3 Other key Quality focus Priorities

2.3.1 Safeguarding

During 2019/20, the Trust safeguarding leadership remains strong and visible following the recruitment of Head of Safeguarding and Named Nurse Safeguarding for Children and Adults who commenced in post at CCC in November 2018.

Their roles and functions provide strategic direction, leadership, advice and support, safeguarding supervision, training, delivery and assurance of CCCs safeguarding provision; ensuring the Trust is meeting its regulatory and statutory safeguarding function.

Following their appointments in 2018, a review of the overall CCC safeguarding service provision and governance arrangements against statutory and regulatory requirements was undertaken; the findings of which have strengthened the governance arrangements across all Clatterbridge Cancer Centre sites to ensure provision and oversight of continued safe and effective care for vulnerable people.

From December 2018, the Head of Safeguarding has also provided assurance of compliance against the safeguarding assurance framework to the NHS England Specialised Commissioners and CCGs at bi-monthly quality contract review meetings. The safeguarding assurance framework has been embedded within the current CCC Quality schedule.

From April 19, the CCC safeguarding team has submitted quarterly data against key performance indicators as outlined in both NHS England Specialised Commissioners and Wirral CCG Safeguarding Commissioning Standards, as part of the Trusts Quarterly contractual assurance process.

The Trust Safeguarding Team has increased its membership by welcoming 2 additional multi professional members of staff. In January 2019, the Clinical Specialist for Additional Needs moved into the team with clear lines of managerial and accountability for Dementia and Learning Disabilities moving into the Safeguarding Team portfolio. In May 2019, the Trusts Oncology Social Worker moved into the Safeguarding Team bringing further expertise in providing safeguarding advice and support and acting as the Trusts deputy MCA/DoLs lead.

CQC Inspection (Dec 18-Jan 19) Published March 19

Following the unannounced and planned well led inspection (Dec '18 - Jan '19), the following recommendations were made by CQC in relation to safeguarding;

Level 3 safeguarding training: CQC requested an increase in the number of staff with level 3 safeguarding training on each shift, affecting the original numbers of staff previously identified as requiring level 3 children and adults safeguarding training. Directorate leads provided specific staff detail, identifying a number of key individuals as requiring level 3 safeguarding training based on job role and function to ensure appropriate level of safeguarding expertise on each shift. In response, a face to face Level 3 safeguarding study day consisting of level 3 for adult, children and Prevent was delivered twice per month.
MCA/DoLs

DOLS: The Trust must ensure that Deprivation of Liberty Standards is recorded within patient's records. (Regulation 17)

A deep dive into the Trust MCA assessment and DoLs application process was undertaken. In response a full action plan was submitted to CQC with the following actions undertaken and completed to date:

- Delivery of bespoke ward based DoLs application training, and quality assurance of each application following each submission of a DoLs application.

Recording of DoLs application staff training is maintained by the Safeguarding Team.

- DoLs application form was digitalised in Meditech (Electronic patient record system) at CCC Wirral site and launched in September 2019.
- Separation and revision of the current Mental Capacity Act / Best Interests Decision-Making / Deprivation of Liberty Safeguards Policy (2018) into stand-alone Trust MCA and Deprivation of Liberty Safeguards policies: both ratified and approved at Safeguarding Committee in April 2019.

Dementia/Additional Needs

Trust must ensure appropriate governance arrangements for the Dementia Strategy (Regulation 17)
Following consultations with CCC Patient Council and key stakeholders, a revised Dementia Strategy and implementation plan was developed. The Dementia Strategy was approved at the Safeguarding Committee in March 2019 and ratified at the Integrated Governance Committee in April 2019.

The Dementia Strategy was launched throughout the Trust and across the hubs during 'Dementia awareness Week' (20th – 24th May 2019). In April 19, a communications request for Dementia Champions to support delivery of the strategy resulted in the recruitment of 46 champions to date.

Dementia/Additional Needs

Trust should have an adjusted pain tool for patients with Dementia and Learning Disabilities
The Trust already had an existing paper format pictorial pain assessment tool in place for patients with Dementia and Learning Disabilities. However at the time of the CQC inspection the Trust were unable to evidence its use.

The Clinical Specialist for Additional Needs, supported by the CCC Dementia Champions, promoted the use of the Disability Distress Assessment Tool (DISDAT) and Pictorial Pain Assessment tools across the Trust.
The DISDAT and Pictorial Pain Assessment tools pain tool was digitalised in Meditech (Electronic patient record system) at CCC Wirral site and launched on 9th September 2019. Dementia was mandated and included in the Trusts staff training matrix within CCC in October 2019 and an e- learning module on dementia is available on ESR as well as face to face session in mandatory training week.

Additional needs:

The Trust should ensure its systems and processes ensure it has oversight of patients with additional needs.(Regulation 17)

The Trust currently has a 'Flag' on Meditech (Electronic patient record) which indicates whether a patient has Dementia, Learning Disability or a 'communication need'. A 'forget me not' image is in place for all in-patients with dementia diagnosis. A 'Reasonable adjustment' form was currently in use in paper format and scanned into patient records as part of the identification and care planning process. This document was digitalised for use on Meditech (Electronic patient record) and launched in September 2019.

Oversight and assurance against delivery of the CQC improvement plan was reported and monitored by the Trusts Improvement Plan Assurance Group and Safeguarding Committee who report to the Board of Directors via the Trusts Quality and Integrated Governance Committees.

In addition the following actions were undertaken in 2019/20 by the MCA/DoLs lead to improve the CCC MCA and DoLs practice;

- Deep dive into the process and practices of MCA and DoLs.
- New interim DoLs arrangements commenced in November 2018 including appointment of MCA/ DoLs lead.
- Commencement of Datix incident reporting in the event of submission of DoLs application and delay in assessment by the local authority.
- Quality assurance process commenced by new MCA/ DoLs lead of each DoLs application submitted to local authority.
- Training support and advice to staff completing DoLs applications.
- Development of Trust DoLs electronic database.
- Separation and revision of MCA/ DoLs policies and approved at Safeguarding Committee April 2019.
- Digitalisation of MCA and DoLs application documentation into Meditech.
- Audit of DoLs policy.

NHS Improvement Learning Disability Standards

In June 2018, NHSI developed the new Learning Disability Improvement Standards for NHS Trusts. They are intended to help the NHS measure the quality of service provided to people with learning disabilities, autism or both.

Clatterbridge Cancer Centre gathered baseline information on our compliance with the standards and the views of CCC staff, and submitted this information to NHSI in November 2019. A work plan was developed in response to the outcome of this information gathering which included the following actions to be undertaken;

- Electronic version of Risk Assessment and Reasonable Adjustment Care Plan developed and uploaded in to Meditech.
- E-learning training launched and application made to Learning and Development for training to be mandated, in a face to face and e learning format.
- Ongoing collaboration with ‘People First’ in Liverpool and ‘Pathways Associates’ to ensure service user input with development of service and participation in a Learning Disability collaboration.
- Recruitment of approximately 46 Dementia / LD Champions.

During 2019/20, CCC collaborated with Cheshire and Merseyside Service users/carers and advocates with Learning disability and/or autism in the coproduction of the Trusts first Learning Disability and Autism strategy. It is envisaged that the above group will support the Trust and work in partnership to;

- Develop a feedback process for patients and carer/family with learning disability and or autism.
- Collaborate in the implementation of the Learning Disability Standards Framework.
- Support and assist with the embedding of Trust wide recognition of the support required by patients with a learning disability.
- Hold the Trust to account for delivery of the Learning Disability standards via regular confirm and challenge sessions.

Summary of Key Achievements during 2019/20

- Invested in a Trust Safeguarding Team and a strategic safeguarding lead which has enabled CCC to have robust systems and processes that meet the requirements of ‘Working Together to Safeguard Children 2018` and the Care Act 2014.
-
- Strategic leadership has enabled the development of robust relationships both internal across all CCC sites and externally with safeguarding partners and commissioners.
-
- To continue to raise and embed the profile of safeguarding as everyone’s responsibility to safeguard children and adults at risk through attendance at safety huddles and safeguarding walkabouts across all sites.

- Achievement of mandatory and contractual compliance rate of 90% for all levels of safeguarding training.
- Achievement of mandatory and contractual compliance rate of 90% (Basic prevention awareness training) and 85% (WRAP training).
- Development and launch of revised Dementia Strategy and implementation plan.
- Recruitment of 46 dementia champions to date.
- Improved MCA/DoLs process with digitalisation of MCA assessment process.
- Digitalisation of the reasonable adjustment form and care plan on Meditech.
- Pathway and standard operating procedure now in place ensuring any safeguarding concerns identified for children less than 18 years of age visiting CCC for treatment from Alderhey is documented and reported at both CCC and Alderhey.
- To provide clear direction and strategy for the organisation's response to the domestic abuse and violence agenda.
- A number of key safeguarding polices/strategies have been updated and ratified at Safeguarding Committee in April 2019.
- Plan for national changes from MCA/DoLs process to Liberty Protection Safeguards (LPS) ensuring CCC pathway is in line with national guidance and legislative changes.
- Routine surveillance continued with Commissioners and regulators.

The CCC safeguarding team continues to work with external partners to ensure all statutory safeguarding requirements are met. CCC is a key partner agency in the local safeguarding arrangements across Wirral and Liverpool. This is achieved through:

- Membership of Wirral Safeguarding Children's Partnership (WSCP).
- Membership of Merseyside Safeguarding Providers Clinical Network (MSPCN).
- Attendance at WSCB Safeguarding Children's Forum.
- Active contribution to serious case reviews , adult reviews and domestic homicide reviews as required.

Priorities and Future Developments for 2020/21

- To continue to deliver a comprehensive work programme to ensure the Trust is compliant with statutory, regulatory and contractual safeguarding requirements.
- To continue to achieve all the safeguarding contracting standards and Key Performance Indicators (KPI) and maintain the improvement.
- To maintain 90% compliance with safeguarding training.
- To continue to utilise themes and trends from safeguarding incidences to inform and improve practice and pathway development.
- To provide an updated direction and strategy for the organisation's response to the domestic abuse and violence agenda.
- Continue to plan for national changes from MCA/DoLs process to LPS ensuring CCC pathway is in line with national guidance and legislative changes.
- Continue to improve the quality of reporting of safeguarding concerns and incidences.
- Continue to work in co-production with patients , families and self-advocate's to develop work plan and evaluation process for delivery of national learning disability standards.
- Continue to work with our dementia champions and patients to deliver and evaluate delivery of the dementia work plan via the dementia collaborative.

2.3.2 Falls and Falls Prevention

How falls are monitored:

- All falls are reported using the Trust's incident reporting system.
- All inpatients have a falls risk assessment completed on admission and then updated as required
- Patients at risk of falling will also have a bed rails assessment completed
- If a patient is assessed as being 'at risk' of a fall then a falls care plan is implemented
- A falls summary RCA (Root Cause Analysis) is completed for all inpatient falls.
- All inpatient falls are presented at the monthly Harm Free Care Collaborative meetings to determine level of harm, lapses in care and lessons learnt.

Chart 1 ALL falls per quarter over the last three years

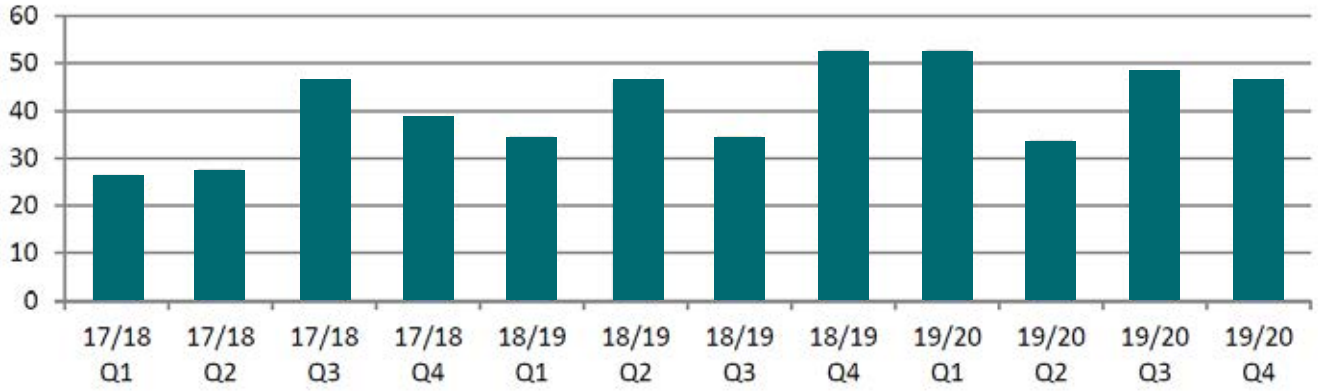
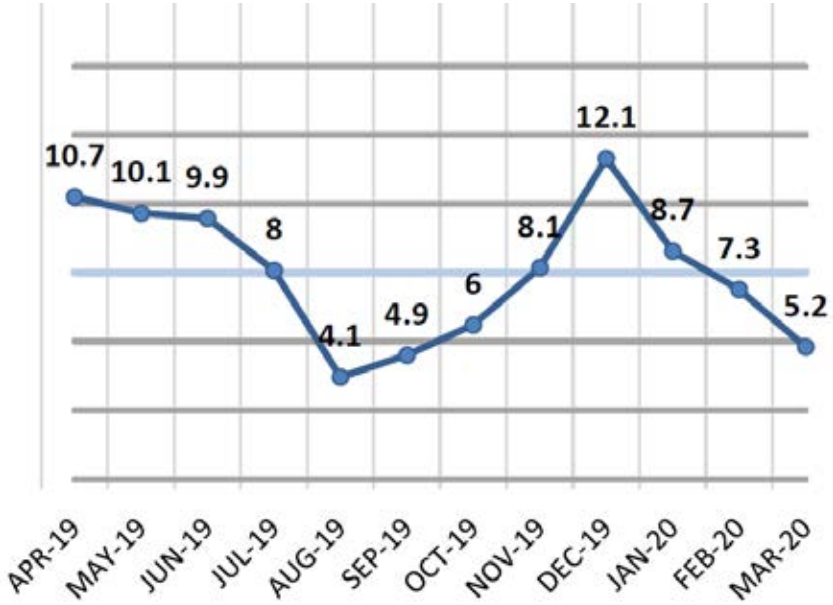


Chart 2 Total inpatient falls per 1000 bed days

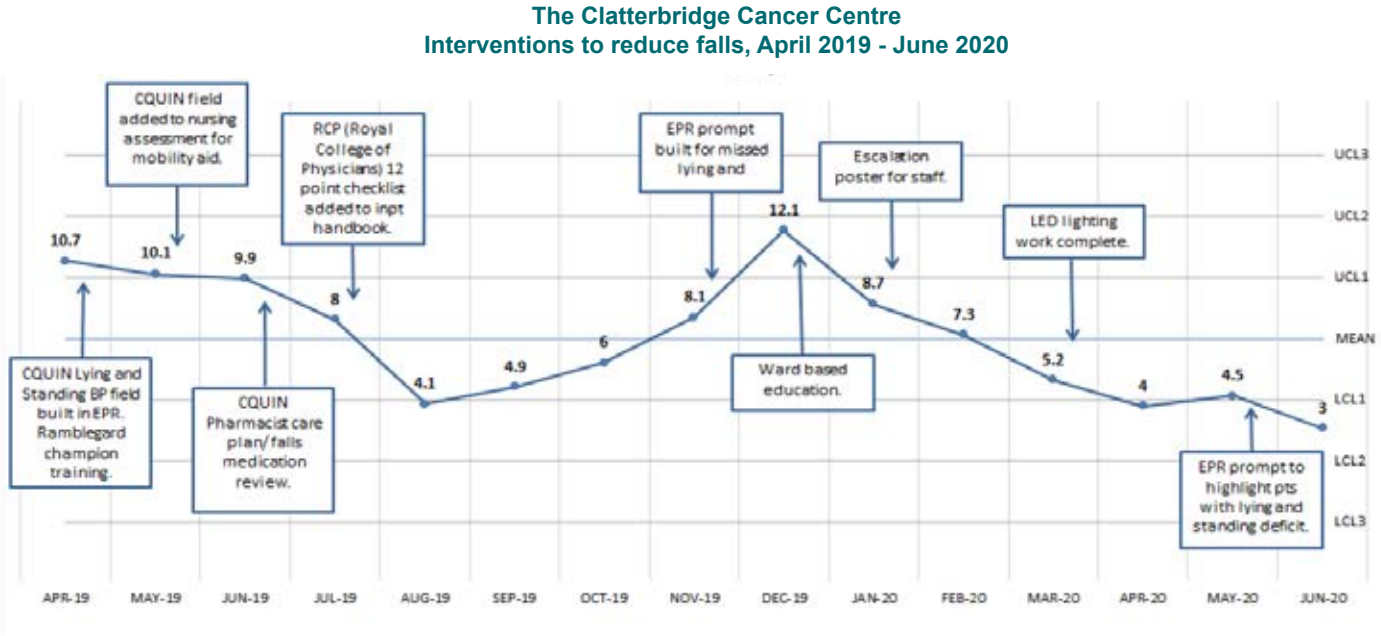


What we have done to try to prevent falls:

- Falls included in the daily Safety Huddle template identify those individuals at risk on a daily basis and any intervention required to ensure their safety
- Green wrist bands (separate from the white ID wristband) for at risk patients introduced as a visual alert for when patients are off the ward.
- Non slip socks are in routine use
- Following a pilot of Ramblegard equipment funding agreed for additional sensor pads to be utilised on in patient wards which has now been implemented.

- LED lighting work is now complete in bathrooms / en-suites on both Conway and Mersey ward which provides better lighting during the night for patients.
- Mobility labels used by Physiotherapy team to clearly display if a patient is safe to mobilise independently or needs the assistance of one/two staff following assessment
- CCC have included the Royal College of Physicians 12 point checklist to the inpatient handbook to provide patients/carers education on simple actions they can take to reduce fall. The inpatient handbook also continues to include information regarding the `endpjparalysis` campaign which encourages patients whenever possible to wear their own clothes

Chart 3 – Interventions to reduce falls



What we continue to do to try to prevent falls:

- Continue to identify lessons learnt from any falls at the monthly harm free meeting
- Rita reminiscence therapy remains freely available and in use on the inpatient wards on the Wirral site. In preparation for the move to the new building in Liverpool, IM+T have been looking at adding similar functions currently available on Rita to the new patient entertainment system, allowing all inpatient rooms to have aspects of the Rita device.
- Work ongoing with IM+T to develop the 'helping hand' project. This will involve inpatient volunteers who will assist in answering nurse call bells for simple tasks e.g drinks. Volunteers are currently available on the inpatient wards to support patient call bells
- CCC remain part of the Cheshire and Merseyside falls steering group working collaboratively with other trusts within the region.
- Plan to plot the inpatient falls to determine safest rooms for those patients at risk
- Benchmark with other Trusts (The Christie and Royal Marsden)

2.4 Mortality

he Trust's Council of Governors have selected the mortality indicator: 30 days post radical chemotherapy, expanded to include the Haemato-oncology service in 19/20, to deliver a comprehensive Trust- wide mortality review. As a specialist Trust, The Clatterbridge Cancer Centre is not eligible to utilise SHMI or HSMR as a mortality review tool.

The Trust continues to regularly evaluate, modify and improve the quality of its comprehensive mortality review processes. The Mortality Surveillance Group (MSG) maintains an effective strategic lead in the monitoring and promotion of mortality reduction, having oversight of all Trust related deaths via the Trust developed mortality dashboard. The MSG takes the lead in reviewing all high risk mortality areas, and reviews hard and soft intelligence in this regard, as well as internal and external clinical audit feedback. In-depth statistical analysis of chemotherapy and radiotherapy related death continues, providing a platform for the interrogation of individual Consultant performance, and continuous monitoring of chemotherapy regimens toxicities and variations in clinical practice.

Trust -wide feedback and dissemination of learning from deaths from Mortality Review Meetings is in place via the Trust Shared Learning Newsletter. Structured Judgment Review methodology has been successfully introduced, with all consultants expected to engage in such reviews, to highlight areas of good practice as well as identify any sub optimal care provision and avoidable deaths. All Trust deaths in care are subject to one or more of five levels of scrutiny, to include a documented specialist Site Reference Group Review or Specialist Committee Review response to a mortality alert investigation process. The Trust continues to share this learning widely with external healthcare providers to include other hospital Trusts, GPs and Coroners.

The adoption of national mortality guidance and policy has seen the Trust's closer liaison with national and regional partners and external agencies, to include CDOP (Child Death Overview Panel) and LeDER (NHSE Learning Disabilities Mortality Review Programme). There also continues to be a focused emphasis on the early involvement of families, and continued open and honest communication with families and carers, in the event of Serious Untoward Incident investigations. In line with statutory guidance in relation to the management of child (0-18yrs) deaths, the Trust now has an identified Key Worker for any families affected by the death of a child. The Trust is committed to improving mortality review and review of serious incidents as a driver for improved quality and patient safety.

The Trust Mortality Review Meetings have resulted in a number of changes to clinical care such as changes to clinical practice, documentation and education and training.

Mortality performance and progress is monitored at the Mortality Surveillance Group and reported to the Board via the Quality Committee.

Chart 3 – Interventions to reduce falls

	2019/20	2018/19	2017/18	2016/17
30 day mortality rate (radical chemotherapy)	0.8%	0.7%	0.67%	0.6%
30 day mortality rate (Palliative chemotherapy)	5.6%	7.4%	6.1%	5.7%
30 day mortality rate (haemato-oncology)	3.2%	5.2%	4.1% (July 17–Mar 18)	
30 day mortality rate (radiotherapy)	3.7%	3.9%	3.5%	4.3%

Mortality rate:

- Data definition: unadjusted mortality rate as a percentage of all cases treated in that category.
- Data source: CCC
- *Radiotherapy intent is not recorded against appointment in Meditech system, a different data source will need to be explored (i.e. Aria system) for mortality reporting in future.

2.5 Clinical Audits and National Confidential Enquiries

During 2019/20, 16 national clinical audits and 1 national confidential enquiry were relevant to the health services provided by The Clatterbridge Cancer Centre NHS Foundation Trust.

During that period The Clatterbridge Cancer Centre NHS Foundation Trust participated in 16 (100%) national clinical audits and 1 (100%) national confidential enquiries of the national clinical audits and national confidential enquiries for which it was eligible to participate.

The national clinical audits and national confidential enquiries that The Clatterbridge Cancer Centre NHS Foundation Trust participated in, and for which data collection was completed during 2019/20, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are contained in the following table.

- Cancer Outcomes and Services Dataset (COSD)
- National Systemic Cancer Therapy Dataset (SACT)
- National Lung Cancer Audit
- National Bowel Cancer Audit
- National Oesophago-Gastric Cancer Audit
- Female Genital Mutilation
- National Audit of Breast Cancer in Older patients
- National Audit of Care at the End of Life (NACEL) – Round 2
- RCR National audit of adjuvant breast radiotherapy
- Quality of Life Questionnaire for SRS
- RCR National audit of the use of radiotherapy in the treatment of vulval cancer – follow up data
- Getting if Right First Time (GIRFT) Thrombosis Survey
- NCEPOD – Dysphagia in Parkinsons Disease
- 100 day mortality post allogeneic stem cell transplantation
- BSBMT long-term outcomes audit with UK benchmarking, 2011-2016, 10th report published 2019
- NHSE dashboard: outcomes audit with UK benchmarking
- Myeloma UK patient experience survey

Table 3a: Audits: cases submitted

National Clinical Audit and NCEPOD eligible studies	Cases submitted
• Cancer Outcomes and Services Dataset (COSD)	12/12 (100%) files uploaded successfully
• National Systemic Cancer Therapy Dataset (SACT)	12/12 (100%) files uploaded successfully
• National Lung Cancer Audit	12/12 (100%) files uploaded successfully
• National Bowel Cancer Audit	151/956 (16%) oncology treatment records uploaded as at 30/06/2020. Deadline on hold due to COVID19
• National Oesophago-Gastric Cancer Audit	218/281 (78%) oncology treatment records treatment uploaded. 22% cannot be uploaded as tumour/patient details have not been registered by the secondary hospital
• National Audit of Breast Cancer in Older patients	12/12 (100%) files uploaded successfully
• National Audit of Care at the End of Life (NACEL) – Round 2	9/9 (100%) CCCW case reviews submitted 2/2 (100%) CCC HO case reviews submitted
• RCR National audit of adjuvant breast radiotherapy	51/51 (100%) Complete
• Quality of Life Questionnaire for SRS	7 questionnaires completed Jan-Mar 2020

RCR National audit of the use of radiotherapy in the treatment of vulval cancer – follow up data	Follow up data submitted for 5/5 (100%) cases
• Getting if Right First Time (GIRFT) Thrombosis Survey	120/120 (100%) VTE prevention records uploaded 2/2 (100%) Hospital Acquired Thrombosis records
• NCEPOD – Dysphagia in Parkinsons Disease	1/1 (100%) clinician questionnaire completed
100 day mortality post allogeneic stem cell transplantation	Total Number of Allogeneic Transplants Oct17-Sept 18 = 34 Total Number who died within 100 Days of Transplant = 2 patient Total Number of Allogeneic Transplants Oct18-Sept 19 = 35 Total Number who died within 100 Days of Transplant = 2 patient
BSBMT long-term outcomes audit with UK benchmarking, 2011-2016, 10th report published 2019	1839 patients records were submitted
BSBMT long-term outcomes audit with UK benchmarking, 2011-2016, 10th report published 2019	Total Number of autologous Transplants Oct 17 – Sept 18 = 68 Total Number of patients alive 1 year after transplant = 63 Total Number of autologous Transplants Oct 18 – Sept 19 = 53 Total Number of patients alive 1 year after transplant = 50
• NHSE dashboard: outcomes audit with UK benchmarking	Total Number of autologous Transplants Oct 17 – Sept 18 = 68 Total Number of patients alive 1 year after transplant = 63 Total Number of autologous Transplants Oct 18 – Sept 19 = 53 Total Number of patients alive 1 year after transplant = 50
• Myeloma UK patient experience survey	21/25 questionnaires returned from patients (84% response rate)

Table 3b: Audit: Actions

The reports of seven national clinical audits were reviewed by the provider in 2019/20 and The Clatterbridge Cancer Centre NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audit and NCEPOD eligible studies	Actions to improve quality of care
NBOCAP (Bowel Cancer)	The annual report and recommendations were reviewed by the SRG* Chair and will continue to support the audit and submit data for 2020-
NOGCA (Oesophago - Gastric Cancer)	The annual report and recommendations were reviewed by the SRG Chair and will continue to support the audit and submit data for

NPCA (Prostate Cancer)	The annual report and recommendations were reviewed by the SRG SRG members reviewing action plan outlining requirements for
NCEPOD – Pulmonary Embolism study Report Name - Know the Score	Action in plan in place
National Audit of Care at the End of Life (NACEL) - Round 1	Round 1 report and recommendations were submitted to the Mortality Surveillance Group. An action plan has been developed
Myeloma UK Clinical Service Excellence Programme (CSEP) –	Recommendations from the report resulted in one action for the Trust. This action is now complete.
The National Audit of breast cancer in oler patients	The annual report and recommendations were reviewed by the SRG Data submissions continue to be extracted from COSD dataset

Local Audits/Quality Improvement Projects

During 2019/20, the clinical audit department programme of work consisted of 155 active projects, of which:

- 99 were ongoing
- 12 were abandoned with no constitution of clinical risk (see table 2 for detail)
- 44 were completed

The reports of 44 local clinical audits were reviewed by the provider in 2019/20 (compared to 43 in 2018-19), of which 28 provided assurance (compared to 28 in 2018-19) and 16 made improvements through action plans to improve the quality of healthcare provided (compared to 15 in 2018-19).

Table 3c

Project Outcome	No. of projects
Improvement Made Projects (table 3ci)	14
Provided Assurance & Improved Knowledge (table 3cii)	8
Improved Knowledge (table 3ciii)	9
Provided Assurance (table 3civ)	13

Project / audit outcomes

The 14 projects that resulted in change in practice / improvements have been summarised below:

Table 3ci Improvements Made / Learning	Improvement Demonstrated (Theme)				
	Patient Outcomes	Quality of Life	Patient Safety	Patient Experience	Staff Experience
1. Management of Immunotherapy Related Toxicities A streamlined service was developed, coordinated and managed by a team of experts. An education programme has been rolled out across the Network. The provision of toxicity management was supported at CCC's satellite clinics and peripheral hubs. A streamlined sub-acute toxicity management pathway was supported by the team, the aim of which is to review response to treatment, taper steroids and coordinate secondary referrals	✓	✓	✓	✓	✓
2. Pre-treatment Service Improvement Project Continue to improve head and neck pathway Screen patients using the Nutriscore pre-treatment and then once weekly during treatment Include head and neck symptom checklist once weekly during treatment –any patient scoring 3 or more for loss of appetite and difficulty swallowing refer to dietitian/SLT Hand grip strength measurement now recorded on Meditech Dietetic Pre-treatment Project (DPP) flow chart amended and circulated	✓	✓	✓	✓	✓
3. Improvement in palliative care referrals We have a dedicated junior doctors' teaching session for syringe drivers to make all juniors aware of the basic principles for CSCI prescribing Palliative care guidelines have been made readily accessible to the junior doctors for consultation. Posters have been placed in all CCC wards in visible areas in the doctors' offices and doctors' mess. Cards with a QR code to retrieve the guidelines on smartphones have also been distributed to all junior staff		✓	✓		✓
4. To assess flow of patients participating in clinical trials on Delamere Daycase Unit (Time and Motion) R&I collaborated with IM&T to amend the P25 order so that more blood tests could be ordered together and only one bottle is used for this standard order. Education of Delamere staff by R&I research practitioners was undertaken to enable them to deliver trial drugs as they become mainstream. Roles expanded within R&I to undertake pathway coordination roles to ensure that appropriate chairs and rooms are available, liaise with Delamere staff to smooth patient pathways, liaise with other services as necessary to minimise delays and oversee patient appointments					✓
5. Opiates and Sedatives prescription in CCC – A comparison with best practice and the Gosport Memorial Enquiry Results concluded that current practice in prescribing opiates/sedatives and commencement of syringe driver is according to the clinical guidelines and dosing is appropriate. The conversion rates utilised were appropriate and when they were not followed, rationale was provided in the medical notes for reference. The results of this audit compared with the ones produced by the Gosport Independent Panel provide assurance about current uses of these medications at CCC. Guidelines for opiates and sedatives dosing is included in the junior doctor rolling education programme during their placements			✓		✓

1. Management of Immunotherapy Related Toxicities A streamlined service was developed, coordinated and managed by a team of experts. An education programme has been rolled out across the Network. The provision of toxicity management was supported at CCC's satellite clinics and peripheral hubs. A streamlined sub-acute toxicity management pathway was supported by the team, the aim of which is to review response to treatment, taper steroids and coordinate secondary referrals	✓	✓	✓	✓	✓
2. Pre-treatment Service Improvement Project Continue to improve head and neck pathway Screen patients using the Nutriscore pre-treatment and then once weekly during treatment Include head and neck symptom checklist once weekly during treatment –any patient scoring 3 or more for loss of appetite and difficulty swallowing refer to dietitian/SLT Hand grip strength measurement now recorded on Meditech Dietetic Pre-treatment Project (DPP) flow chart amended and circulated	✓	✓	✓	✓	✓
6. Wig Service Redesign-patient survey CCC wig service is funded by Charity. Results showed that overall patients were happy with the current wig service offered by CCC. However, there were a number of comments about the quality and experience of some of the wig providers. Ensure how to sending back vouchers and which suppliers they could use their vouchers at. Therefore, a new Standard Operating Procedure has been developed to ensure staff can explain the service clearly to patients. A new field has been introduced in Meditech for staff to complete once they have issued a wig voucher to enable auditing the number of vouchers given out in the future		✓		✓	✓
7. The Nasogastric Outpatient Service Audit The audit results showed that for some patients the length of time they required enteral feeding was under estimated, with the average length of time that an NG tube was required being 8 weeks. A more multidisciplinary approach, earlier on in the patient's journey, could help with the decision process and prevent unsuitable feeding routes therefore earlier nutrition nurse practitioner interventions to aid decisions was recommended The Nasogastric Tube Outpatient Service aims to support suitable patients who wish to be discharged from CCC-W. Ongoing education for medical staff regarding the NG Tube Outpatient Service and the Nutrition Nurse Practitioner role was recommended	✓		✓	✓	
8. An Audit to review the administration and toxicities of immunotherapies used in the treatment of metastatic malignant melanoma, renal cancer and NSCLC One third of patients experienced a clinically-significant irAE resulting in significant morbidity and admission burden highlighting the need for effective management strategies to optimise patient outcomes. Despite the data being network-wide, CCC instigated the following actions: Established an Immuno-Oncology committee and toxicity management service. The service was implemented with the appointment of a lead immunotherapy nurse and a clinical nurse specialist. An immunesuppression monitoring service has been established. A dedicated immunotherapy toxicity service has reduced the acute admissions related to irAE and is starting to reduce the activity of oncology outpatient services despite ongoing increases in ICI indications, number of administrations and complexity of combination therapies	✓	✓	✓	✓	

9. Investigation of contributing factors to delays in discharge from inpatient wards at CCC Electronic prescribing has been introduced to alleviate delays A business case was submitted for a discharge pharmacist role			✓	✓	
10. A service evaluation to assess the trusts ability to deliver chemotherapy in a timely manner to the peripheral clinics of Clatterbridge Cancer Centre Results showed the most prominent cause for late chemotherapy was due to the nurses giving the go ahead late and the second highest cause was due to the chemo-therapy being prescribed late Education to the nursing staff in charge of giving the go-ahead on certain chemotherapies was recommended as well as education to the prescribers as a high percentage of late chemotherapy was due to it being prescribed after the recommended cut off times Stricter policies to enforce the cut off times stopping any exceptions for late prescribing and late go-ahead Communication between the clinics and the aseptic unit to improve the process Communication between the prescribers, nursing staff and pharmacy team to ensure a timely workflow production			✓	✓
11. Research at CCC: A survey of clinicians' views and attitudes Promotion of a research culture through positive leadership, accessible information and improved communication Aligned research processes with patient pathway and service models Created pathways for managing the screening and eligibility of patients for research studies Improved awareness and transparency of research approvals process Improved awareness of roles and responsibilities within the R&I department Development of the research workforce through job plans, annual performance reviews, education and training Supported novice research staff Attracted future research to CCC through the reputation of the organisation and research profiles of staff Ensured a greater visible presence at internal and external research meetings Formulated implicit standards that make participation in research mandatory Developed IT services to promote inclusive, integrated services across clinical services and R&I				✓
12. Outcomes of Head & Neck patient treated with Chemoradiation after PET CT 34% of PET CT scans at <20 weeks 13% of PET CT scans at >20 weeks 53% of patients did not have a PET CT New guidelines of surveillance tool for advanced Head and Neck cancer has have been written and adopted by Aintree Head & Neck Oncology Group	✓	✓	✓	
13. Decision-making and documentation of CPR status for acute admissions to CCC (Re-audit) 75% of patients were informed about the CPR decision according to the DNACPR form Evidence of discussion with 63% of patients (32/51) A new DNACPR Policy document submitted to ICD for approval and the unified DNACPR form is now in use at CCC			✓	✓

14. Audit of Follow-up Schedules and Disease Recurrence in Clatterbridge Cancer Centre's Southport Lung Cancer Oncology Clinic Follow up of Stage III patients treated with palliative intent and Stage IV NSCLC patients in the CCC Southport Lung Oncology clinic was in keeping with the ESMO guidelines for metastatic NSCLC patients Based on the audit (though accepting its limitation as based on only 41 patients) it would be safe to adhere to the follow-up recommendations in the ESMO Guidelines. This would reduce clinic visits for patients with radically treated Stage I-III NSCLC and reduce frequency of imaging. Lung SRG members are to implement a consistent follow-up schedule, based on ESMO guidelines, to help facilitate nurse-led and remote follow up. A new QUIP is now underway			✓	✓	

Table 3cii **Improved Knowledge & Provided Assurance**	**Improvement gained (Theme)**				
	Patient Outcomes	**Quality of Life**	**Patient Safety**	**Patient Experience**	**Staff Experience**
1. Outcomes of Non surgically treated Hypopharyngeal cancer 3 year survival comparable to other studies at 41% (Keereweer 2012)	✓				
2. Alteration in volume and strength of Intravenous Contrast Media administered during diagnostic CT scans Image quality using weight-based contrast dose is as good as fixed contrast dose Contrast enhancement is maintained irrespective of patient weight Reduced risk to patients of contrast-related adverse events and financial benefit from reduced volume of contrast Contrast dose was reduced for majority of patients Patients who are overweight/obese have increased contrast dose with the new protocol This is in agreement with other evidence	✓		✓	✓	
3. An audit of the referral patterns and outcomes of the supra-regional Contact Radiotherapy MDT at RLH 68% of patients were suitable for the oncologically more certain option of surgery but chose not to accept this after the informed consent process which initiated the referral for consideration of Papillon at Clatterbridge This study shows how the influence of patient choice may challenge traditional oncological decision making The Papillon sMDT could facilitate further discussions on possible treatment options to provide personalised care for these patients who otherwise would had extirpative surgery. We continue collecting the data to assess if there was any compromise to their outcomes from the non-surgical treatment pathway.	✓			✓	
4. Long term followup of GBM pts Joint audit with The Walton Centre This study contributed yet more evidence that reoperation for recurrent glioblastoma is a valid means of significantly improving overall survival without an increase in morbidity. Improved prognosis according to a greater extent of initial resection was also identified as a significant relationship, though unlike other studies at no point during a patient's care was performance score found to demonstrate such significance. . After largely reinforcing what is already known, this study perhaps most encouragingly highlights the significance of lesser understood factors in survival such as MGMT methylation. Identified here as one of the most significant variables in improving overall survival, further understanding of gene methylation may one day serve to caveat the need for reoperation in future; paving the way for new therapies entirely.	✓				

5. Characterisation of the GI toxicity in SACT therapy Endoscopy whilst not delaying treatment, should form a key part of the assessment of patients with irAE colitis as it is prognostically useful. Severity of diarrhoea, serum CRP, alcumin and haemoglobin are not. Infliximab and Vedolizumab can be used safely with good effect. In monotherapy, smoking appears to protect from irAE colitis			✓	✓	
6. Outcomes of Lung cancer patients with Fibrosis treated with SABR Result concluded SBRT for primary lung cancer appears to be as safe in patients with compromised lung function as those without	✓				
7. Outcomes of oesophageal cancer patients receiving 55Gy/20# of radical radiotherapy Our small series of patients who are unable to have chemo radiation shows that radical RT alone can result in no recurrence in 38% and a meaningful median survival of 11 months, with a trend towards better survival with smaller disease volumes	✓				
8. Neuro Oncology Clinical Nurse Specialist Service overview and future requirements for the service Our patients felt they needed most our support initially at Walton at first appointment after diagnosis with the surgeon. Our patients appreciated support during initial treatment (radiotherapy) to adjuvant chemo clinics however there were times they felt they needed to explain what the consultant had explained to them during an adjuvant clinic appointment. Overall they would all appreciate communicating face to face where possible. Comments taken on board regarding information re alternative practices not currently provided at CCC. Future Neuro team is putting a booklet together.				✓	

Table 3ciii
Improved Knowledge

	Knowledge gained (Theme)				
	Patient Outcomes	Quality of Life	Patient Safety	Patient Experience	Staff Experience
1. Seminal Vesicle Variation Audit The study concluded that there is potential for daily SV volume variability in patients receiving prostate radiotherapy, with up to 78.38% variation identified. More work is needed to determine which and how many patients this could impact on as well as to quantify the magnitude of variation and potential clinical impact. Future studies using MR data, monitoring of variables and a larger number of patients are proposed for the future.			✓		
2. Pressure Ulcer Re-Audit May 2019 Time from admission to initial waterlow assessment showed we were 92% compliant with guidelines Importance of the requirement to complete the risk assessments within 6 hours of admission reinforced	✓		✓		
3. Clinical outcome and management of patients with radiation-induced meningioma (RIM) Mean age at radiation=15 yrs. (SD=14) Indications for radiation: Leukemia (n=8) Childhood brain tumours (n=35) (medulloblastoma and pilocytic 7 each) The median latency period between radiation and diagnosis =28.5 yrs. (IQR 22–37) Total de novo meningiomas=93 Meningioma is the most common brain tumour Meningioma is a heterogenous disease	✓				
Mutli-centre collaborations are necessary to deliver personalised care					

4. Trial Use of a Patient Reported Outcome Measure (PROM) for Patients with Oesophageal Cancer receiving 15 (or more) fractions of Radiotherapy The objective of the audit was to pilot the use of EORTC QLQ-OES18 PROM tool to assist in the assessment of the impact of treatment. The pilot was unsuccessful due to being reliant on one part time member of staff. The audit conclusion stated that: It would be more satisfactory to approach patients at pre-treatment, and for those who were agreeable, issue the first PROM on day one of radiotherapy The PROM could be posted out independent of clinic dates Incorporate PROM into the telephone follow up consultation		✓	✓	
5. Febrile neutropenia rates in early breast cancer for patients receiving FEC-D (Re-audit) Further to NICE removing funding for pegfilgrastim in 2015, daily filgrastim was introduced. The objective of this audit was to compare the febrile neutropenia rate of daily filgrastim against weekly filgrastim in FEC-D. We found a significant difference in number of patients who require more courses of antibiotics in the daily filgrastim group (40% v 13%) Febrile neutropenia rates were higher with daily filgrastim (16% v 12%) More admissions and longer inpatient stays with daily filgrastim (90days v 24days) Next steps include feasibility of collating our data with data from the Christie and to link in with the UK Breast Cancer Group (UKBCG)		✓	✓	
6. Emergency Admissions for Systemic Anti-Cancer Therapy (SACT) for Small Cell Lung Cancer (SCLC) Statistical analysis was completed which proved there was no survival benefit for the emergency SACT patients. Findings have been discussed at the Lung SRG	✓			
7. _Relocation to Liverpool City Centre Information obtained regarding uncertainty and unrest amongst the staff of the hospital relocation has been passed onto relevant staff and mangers				✓
8. Assessment of clinical / radiological staging versus pathological staging along with outcomes of multimodality therapy for locally advanced oral cavity squamous cell cancer Audit findings were as follows: Clinical tumour staging is comparable to pathological tumour staging However, the clinical nodal staging is less comparable to pathological nodal staging. Pathological nodal staging provides more accurate picture of the disease	✓			
9. Out Of Hours (OOH) Mortality Audit at CCC There were a total of 51 deaths in hours, and 98 deaths OOH • 31% Weekend OOH • 35% Weekday OOH • 34% In Hours				✓

The audit has shown that 2/3 of deaths occur OOH. This information was used to support the staffing levels for the new hospital

Table 3civ Provided Assurance	Knowledge gained (Theme) Patient Outcomes	Quality of Life	Patient Safety	Patient Experience
1. Toxicity and local control outcome of high risk cervical cancer patients treated with RAPID ARC Survival had improved in the re-audit with a smaller cohort of 50 patients compared to the original audit. The late toxicity had increased from the original audit but could be the effect of smaller sample size. Gynae SRG acknowledged lack of toxicity documentation was an issue and would work together to improve.	✓	✓		
2. Clinical outcome of image guided brachytherapy in patients with locally advanced cervical cancer 136 patients treated at CCC between 2010 and 2015 72% patients had the radiotherapy D90 delivered between the aims of 75 to 96 Gy 75% patients achieved complete response 82% patients achieved 3 years progression free	✓	✓	✓	
3. Abiraterone vs Enzalutamide in chemotherapy naïve prostate cancer No significant difference in Progression Free Survival (PFS) between Abiraterone or Enzalutamide Lowest PSA across both groups was largely the same No significant conclusion for radiological response as most patients where not scanned prior to discontinuation Abiraterone had significantly lower Grade 3 toxicities causing less discontinuation than Enzalutamide.	✓	✓		
4. A retrospective review of our practice and use of Fulvestrant Used liberally in many lines – sometimes twice at CCC. Fulvestrant was well tolerated Hormone-directed treatment documentation is poor Effectiveness similar to the trial results – some patients do very well Endocrine sensitive patients also do better results showed more lines of treatment improves overall survival	✓	✓		✓
5. Advanced thymoma and thymic carcinoma project- a UK wide audit This project has highlighted the scope of NHS practice for patients presenting with thymomas and thymic carcinomas within the UK. Comparable to available data, 100 patients (30%) developed a paraneoplastic syndrome, of which myasthenia gravis (58%) was most common. Current UK practice correlates with ESMO guidance in terms of systemic therapies, although less patients received adjuvant therapy (120 patients) compared to those eligible (176 stage II & III patients).	✓			
6. Stakeholder Views of a NHS Immunotherapy Home Treatment Service High levels of patient and staff support for CiC service Staff members passionate and satisfied Patient feedback extremely positive and appreciative Treatment in the workplace also recognised for promoting normality for patients Stakeholders motivated with doing what's best for patients and demonstrating a high level of empathy with cancer patients		✓	✓	✓ ✓

7. Tivozanib as first line treatment in patients with advanced or metastatic renal cell cancer Preliminary findings from the review suggests similar clinical efficacy of Tivozanib compared to agents such as Pazopanib or Sunitinib in a real-world setting particularly among patient with favourable IMDC category however longer follow up is required to fully evaluate this. Treatment is relatively well tolerated with low incidence of severe grade toxicities and may be a good monotherapy option in patient of favourable IMDC category unsuitable for combination therapies.	✓	✓	✓	
8. Does the geometric placement of markers, for ocular tumours which require clips, affect the frequency of set-up imaging for proton beam therapy Radio-opaque tantalum clips are used as fiducial markers to provide geometric verification when treating ocular tumours with Proton Beam Therapy. Although any amount of ionising radiation has the potential to cause damage, the increased risk of 0.00023% for patients without clips visible in the collimated beam can be considered negligible. The average human living in the UK receives 2.7 mSv per year; more than 20 times the concomitant imaging dose received by a patient with no clips visible in the collimated beam - a higher radiation dose is received by an individual taking two transatlantic flights For patients with no clips visible in the collimated beam, the additional imaging dose can be considered negligible, and the benefit of delivering accurate treatment is greater than the risk therefore no changes to current practice were required	✓		✓	
9. Outcomes of Head and neck cancer patients treated with Nivolumab Survival and toxicity appears comparable or better than the Checkmate 141 trial results.	✓	✓	✓	✓
10. Lenalidomide, Ixazomib and Dexamethasone in Multiple Myeloma Lenalidomide/Dexamethasone patients were appropriately treated	✓			✓
11. Ovarian Survival Analysis update for patient diagnosed between Sept 15 to Aug 16 Sustained significant improvement in overall survival for advanced ovarian cancer compared to original 2006-2009 patient group where overall survival was 14months No significant survival difference between last 4 cohorts (24, 25, 27 and 31 months respectively) Ongoing analysis of practice and outcomes required given rapidly changing landscape of treatment	✓			✓
12. Re-Audit Management of aggressive fibromatosis The results complement known treatment options and a trend towards 'watch and wait' in the first instance. 'Watch and wait' is clearly successful from a progression free aspect whilst also a minimal intervention option for patients	✓	✓		✓
13. Radiotherapy patient information project The vast majority of patients report being very or extremely satisfied regarding satisfaction with the information received at the initial consultation, following attending the pre-treatment appointment Patient felt they were given ample opportunity to ask questions and feel they had adequate information in order to prepare for their radiotherapy				✓

2.6 Research and Innovation

Research & Innovation (R&I) at CCC has continued its trajectory of improvement and this year has gone from strength to strength once again, and is reflected in our performance metrics. R&I achieved the highest level of patients recruited into research this year, surpassing the target of 1000 patients well in advance. The focus as always is assuring that every patient contact counts, therefore giving our patients opportunity to take part in all aspects of research, be it observational and real world studies, translational studies and interventional trials enabling patient choice and access to the most novel cancer treatments and therapies.

A new Director of Research & Innovation Operations was appointed in April 2019; the role of the Clinical Director was extended and the Directorate has undergone significant changes in infrastructure strengthening management and governance arrangements to address trial set-up times and recruitment to time and target. Oversight committees within the Directorate have ensured engagement and participation of the wider trust both in the clinical and allied service sectors. The Finance Team was expanded and joined full time to R&I, providing robust fiscal support. The research operational elements of the Haemato-oncology Team have now joined the R&I Directorate enabling streamlined and proactive management of all research activities under one governance umbrella.

The research strategy has undergone a refresh with a vision and plan for CCC for the next five years. This is an ambitious project underpinned by significant Trust investment which aims to position CCC as a nationally recognised centre for cancer research. The new strategy, infrastructure and robust governance sets research fair for the mobilisation into the CCC-Liverpool to expand research as core business for the Trust and offering patient choice and confidence in accessing state of the art treatments for cancer.

Notable achievements

- 1205 participants taking part in clinical trials with 53 studies where Capacity and Capability confirmed of those 47 studies greenlighted to open to recruitment.

Table 4 shows the recruitment to research per quarter:

Quarter	Total Recruits
2019-20 Quarter 1	166
2019-20 Quarter 2	208
2019-20 Quarter 3	601
2019-20 Quarter 4	230
2019-20 TOTAL	1205

- Significant reduction in study set-up times to a median of 27 days as reported to the Department of Health (DoH) for the performance in initiating research metrics. We are now meeting this national metric and our set-up time is comparable to other large cancer centres.

Table 5 shows the submitted median times for studies to open at each quarter as validated by DoH:

Data submitted and verified by DoH (quarter)	Median number of days
Q3 18/19	198
Q4 18/19	134.5
Q1 19/20	46.5
Q2 19/20	2720
19-20 TOTAL	1205

- Achieved a number of 'First UK patient' recruited to studies where CCC has been a participating site (see table below). We are also in the top 3 sites for recruitment in many interventional studies across our portfolio shown in tables 3 and table 4.
- CCC is the first Centre globally to recruit a CNS patient to the RAGNAR study. This case is of significant interest to the study team and beyond. The patient was recruited within the 30 day target (13 days). (Principal Investigator: Professor Dan Palmer, CNS).
- We achieved a top ten place in two categories in the National Research Activity League tables. The categories were: the top ten trusts reporting the biggest increase in the number of research studies opened and the top ten trusts with the biggest increase in commercial contract research studies opened. This is a testament to the focus and development of research as a critical element within the Trust.
- New infrastructure for research and strengthening of governance arrangements, with assurance of investment for support and expansion to support research to service departments.
- Expansion of the nursing and support teams with investment to support the recruitment of more Research Practitioners and Data Managers to assure high quality delivery of clinical trials. The Liverpool Experimental Cancer Medicine Centre (ECMC) Team of which CCC is the NHS Partner has been expanded with support for the renewal bid in place to deliver more early phase trials.
- The Clatterbridge Cancer Charity funding call for research was re-invigorated this year resulting in £249,872 monies funding 10 research projects led by CCC staff across a range of specialisms. This is critical funding for patient benefit and will support the aim of increasing research throughout the Trust.
- Expansion of the Quality and Improvement programme with increased audits and positive improvement culture of lessons learnt and applied.
- Implementations of Site Reference Groups Research Leads; this embeds research as part of patient choice and core business at CCC. The Leads will horizon scan and work to expand and develop the research portfolio across all disease groups and be an advocate for the consolidation of research across the Trust.
- CCC has continued to be a lead Trust in the development of the Liverpool Health Partners SPARK office (Single Point of Access for Research and Knowledge). CCC staff have developed the governance and business intelligence activity reporting based on the CCC configuration for which CCC is a national exemplar. This has underpinned and enabled the implementation of SPARK at pace.
- R&I is committed to enhancing the visibility and accessibility of research to our patients and staff. International Clinical Trials Day was celebrated across the Trusts with events at CCC Wirral and at Aintree. R&I hosted a successful and well-received Patient and Public Involvement and Engagement events which was recognised across the North West Coast Clinical Research Network Strategy meeting. This will be expanded with and embedded further.
- CCC is committed to partnership with key stakeholders in the City Region building closer links with the University of Liverpool through the Clinical Academics leading research trials and basic science initiatives. CCC is a primary stakeholder in the new Liverpool Cancer Research Institute and the Liverpool Head and Neck Cancer Centre. We also strengthened links with Liverpool John Moores University hosting a research workshop for partnering and collaboration.
- The CCC Biobank continues to expand with the highest levels of recruitment of participants donating samples for high quality future research.

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- The CCC Biobank continues to expand with the highest levels of recruitment of participants donating samples for high quality future research.
- Staff have presented novel research at CCC and national and international conferences enhancing and promoting CCC research across all areas.
- Four staff and areas of CCC research were finalists in the NWC CRN awards in the following categories:
    - o Researcher of the Year, Dr Joe Sacco and Dr Anna Olsson-Brown
    - o Research Rising Star of the Year, Dr Rachel Brooker
    - o Patient Safety Innovation, Dr Amit Patel
- We continue to support CCC-led research where CCC acts as Sponsor, opening a key strategic hepatobiliary clinical trial that is not only national but will be opened internationally.

Table 6: Trials where CCC is the first national recruiter

Project Acronyn	Project Full Title	Principal Investigator	Disease Group
MO40653 IMREAL	A Non-Interventional, Multicenter, Multiple Cohort Study Investigating The Outcomes And Safety Of Atezolizumab Under Real-World Conditions In Patients Treated In Routine Clinical Practice	Syndikus, Dr Isabel	A Select Disease Group Type
BEIGENE AME – BGB—290-106	A Phase 1 Study to Investigate the Absorption, Metabolism, and Excretion of [14C] Pamiparib following Single Oral Dose Administration in Patients with Advanced and/or Metastatic Solid Tumors	Palmer, Prof Daniel	Upper GI
P2D	Digital Support for Living With and Beyond Gynaecological Cancer	Appleton, Lynda	Gynaecological
PROACT	PROACT communication: Patient Reported Opinions About Clinical Tolerability Empowering patients participating in early oncology studies and providing a way for them to directly contribute to drug development on their own terms.	Palmer, Prof Daniel	Other
BGB-290-303	A Phase 3, Double-blind, Randomised Study of BGB-290 versus Placebo as Maintenance Therapy in Patients with Inoperable Locally Advanced or Metastatic Gastric Cancer that Responded to Platinum-based First-line Chemotherapy.	Madi , Dr Ayman	Upper GI
JCAR017 Real-World Study	A Non-Interventional, Retrospective, Multi-Center Study To Generate Real-World Evidence Of Treatment Outcomes In Subjects With Relapsed/Refractory Aggressive B-Cell Non-Hodgkin Lymphoma	Kalakonda, Prof Nagesh	Haematological
NUTIDE 121	A Phase III Open-Label, Multi-Centre, Randomised Study Comparing NUC-1031 plus Cisplatin to Gemcitabine plus Cisplatin in Patients with Previously Untreated Locally Advanced or Metastatic Biliary Tract Cancer	Palmer, Prof Daniel	Upper GI
LECMC Biomarker Discovery Programme	Liverpool Experimental Cancer Medicine Centre (LECMC) Biomarker Discovery Programme and Prospective Sample Collection	Palmer, Prof Daniel	A Select Disease Group Type
CAcTUS	A parallel arm, biomarker driven, phase II feasibility trial to determine the role of circulating tumour DNA in guiding a switch between targeted therapy and immune therapy in patients with advanced cutaneous melanoma	Chow, Dr Shien	Melanoma
CA209-8KX	Phase I/II pharmacokinetic multi-tumor study of subcutaneous formulation of nivolumab monotherapy	Palmer, Prof Daniel	A Select Disease Group Type

Table 7: Trials where CCC is the highest national recruiter

Project Acronyn	Project Full Title	Principal Investigator	Disease Group
HYST	Hypersensitivity Study: A Mechanistic Investigation into Drug and Chemical Induced Hypersensitivity Reactions	Lord , Dr Rosie	Different cohorts
rEECur	International randomised controlled trial of chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma	Ali, Dr Nasim	Sarcoma
PATHOS	A Phase II/III trial of risk-stratified, reduced intensity adjuvant treatment in patients undergoing transoral surgery for Human papillomavirus (HPV)-positive oropharyngeal cancer	Shenoy, Dr Aditya	Head & Neck
ACELARATE	A phase III, open label, multicentre randomised clinical study comparing Acelarin (NUC-1031) with Gemcitabine in patients with metastatic pancreatic carcinoma (ACELARATE: Acelarin first line randomised pancreatic study)	Palmer, Prof Daniel	Upper GI
ABC-07	Addition of stereotactic body radiotherapy to systemic chemotherapy in locally advanced biliary tract cancers	Sripadam, Dr Rajaram	Upper GI
OUTREACH	A First-in-Human, multi-centre, open-label, Phase 1 clinical study with RNA oligonucleotide drug MTL-CEBPA to investigate its safety and tolerability in patients with advanced liver cancer (OUTREACH)	Palmer, Prof Daniel	Upper GI

RDSI	A randomised controlled trial to determine the clinical and cost effectiveness of the Respiratory Distress Symptom Intervention for people with lung cancer	Escriu, Dr Carlos	Lung
COMICE	A randomized double blind placebo controlled Phase II clinical trial of Cediranib and Olaparib maintenance in advanced recurrent Cervical Cancer.	Lord , Dr Rosie	Gynaecological
OPERA	European phase III study comparing, in association with neoadjuvant chemoradiotherapy, a radiation dose escalation using 2 different approaches: External Beam Radiation Therapy versus endocavitary Radiation Therapy with Contact XRay Brachytherapy 50 kV for patients with rectal adenocarcinoma cT2-T3 a,b < 5cm in diameter in distal and middle rectum	Myint, Dr Sun	Colorectal
PRISM	A randomised phase II trial of nivolumab in combination with alternatively scheduled ipilimumab in first-line treatment of patients with advanced or metastatic renal cell carcinoma	Griffiths , Dr Richard	Renal
PIVOTAL-boost	A phase III randomised controlled trial of prostate and pelvis versus prostate alone radiotherapy with or without prostate boost	Syndikus, Dr Isabel	Prostate
CYTOFLOC	Evaluation of a Non-Endoscopic Immunocytological Device (Cytosponge) for post chemo-radiotherapy surveillance in patients with oesophageal cancer – a feasibility study	Sripadam, Dr Rajaram	Upper GI
ONCORE	Oncological Outcomes after Clinical Complete Response in Patients with Rectal Cancer	Sripadam, Dr Rajaram	Other
Show Respect	Show RESults to Participants Engaged in Clinical Trials	Lord , Dr Rosie	Gynaecological
Real World study of EPR and HCRU	Observational, retrospective real-world evidence study of adult advanced non-small cell lung cancer patients treated with first-line therapy to determine treatment pathways, survival outcomes and healthcare resource utilisation in routine clinical practice in the UK	Escriu, Dr Carlos	Lung
MO40653 IMREAL	A Non-Interventional, Multicenter, Multiple Cohort Study Investigating The Outcomes And Safety Of Atezolizumab Under Real-World Conditions In Patients Treated In Routine Clinical Practice	Syndikus, Dr Isabel	A Select Disease Group Type

This year we can reflect on increased performance outputs at pace. R&I has implemented key initiatives and an ambitious programme of research underpinned by robust governance and infrastructure. We look forward to continuing to build on our achievements through the refreshed research strategy to assure we offer our patients the best in therapies for positive outcomes.

2.7 CQUINS

A proportion of The Clatterbridge Cancer Centre NHS Foundation Trust's income (2019/20) was conditional on achieving quality improvement and innovation goals agreed between The Clatterbridge Cancer Centre NHS Foundation Trust and its commissioners, through the Commissioning for Quality and Innovation payment framework. However with the coronavirus pandemic it was nationally agreed that Commissioners and Trusts should take a pragmatic approach to agreement of the final payment amounts for the 2019/20 CQUIN scheme, and this should be on the basis of all currently available data. As a trust we submitted the full year CQUINs data for 5 schemes:

- Staff flu vaccinations
- Alcohol and Tobacco, screening and brief advice
- Three high impact interventions to prevent hospital falls
- Redesign of out-patient pathways
- Self-care, supported by digital technology

All required actions were achieved in all schemes, for the exception of one (falls), where the action was not achieved during quarter three but recovered to be in place and compliant by quarter four. CQUIN measures received the full payment for 2019/20, £970k.

2.8 Data Quality

Information on the quality of data

The Clatterbridge Cancer Centre NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS Number was: 99.8% for admitted patient care and 99.9% for outpatient care. The Trust does not provide accident and emergency care.
- Which included the patient's valid General Practitioner Registration Code was: 99.9% for admitted patient car and 99.5% for outpatient care. The Trust does not provide accident and emergency care.

The above figures are in line with the SUS data quality dashboard methodology:

- Where there is an NHS number this is classed as valid.
- The General Practitioner Registration Code figures include the default not known/not applicable codes as valid.
- The General Practitioner Registration Code figures class any GP Practice that was closed prior to the beginning of the financial year as invalid.

The Information Governance Assessment against all 40 mandatory standards of the new NHS Digital Data Protection and Security Toolkit for 2019/20, has been delayed until the end of September 2020 by NHS Digital/ NHSx

Data Quality Improvement Plans

Good quality information that is accurate, valid, reliable, timely, relevant and complete is vital to enable the Trust and our staff to evidence that high quality, safe and effective care is delivered.

Good quality information also supports the Trust to manage service planning, performance management and commissioning processes.

The Trust has a Data Quality Policy in place which outlines expected standards around data recording. The Trust has an active Data Management Group which is chaired by the Director of Finance and meets monthly with a clear focus on Data Quality and Business Intelligence. The Trust has in 19/20 implemented a new Business Intelligence team with a robust plan in place to improve access to information. This will include the building of data quality dashboards to support timely and accurate entering of data.
The importance of Data Quality is highlighted in Electronic Patient Record (EPR) System training along with the importance of Good Record Keeping.

2.9 Implementation of the Clinical Standards for Seven Day Hospital

The Trust has made significant progress in the Implementation of the Priority Clinical Standards for Seven Day services.

The Consultant of the week rota is now well embedded and has enabled the Trust to meet the 14 hour target of 90% consistently across 2019/20:

Table 8 – Compliance 14 hour target

	Key Performance Indicator	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
HO	Number seen within 14hours		1	1	4	1	1	3	3	3	6	3	2	5	33
	Number of Emergency admissions		2	1	5	1	1	3	4	3	6	3	2	5	36
	Percentage of patients admitted as an emergency by A&E or directly from the community, who have a documented assessment by a consultant, within 14 hrs of arrival at hospital.	90%	50.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%
Wirral	Number seen within 14hours		84	86	75	80	74	91	86	86	105	89	77	89	1022
	Number of Emergency admissions		89	88	77	80	75	92	86	86	106	90	78	91	1038
	Percentage of patients admitted as an emergency by A&E or directly from the community, who have a documented assessment by a consultant, within 14 hrs of arrival at hospital.	90%	94.4%	97.7%	97.4%	100.0%	98.7%	98.9%	100.0%	100.0%	99.1%	98.9%	98.7%	97.8%	98.5%
CCC Total	Number seen within 14hours		85	87	79	81	75	94	89	89	111	92	79	94	1055
	Number of Emergency admissions		91	89	82	81	76	95	90	89	112	93	80	96	1074
	Percentage of patients admitted as an emergency by A&E or directly from the community, who have a documented assessment by a consultant, within 14 hrs of arrival at hospital.	90%	93.4%	97.8%	96.3%	100.0%	98.7%	98.9%	98.9%	100.0%	99.1%	98.9%	98.8%	97.9%	98.2%

We are also consistently compliant in the delivery of the following standards;

Standard 1- Information gathered via our FFT, In Patient surveys and the patient experience group indicate we are compliant with this measure.

Standard 3 - All emergency admissions are assessed for complex and/or on-going needs via the MDT ward round, as per the Transfer and Discharge policy. All ward rounds are led by a consultant. The input of the flow team into the Board rounds has made it more robust and complex discharges can be picked up early within 24 hours of admission.

Standard 4 - Handovers occur at 9am and 4pm daily in a designated location, handover is led by a Consultant and attended by all the junior doctors, consultants on call x2, registrar on call, spinal cord compression coordinator, ward managers, palliative care nurse, critical care outreach nurse, physician associates, a representative from medical staffing and the AHP Patient Safety Leads. All clinical data is recorded on an Electronic Patient Record system.

Standard 7 - Urgent psychiatric and psychological support is available from the Psychological Medicine team within CCC for solid tumour in patients in both CCC-W and CCC-L . There is an SLA with Mersey Care which supports after hours for any emergencies. A business case is underway to extend the SLA to support haematooncology patients on transfer to CCCL in autumn 2020.

Standard 9 – During 2019/20 the Trust introduced a designated Discharge Coordinator and Patient Flow Team. This Team proactively identify patients that may require additional support within the community following discharge and coordinate individual care packages for this patient group. Since this team has been in post, the Trust has been fully compliant with standard 9.

Standard 10 - The Trust Integrated Performance report is shared with the Board monthly; this includes performance data relating to quality improvement and patient outcomes. The management and supervision of junior trainees is delivered by an identified education lead for each professional group, this includes Practice Education Facilitators, Medical Education Team, Radiographer Lead and the Head of Physics.

2.10 Rota gaps and the plan for improvement to reduce these gaps re: doctors and dentists in training

The Clatterbridge Cancer Centre NHS Foundation Trust does not facilitate Dentists in training, but does provide training to Specialist Registrars and Junior Doctors who are assigned by the Lead Employer, St Helen's & Knowsley Teaching Hospital NHS Trust. The funded establishment for the training posts at The Clatterbridge Cancer Centre NHS Foundation Trust are as follows:

Speciality	Number	Type of post	Number of posts funded by Trust
Specialist Registrars (ST3+)			
Clinical Oncology	9	Training post	1
Medical Oncology	9	Training post	1

Type of Trainee	Number of Whole time equivalent	Lead Employer
Junior Doctors		
Foundation Year 2 (FY2)	0	Wirral University Teaching Hospital NHS Foundation Trust
Core Medical Trainees (CMT's)	7	St Helen's & Knowsley Teaching Hospital NHS Trust
GP Specialist Trainees (GPST)	3	St Helen's & Knowsley Teaching Hospital NHS Trust

Rotations for FY2 and CMT run for 4 months in Aug-Dec; Dec-Apr; Apr- Aug.

Foundation Year 2 – Rotate to the Trust every 4 months as per above. However, we currently have no FY2 trainees rotating into the Trust in August 2020.

Core Medical Trainees – Rotate to the Trust in August for 6 months and leave in February 2021, to continue their training.

GP Specialist Trainees – Rotate to the Trust in August for 6 months and leave in February 2021, to continue their training.

Specialist Registrars – ST3s rotate in to the Trust every August and remain for the full training programme until they qualify as a Consultant (Run through training).

For 2019/20, the Trust was allocated 22 Specialist Registrars, with 2 trainees being out of programme and 3 of which were on maternity leave. Therefore, the rota that was established was based on a head count of 17 and any identified gaps were covered internally or by the trainees who were Out Of Programme.

The Junior Doctor funded establishment for 2019/20, was 10 wte. The rotation consisted of 9.6 wte allocated by the Lead Employer, there was a training gap of 0.4 wte,

2.10.1 Planning for the Future:

The Trust is currently recruiting 3 Senior Clinical Fellows to join the rota, in September 2020.

The Junior Doctor's rota is currently 1:11 and will increase once the Trust has recruited 4 x Junior Clinical Fellows in August 2020.

2.11 Learning from Deaths

2.11.1 In-patient Deaths

During 2019/20 112 patients died as an inpatient at The Clatterbridge Cancer Centre NHSFT, 86 patients died at CCC Wirral & 26 patients died at CCC HO Liverpool. This comprised the following number of deaths which occurred in each quarter of that reporting period: 30 in the first quarter; 27 in the second quarter; 30 in the third quarter; 25 in the fourth quarter.

Table 9 – Deaths by quarter 2019/2020:

2019-2020	No. of Inpatient Deaths
Q1	30
Q2	27
Q3	30
Q4	25
Total	112

As of 26th June 2020, 101 case reviews have completed phase I*, out of which 92 were further investigated at phase II** and 37 were further selected for discussion at phase III*** the Trusts formal Mortality Review Meeting.

* Consultant case record review of own case
** Multi-disciplinary case selection panel
*** Trust – wide formal multi-disciplinary mortality & learning from deaths review meetings)

11 cases require phase I review and will be completed during 2020-21.
20 cases require phase II review and will be completed during 2020-21.

Out of the 37 cases discussed at the formal mortality review meeting, the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 2 in the first quarter 2019-2020;
- 8 in the second quarter 2019-2020;
- 4 in the third quarter 2019-2020;
- 10 in the fourth quarter 2019-2020;
- 11 in the first quarter 2020-2021

8 cases awaiting phase III review will be discussed during Q2 2020-21.

100 out of 112 cases (89%) had a Structured Judgement Review (SJR) completed, of which 1 was score 4 - deemed to have had a possibly avoidable but not very likely (less than 50:50) , 2 were score 5 - deemed to have had a slight evidence of avoidability and 97 were scored 6 i.e. definitely not avoidable.

12 (11%) cases require a SJR which will be completed during Q2 2020-21 to ensure 100% completion of SJR for all inpatient deaths.

Table 10 - Estimated Death more likely than not to have been due to problems in care provided

	QTR 1	QTR 2	QTR 3	QTR 4	Total
Total No. of SJR	27	25	19	1	72
Definitely Avoidable (1)	0	0	0	0	0
Strong Evidence of Avoidability (2)	0	0	0	0	0
Probably avoidable (more than 30:30) (3)	0	0	0	0	0
Possibly avoidable but not very likely (less than 50:50) (4)				1	1
Slight evidence of avoidability (5)		1	1		2
Definitely not avoidable (6)	28	26	26	17	97
% patient deaths are judged more likely to have been due to problem in care provided	0%	0%	0%	0%	0%

2.11.2 Outpatient Deaths

In addition to reviewing all inpatient deaths, The Clatterbridge Cancer Centre NHSFT is also committed to reviewing outpatient deaths for patients within our care who meet the mortality review criteria; deaths within 30 days of chemotherapy or radiotherapy treatment, and within 90 days of radical radiotherapy treatment. Radiotherapy for spinal cord compression and bone metastases cases do not require review, on the condition that the dose and fractionation given was as per Trust protocol. Therefore the corresponding figures for the outpatient deaths during the period are as follows;

During April 2019–March 2020, 573 of The Clatterbridge Cancer Centre NHSFT out patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period: 150 in the first quarter; 133 in the second quarter; 155 in the third quarter; 75 in the fourth quarter*.

Table 11 – Outpatient deaths by quarter 2019/2020

2019-2020	No. of Outpatient Deaths
Q1	150
Q2	133
Q3	155
Q4	135
Total	573

Of the 573 deaths, 446 cases required a review following the above aforementioned criteria. By 29th June 2020 381 case reviews have completed phase I, out of which 311 were further investigated at phase II and 48 were further selected for discussion at phase III the Trusts formal Mortality Review Meeting out of which 25 were discussed during the period.

Table 12 – Outpatients reviewed 2019/2020

2019-2020	No. of Outpatient Deaths Reviewed
Q1	150
Q2	133
Q3	155
Q4	135
Total	573

65 cases require phase I review and will be completed during 2020-21.

135 cases require phase II review and will be completed during 2020-21.

23 cases awaiting phase III review will be discussed during 2020-21.

Out of the 25 cases discussed at the formal mortality review meeting, the number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 1 in the first quarter;
- 4 in the second quarter;
- 12 in the third quarter;
- 8 in the fourth quarter.

Table 12 – Outpatients reviewed 2019/2020

ID No.	Background	Actions Taken	CCC Lessons Learned	Action Closed Quarter
MRM34	Patient had off protocol treatment and no peer discussion was documented in Meditech.	Following this discussion a message was cascaded via the site reference group (SRG) secretary to all SRG chairs for "Any off protocol treatment to be discussed within the peer group/with the clinical director and discussions documented within Meditech".	That having open discussions within the peer group/with the clinical director strengthens clinical decision making in cases were off protocol treatment is considered to establish appropriateness of plan of care. Documentation of these discussions in the electronic patient record against the patient record aid in discussions at Mortality Review and audit trail.	QTR1

MRM32	Patient's deterioration was likely due to immunotherapy treatment that exacerbated existing comorbidities.	The group asked the Lung site reference group to review the consent process for Pembrolizumab in light of quarterly 30 day chemotherapy mortality data.	It is important for site reference groups to review their consent processes in the context of 30 day mortality for high risk regimes.	QTR1
MRM37	Patient was discharged from CDU, the next morning they were admitted to AED resus at a DGH. Future plans for all patients who attend CDU to have a Consultant review is being considered but would require formal agreement by the Medical Advisory Group. From August 2019 a ward based SpR as well as the on-call SpR is available.	Group asked Clinical Director to investigate. Clinical Director stated that a ward based SpR as well as the on-call SpR will be available from August 2019 to undertake a specialist clinician review.	A cohort of patients within CDU will require a specialist clinician review, from August 2019 a ward based SpR as well as the on-call SpR will be available. CDU is encouraged to refer complex cases for senior review.	QTR1
MRM38	Physicians Associate (PA) e-mailed treating consultant at 5pm informing them of their patient's attendance to CDU, the treating consultant replied to the e-mail asking for the patient to be admitted to CCC; however this e-mail was not read by the PA until their return to work the following day, by which time the patient had already been discharged home. The group discussed reliance on email system for communicating important clinical matters being an issue and further support was offered to junior members of the team regarding this.	Communicated the risk of reliance on email for communicating important clinical matters to treating teams. The Clinical Director met with the teams involved in this case to provide support.	Highlighted that risk of reliance on email for communicating important clinical matters and highlighted that the telephone or face to face is recommended.	QTR1

MRM39	Patient had been coning and the group stated that this can be difficult to diagnose and that junior members of staff need support/education recognising this.	The group asked that neurological deterioration be included in future training programmes.	Neurological deterioration now included in the physicians associates training programme.	QTR1
MRM46	Patient died after cycle 1 of adjuvant treatment with Capecitabine, the Mortality lead queried whether adjuvant deaths in this setting were out of the ordinary.	The group asked for the Trust statistician to investigate quarterly data for adjuvant SACT (Liver+HPB) deaths that have occurred in the last 12 months	Quarterly statistical reports are undertaken by the Trust statistician and are available to view. In this case 102 patients were treated radically with this regime, in this setting 3/102 (2.9%) died in 30 days	QTR2
MRM47	A patient died after cycle 1 of Gemcitabine + Capecitabine.	The mortality chair asked for a review of the mortality statistics for adjuvant deaths in this cohort of patients to ascertain the percentage of patients who died within 30 days of adjuvant SACT (pancreatic).	Quarterly statistical reports are undertaken by the Trust statistician and are available to view. In this case 55 patients were treated radically with this regime, in this setting 2/55 (3.6%) die in 30 days	QTR2
MRM48	Patient had severe abdominal pains, had stopped eating but had been checking her temperature and the reading was normal. It transpires that the thermometer the patient was using was in 'setup mode'. The patients temperature was checked using a different thermometer and she was found to be afebrile and taken to A&E.	The group asked for the matrons to discuss the practice of asking the patients to bring their thermometers to pre-assessment.	At the pre-assessment visit CCC check that patients have a thermometer and are aware of how to use it, this has been common practice for many years at CCC. Increased assurance has been provided to treating consultants.	QTR2

MRM55	Patient was admitted to Critical Care in Aintree with probable PICC line associated infective endocarditits and extensive destruction of mitral valve. Subsequently, despite treatment the patient developed multi-organ failure. Mortality Review meeting concluded that there were no concerns in terms of oncological management and insertion of the PICC line at CCC, this was undertaken in line with local guidelines and protocols. The PICC line however was the likely cause of endocarditis in this case.	The MRM asked that the findings of this case be circulated via team meetings and the clinical intervention team. The team also completed a yellow card.	To remind staff that when instrumentation is involved or when a PICC line is in situ to be aware of the risk of developing endocarditis.	QTR3
MRM21	A sub-optimal dose of Dexamethasone was prescribed for a patient's in a palliative care emergency setting, this did not however contribute to the patient's death.	The MRM asked that the Palliative Care consultant deliver additional training to junior doctors in palliative care emergencies. Additional training has been delivered by the Palliative care consultant.	Increased and frequent education is essential to ensure junior doctors are confident and capable in dealing with palliative care emergencies	QTR4
MRM 23	A sub-optimal dose of Dexamethasone was prescribed for a patient in a palliative care emergency setting, this did not however contribute to the patient's death.	The group asked that a 3 day dexamethasone review be introduced and Dexamethasone guidelines be devised. A new guideline on use of Corticosteroids in the management of Airway Oedema has now been devised, approved at the Drugs and Therapeutics Committee, uploaded to the Extranet and circulated to all treating teams.	Sharing of guidelines enables a safe and consistent approach to patient care	QTR4

MRM54	A treating consultant met with a patient and their family on the ward, explaining that the patient was very unwell and that they may deteriorate over the coming weeks. A DNRCPR was put in place and a plan for palliative care review. Later a MET call was put out for the patient. Concern was raised in the notes that the patient was unable to swallow bisoprolol and a plan was made to transfer them to Arrowe Park Hospital for treatment of fast atrial fibrillation and sepsis. The group agreed that when a ceiling of care decision had been made this should be clearly recorded within Meditech and communicated to the medical team/nursing staff.	MRM asked that the ward managers be made aware of this case and to ensure that if patients are under consideration to be transferred out, that this decision requires senior input and clear documentation by medical staff in attendance.	If patients are under consideration to be transferred out, that this decision will require senior input and clear documentation by medical staff in attendance.	QTR4
MRM 57	A patient's family contacted the CCC triage line stating that their relative had shortness of breath. The Triage line advised the patient to attend CCC for bloods and review. On arrival at CCC the patient suffered a cardiac arrest, CPR was attempted at the scene but was unsuccessful. The patient had no history of heart disease. The group queried whether this was the best advice to give the patient instead of advising to attend an acute Trust.	The MRM asked the Clinical Governance Manager for Integrated Care to review the admissions policy to ensure that it is explicit regarding admittance for patients in need of urgent specialist medical or surgical assessments. The Clinical Governance manager for integrated care forwarded an excerpt from the CCC admissions policy which clearly stated that patients in need of urgent specialist medical or surgical assessments should be admitted to a general hospital for immediate care.	CCC have an admissions policy to support our decision making when directing patients whether to attend CCC or their local acute Trust.	QTR4

MRM58	A patient's family contacted the CCC triage line stating that their relative had shortness of breath. The Triage line advised the patient to attend CCC for bloods and review. On arrival at CCC the patient suffered a cardiac arrest, CPR was attempted at the scene but was unsuccessful. The patient had no history of heart disease. The group queried whether this was the best advice to give the patient instead of advising to attend an acute Trust.	The group asked that the CCC triage department complete a review of this case in light of the advice given. The triage manager reported back to the meeting that when using the UKONS tool the patient should have been advised to ring 999 and that the CCC triage log had been amended in Meditech to support future audits looking into advice given. UKONS training is also mandated every 2 years.	All patients contacting Triage should be assessed utilising UKONs and advised to attend A&E if appropriate.	QTR4
MRM67	A patient being treated with the chemotherapy regime EOX developed a rare skin lupus, this however did not contribute to the patient's death. The treating clinician fed back the details of the case to both the MRM and the Upper GI SRG meeting as a valuable learning point.	The MRM asked that a yellow card be completed.	That this particular drug can potentially cause Lupus and it is important to flag all of these side effects via the yellow card scheme.	QTR4
MRM68	A patient who was performance status 4 was transferred to CCC via ambulance from a hospice to have treatment and was given go ahead for SACT. Nurses did follow protocol and contacted a Consultant prior to treatment commencement.	The MRM asked the Palliative care consultant to send a memoradum to hospice colleagues requesting that they contact the CCC triage line if they have patients due to come for chemotherapy or immunotherapy and their performance status is 3-4, to discuss whether the patient should come for treatment.	Hospices have variable approaches to contacting Oncologists regarding fitness for treatment, a new process has been devised to standardise and prevent patients coming to harm.	QTR4

2.12 Learning from Serious Untoward Incident Investigations

During 2019/20 the Trust declared 3 serious untoward incidents (SUI), all of which were reported to STEIS

Table 14 – overview SUI's 2019/2020

Incident	Learning	Progress with action plan
Patient was administered a prolonged dose of IV hydrocortisone resulting in deranged electrolytes and hypotension.	More efficient medication reviews are required for inpatients. Further education and awareness of steroid use is required and training and education sessions are required by all members of the MDT. Improved documentation and communication is required. This includes documentation on Meditech and an introduction of an electronic medical handover for improved communication between medical staff.	Of the 15 actions arising from this investigation, 14 have been completed with the final action due to be completed in September 2020.
A patient on a clinical trial had been prescribed and administered with twice the daily dose of steroids recommended by the protocol. As a result the patient developed steroid induced psychosis and behavioural disturbance.	The paper prescription template for this part of the trial is ambiguous. The trial process as a whole is disjointed, with prescriptions for parenteral, oral and supportive therapies being checked/dispensed at different locations. Gaps in LUFT Pharmacy in relation to recording and escalation of near misses within LUFT	Of the 12 actions arising from this investigation, 6 have been completed with 6 more complex actions still in progress.
A patient was not supplied with required Filgrastim injections on discharge and was admitted to another Trust acutely unwell 10 days later.	Importance of staff utilising the 'TTO Review' function on Meditech. The current dual process of having a paper document in the patient's drug locker is not robust. One single process should be introduced and staff trained in its use. It must not be assumed that ward staff understand pharmacy terminology	Of the 3 actions arising from this investigation, 2 have been completed. The third action is more complex to achieve and is due for completion in 2021.

During 2019/20 the process for incident review has been significantly strengthened with the introduction of the daily incident call and the learning from Incident Review Group(LIRG) panel. The LIRG panel is held monthly and is chaired by the Trust Patient Safety Lead. The panel itself consists of the Patient Safety Lead, the Associate Director for Improvement and the Head of Risk and Compliance. In attendance at the meetings are representatives from IT, Pharmacy and all clinical directorates in order to ensure robust discussion and appropriate challenge to the proposed reports and action plans.

Following discussion at the meeting, the LIRG panel will determine if a Serious Incident is to be declared and a full investigation commissioned. The progress of the investigation is reported through the LIRG panel with the final document being approved prior to submission to the CCG. . All actions arising from an investigation are monitored until completion through the directorate/department Quality and Safety meetings. Once completed, a summary of the incident and the lessons learned are shared in the Trust wide Lessons Learned Bulletin. If there is an immediate action required a Lessons Learned Newsflash is sent out through the Communications team to all CCC staff Moving forward into 2020/21 the final investigation reports will be reviewed and ratified at the monthly Integrated Governance Committee, with a summary report being shared through the Quality Committee, a sub group to Board. Action plans will be monitored through the directorate monthly performance meetings.

2.13 Raising a Concern

The Trust Board is committed to listening to our staff, learning lessons and improving patient care and supporting an open and honest culture where staff feel comfortable and safe to speak up.

We actively encourage staff to raise concerns through their line management structure but we recognise that staff will not always want to use this route.

There are a number of ways in which staff here at The Clatterbridge Cancer Centre can raise concerns they have around patient safety. Staff can raise concerns in confidence with any of the people listed below in person, by phone or in writing (including email).

- Directorate, Departmental and Line Manager
- The Workforce and Organisational Development Team (WOD)
- Freedom to Speak Up Guardians
- Trade Union Representatives or Professional Organisations (TU)
- Health & Safety Team
- Local Security Management Specialist
- Occupational Health Team
- Safeguarding Team
- Chaplaincy

The Trust has a Lead Freedom to Speak Up Guardian who is supported by three Local Guardians whose contact details are widely publicised on posters and screen savers. A confidential email address for staff is available which can only be accessed by the FTSU Guardians.

The Trust has a Freedom to Speak Up: Raising Concerns in the Workplace Policy which supports staff who wish to raise a concern around patient safety. The Policy is clear that those who raise concerns are protected from detriment or suffering any form of reprisal as a result of raising a concern, and anyone responsible for such detriment will be subject to disciplinary action.

During 2019/2020, a total of 21 contacts were made via the Freedom to Speak Up Guardians, all of which reached resolution for the individuals concerned.

Activity is reported on an anonymous basis to the Quality Committee and Trust Board. During 2020/2021 the Trust will be encouraging more staff to sign up as Freedom to Speak Up Champions and will carry out a refreshed programme of work to further raise the profile of the importance of speaking up.

2.14 Reporting Against Core Indicators

See web link to NHS Digital where this data is provided

https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts

In July 2017 the Trust took over the management of the haemato-oncology service from the Royal Liverpool and Broadgreen NHS Trust. Where the information below contains data after this period it will include the haemato-oncology patients and staff which impacts on the ability to compare with previous year's performance. Commentary provided on all relevant domains to the Trust as below.

Table 15 - Domain 4: Ensuring that people have a positive experience of care – responsiveness to inpatients' personal needs.

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
2018/19	79.2	67.2	58.9	85.0
2017/18	83.7	68.6	60.5	85.0
2016/17	84.9	68.1	60.0	85.2
2015/16	86.3	77.2	70.6	88.0
2014/15	85.9	76.6	67.4	88.2

Data source: NHS Digital

National figures have not been published due to the coronavirus pandemic

Over 2018/19 Trust performance dropped compared to performance in 2017/18 but remained higher than the national average.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Developing an action plan to address any issues identified in the patient survey results
- Continual monitoring of our internal real time survey results and the Friends and Family results
- Development of the Patient Engagement and Inclusion Group (PEIG). The PEIG is the overarching trust group for patient experience where any new developments/ideas/progress on strategy delivery/challenges and audits are reviewed, monitored and delivered.
- The PEIG provide updates/escalation and assurance to the trust Integrated Governance Committee (IGC) and then up to Board via the committee structure, ensuring ward to board visibility and oversight.

Table 16 - Domain 4: Ensuring that people have a positive experience of care:

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree or strongly agree).

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
2019	88%	70%	35%	95%
2018	90%	89%	77%	94%
2017	93%	89%	79%	93%
2016	92%	89%	76%	93%
2015	91%	89%	82%	93%

Data source: NHS Digital Comparator group: Acute Specialist organisations

Over 2019 Trust performance has dropped slightly compared to performance in 2018 but remains significantly higher than the national average.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Continual monitoring of our internal quality indicators
- Ensuring staff views are heard directly by the Board through Patient Safety and Quality Leadership Walk Rounds
- The data source is governed by a standard national definition and results are reported from a statistical data set on the Health and Social Care website.
- Developing an action plan to address any issues identified in the staff survey results.

Table 17 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
Q4 19/20	93.76%	Not yet available	Not yet available	Not yet available
Q3 19/20	94.77%	95.25%	71.58%	100%
Q2 19/20	99.00%	95.40%	71.72%	100%
Q1 19/20	96.83%	95.56%	69.76%	100%
Q4 18/19	96.05%	95.67%	74.03%	100%
Q3 18/19	92.96%	95.37%	54.86%	100%
Q2 18/19	94.86%	95.37%	68.67%	100%
Q1 18/19	92.39%	95.42%	75.84%	100%
Q4 17/18	80.96%	94.87%	67.04%	100%
Q3 17/18	94.14%	95.25%	76.08%	100%
Q2 17/18	96.36%	95.19%	71.88%	100%
Q1 17/18	97.25%	95.09%	51.38%	100%
Q4 16/17	97.10%	95.54%	63.02%	100%
Q3 16/17	90.67%	95.7%	76.48%	100%
Q2 16/17	96.64%	95.65%	72.14%	100%
Q1 16/17	98.33%	96.01%	80.61%	100%
Q4 15/16	96.26%	95.87%	78.06%	100%
Q3 15/16	98.1%	95.8%	61.5%	100%
Q2 15/16	98%	96.2%	75%	100%
Q1 15/16	97.8%	96.04%	86.1%	100%
Q4 14/15	99.08%	96.31%	79.23%	100%
Q3 14/15	98%	96%	81%	100%
Q2 14/15	98.1%	96%	86.4%	100%
Q1 14/15	98.2%	96%	87.2%	100%

Data source: NHS Digital

National figures have not been published due to the coronavirus pandemic.

During 2019/20 the Trust has shown a significant improvement on previous year's data. In fact, in Q4 of 2018/19, and during Q1 and 2 of 2019/20 the Trust scored higher than the national average.

In 2019/20 the Trust refreshed and improved the VTE assessment tool in Meditech and completed training for the medical staff. Unfortunately there was a dip in compliance in Q3 and again in Q4 and this will be addressed by the actions stated below.

Overall for the year 2019/20 the Trust was however 97% compliant for VTE assessment completed against a target of 95%.

The Clatterbridge Cancer Centre NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Ongoing clinical audit including management of the whole VTE pathway
- Daily review of compliance with all clinical risk assessments
- VTE is now a standard agenda item in the monthly Harms Panel meeting the outcome of which is monitored through the Integrated Governance Committee.

Table 18 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

The rate per 100,000 bed days of cases of Clostridium Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
April 2019 to March 2020	47.25	Data not available	Data not available	Data not available
April 2018 to March 2019	46.5	22.1	0	168.0
April 2017 to March 2018	78.6	38.3	0	157.5
April 2016 to March 2017	39.9	35.9	0	147.5
April 2015 to March 2016	30.5	40.1	0	111.1
April 2014 to March 2015	6.1	15.1	0	62.2
April 2013 to March 2014	11.6	39	0	85.5

Data source: NHS Digital Comparator group: Acute Specialist (including acute specialist (children)) organisations

National figures have not been published due to the coronavirus pandemic

The Clatterbridge Cancer Centre NHS Foundation Trust is a specialist cancer Trust and therefore recognises the complexity of performance comparisons to national cases. In acknowledging that the Trust acuity levels have risen, new treatment regimens can be aggressive, and that the Trust supports haemato-oncology and immunotherapy treatments for patients, it should be noted that although there were 11 reported cases of C.Difficile during 2019/20, only 1 case was due to a `lapse in care` that was a delay in a sample being sent to the lab.

The Trust continues to take actions to improve this rate and so the quality of its services, by:

- Continuing to improve our infection control practices and case reviews of all incidences of Clostridium Difficile

Table 19 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number of patient safety incidents reported within the Trust during the reporting period (acute specialist).

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
October 19 – March 20	831	1392	366	2491
April 19 – September 19	1466	1622	387	3406
October 18 – March 19	1296	1471	311	3611
April 18 – September 18	1156	1493	262	3812
October 17 – March 18	941	1454	287	3582
April 17 – September 17	903	1448	294	2814
October 16 to March 17	771	1444	295	3872
April 16 to September 16	1342	1357	286	2527
October 15 to March 16	1217	1312	334	2666
April 15 to September 15	916	1138	347	2137
October 14 to March 15	849	1114	300	2672
April 14 to September 14	776	993	85	2619

Data source: NHS Digital Comparator group: Acute Specialist (including acute specialist (children)) organisations

Whilst incident reporting at The Clatterbridge Cancer Centre is below the national average reported last year, it should be noted that this is a specialist cancer Trust and therefore it is difficult to compare the numbers with other much larger Trusts. The culture of incident reporting at CCC has significantly improved and sustained since 2017/18.

During 2019/20 the Trust has reviewed and amended the Datix incident reporting system to allow easier reporting of incidents and has updated the notification lists to ensure the incidents are being appropriately investigated and updated by the correct person.

In 2020/21 the Trust will purchase the upgrade Datix Cloud IQ system:

Datix Cloud IQ will provide upgrades and refinements to modules already used by the trust for managing incidents, complaints, feedback, claims, inquests and safety alerts, as well as a radically transformed module for managing risk across the Trust. New modules are also introduced in Datix Cloud IQ for conducting investigations, reviewing mortalities, and for assessing recommendations made to implement as controls.. As the system is accessible on any mobile device (laptop, tablet, mobile phone) and from any location, it will significantly improve accessibility and staff engagement with patient safety and incident reporting.

The proposal to update to Datix Cloud IQ was presented at the Integrated Governance Committee meeting in February 2020 and was unanimously supported. The project to customise and implement the new system has commenced and the go live is scheduled for October 2020.

Table 20 -Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The rate (per 1000 bed days) of patient safety incidents reported within the Trust during the reporting period (acute specialist)

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
October 19 – March 20	71.9	57.5	37.5	177
April 19 – September 19	92.0	64.0	23.0	184.1
October 18 – March 19	83.9	54.3	26.2	140.6
April 18 – September 18	72.9	52.3	19	142.8
October 17 – March 18	69.9	52.2	17.6	158.3
April 17 – September 17	95.7	56.0	14.8	174.6
October 16 to March 17	85.3	51.6	13.7	149.7
April 16 to September 16	150.6	59.5	16.3	150.6
October 15 to March 16	141.9	56.7	16.1	141.9
April 15 to September 15	117	48.5	15.9	117
October 14 to March 15	108.5	43.3	3.6	170.8
April 14 to September 14	94.8	40.2	17.6	94.8

Data source: NHS Digital Comparator group: Acute Specialist (including acute specialist (children)) organisations

Once again this table shows the increase in incident reporting and the maturation of the safety culture over the four quarters of the year.

Table 21 - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number that resulted in severe harm or death (acute specialist)

Period	Trust Performance	National Average	National Range (Lowest)	National Range (Highest)
October 19 – March 20	0	1.64	0	8
April 19 – September 19	0	1	0	10
October 18 – March 19	0	1	0	4
April 18 – September 18	0	1	0	6
October 17 – March 18	2	3	0	15
April 17 –September 17	3	3	0	11
October 16 to March 17	0	3	0	11
April 16 to September 16	0	2	0	7
October 15 to March 16	0	2	0	9
April 15 to September 15	0	2	0	9

Data source: NHS Digital Comparator group: Acute Specialist (including acute specialist (children)) organisations

The Clatterbridge Cancer Centre NHS Foundation Trust considers that this data is as described for the following reasons:

- In the Summer of 2019 a new daily incident call was launched. A report of all incidents reported the previous day is circulated to the senior teams of all directorates and departments across the Trust. At 10am each week day a conference call is held with key staff to discuss each incident in detail. This has led to the Trust being able to very quickly identify any themes or trends arising and take proactive steps to manage the risks involved. This call has been extremely successful and continues daily.
- In September 2019 a refreshed Learning from Incidents Review Group (LIRG) was set up with new terms of reference. This group meets monthly and is chaired by the Trusts Patient Safety Lead. The LIRG panel reviews incidents where harm is identified as moderate, severe or death and /or has the potential to be reported externally or the incident has been escalated from the directorate and trust Harms / Patient Safety meetings. The panel also reviews complaints and reviews of mortality findings where harm/ omissions of care have been identified. Should any incident/complaint/mortality review meet the criteria for a Serious Incident, the panel will inform the executive team and request the appropriate level of investigation to be completed. The panel will also give the final approval for all patient harm investigation reports.

The Trust will therefore continue to :

- Monitor incident reporting levels via the NRLS (National Reporting and Learning System)
- Improve feedback to staff who report incidents
- Run the daily incident call
- Monitor all potentially harmful incidents via the LIRG meeting
- Improve Organisational shared learning through the introduction of Quality & Safety meetings, a Shared Learning Bulletin and Newsletter

NB: Our rate of incidents reported is at the highest level. According to the NRLS / National Patient Safety Agency organisations that report more incidents usually have a better and a more effective safety culture. We will therefore continue to encourage staff to report all incidents and near misses as we see this as indicative of a proactive risk management and patient safety culture.

2.15 NHS Patient Safety Strategy

In July 2019 the NHS Patient Safety Strategy was launched with a vision to continuously improve patient safety. To do this the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both

1. Improving understanding of safety by drawing intelligence from multiple sources of patient safety information \ **(Insight)**
2. Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system **(Involvement)**
3. Designing and supporting programmes that deliver effective and sustainable change in the most important areas **(Improvement)**.

The strategy and associated implementation plan was presented through CCC quality and safety committee structures with positive engagement. Nationally progress has been slow and implementation hindered by the Coronovirus pandemic. However the governance framework to implement the strategy at CCC is in place.

2.16 World Patient Safety Day September 17th 2019

An annual World Patient Safety Day on 17 September is part of a UK-led resolution entitled Global Action on Patient Safety. The resolution was adopted by all 194 Member States of the World Health Organization (WHO) on 28 May 2019 during the 72nd World Health Assembly. The resolution represents an unprecedented moment and strategic opportunity for improving patient safety by urging all member states to prioritise patient safety and cuts across several areas such as policy, law, data, surveillance and clinical governance.

To mark World Patient Safety Day at CCC we celebrated the many initiatives and improvements in place to promote safer care. We asked staff to nominate patient safety champions who were then awarded with a patient safety champion certificate and badge, an award we have kept running throughout the year to acknowledge staff who have gone the extra mile to promote safer care. We celebrated by sharing feedback from our patients with our staff on how they felt safe when receiving care at CCC. We took our 'safety bus' out and about across CCC to share some patient safety initiatives in place:

- Daily safety huddles in all clinical areas
- Daily incident review meetings
- Manual handling champions in clinical areas
- Safeguarding champions in clinical areas
- Just Culture Guide

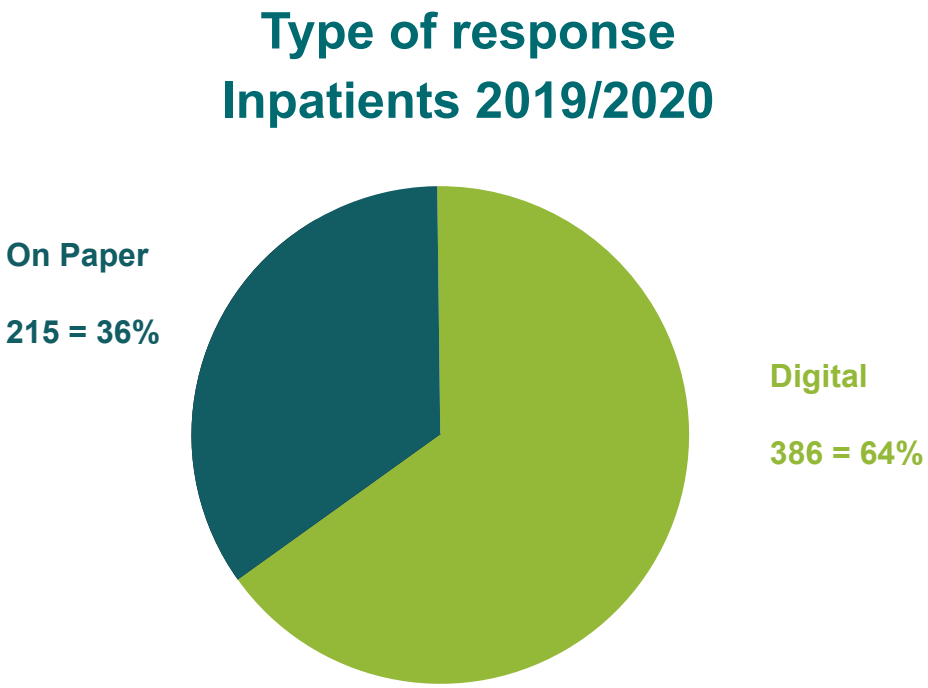
2.17 Patient Feedback

2.17.1 Friends and Family Test (FFT) 2019/20

The NHS Friends and Family test is a simple question that patients across the country are asked about the care they have received. It is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The feedback stimulates local improvement and empowers staff to carry out changes to make a real difference to patients and their care. FFT provides a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.

In-patient FFT

There were 601 Inpatients Friends and Family responses received, of which 471 (78%) were from solid tumour wards and 130 (22%) were from haemato-oncology wards. The response for question "Recommend our ward" were: 90% extremely likely. There is no difference in responses observed across all wards.



Out-patient FFT

There were 6838 Outpatients Friends and Family responses received of which 6126 (96%) were from solid tumor clinics and 257 (4%) were from haemato-oncology clinics. Eighty percent of responses were contributed by Imaging department (21%), Marina-Dalglish chemotherapy clinic (14%), Clatterbridge Wirral outpatients department (14%), Clatterbridge Wirral radiotherapy department (14%) and Linda McCartney chemotherapy clinic (11%) and Delamere chemotherapy clinic (7%).

Ninety percent of responses said they were extremely likely to recommend the service and 9% were likely, which brings 99% responses would recommend the service to their friends and family.

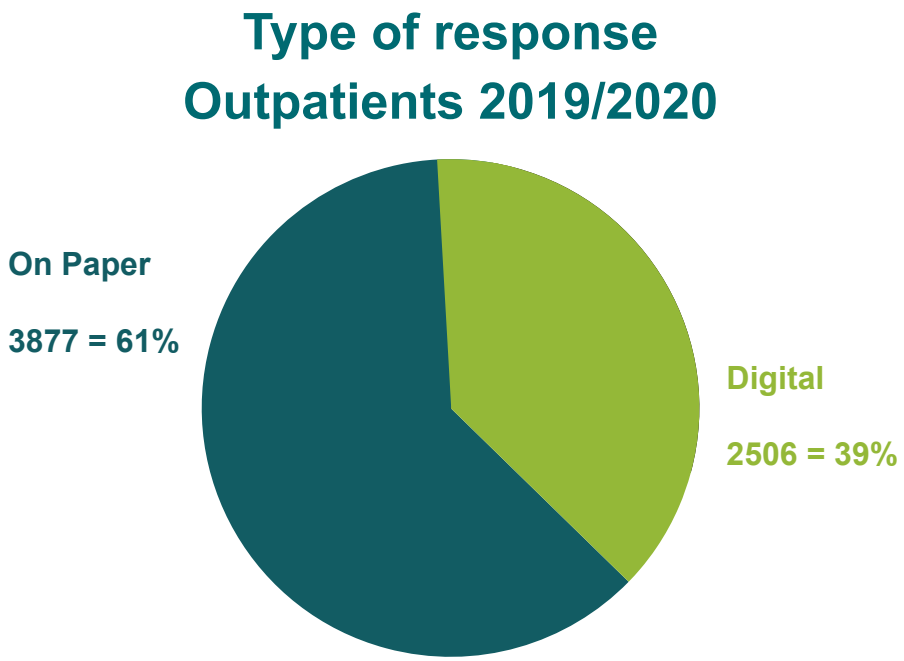
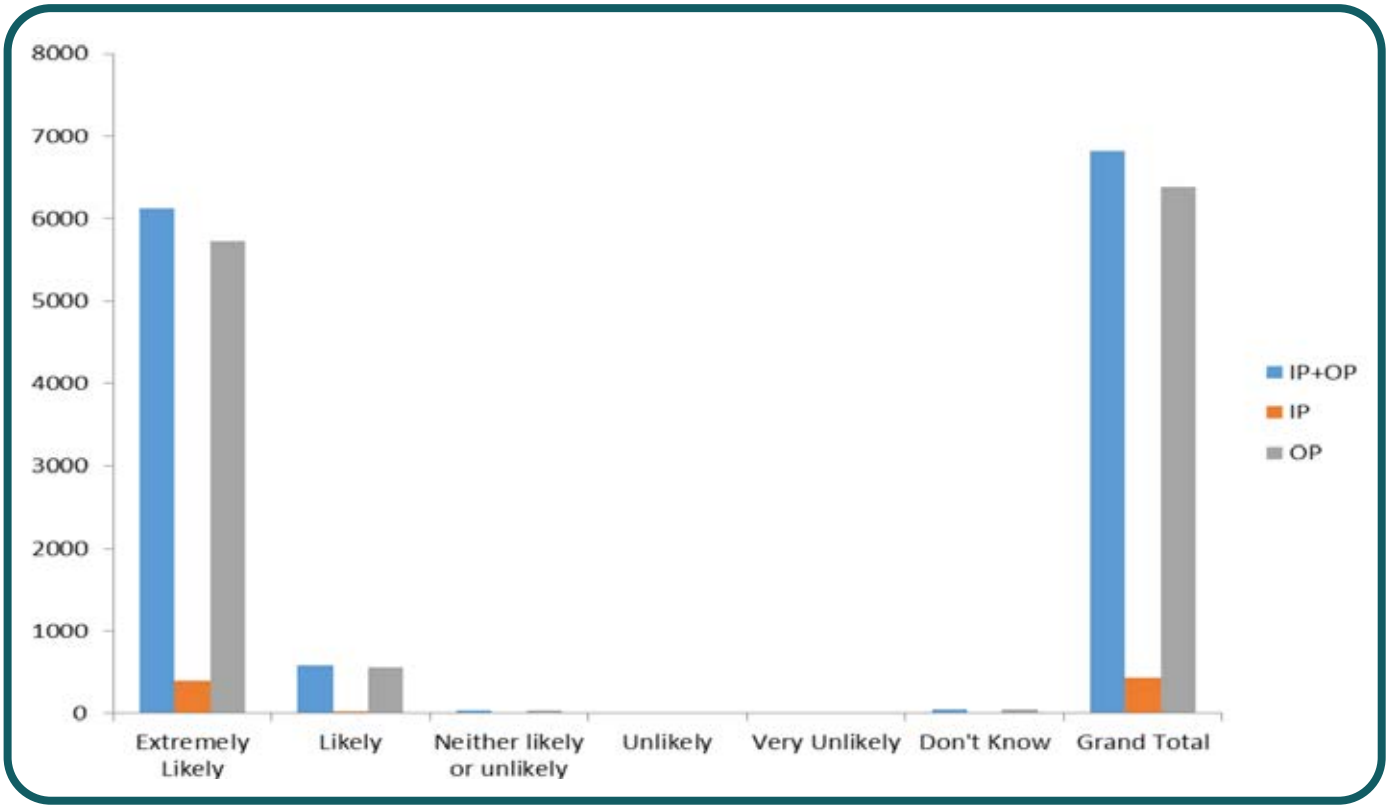


Chart 4 showing total combined 2019 FFT scores for both outpatients and inpatients



(Please note that our FFT reporting closed early March due to Covid pressures)

2.17.2 Patient Surveys

Adult Inpatient Survey

The Clatterbridge Cancer Centre (CCC) has been voted one of England's top hospitals for inpatients in the latest adult inpatient experience survey. The trust is the highest scoring cancer hospital in the North West and one of only seven trusts in England to be rated "consistently" well above average after also achieving the same rating last year. The Care Quality Commission uses the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England.

To improve the quality of services the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The 2019 survey of adult inpatients conducted by the Care Quality Commission (CQC) involved 143 acute and specialist NHS trusts. 76,915 people responded to the survey, yielding an adjusted response rate of 45%. Patients were eligible for the survey if they were aged 16 years or older and had spent at least one night in hospital. Trusts sampled patients discharged during July 2019.

The number of respondents for CCC was 192 in total which equates to 43%. Male responders 61% and female responders 39% with the majority of patients aged 51 and over. Ethnic group recorded predominantly white 96%.

CCC was highlighted as one of the best performing trusts in the following sections:

- Waiting List/Planned Admissions
- Waiting for a bed on a ward
- Doctors
- Nurses
- Care & Treatment
- Operations & Procedures
- Leaving Hospital
- Feedback on Care and Research participation
- Overall Experience

CCC was highlighted as being the same as the majority of trusts for the following:

- Respect & Dignity

Areas Identified for improvement (scored less than 8)

Section – The Hospital and Ward

- How would you rate the hospital food = 6.1 (same score as 2018)

Section – Nurses

- Did you know which nurse was in charge of looking after you = 7.0 (score 7.4 in 2018)

Section – Your Care & treatment

- Did you find someone on the hospital staff to talk to about your worries and fears = 7.3 (same score as 2018)

Section – Leaving Hospital

- Discharge delayed due to wait for medicines/see doctor/hospital transport = 6.1 (new question)
- How long was the delay = 7.7 (score 7.4 in 2018)
- Were you given any printed or written information about what you should/should not do after leaving hospital = 6.2 (same score as 2018)
- Did a member of staff tell you about medication side effects to watch out for after you went home = 7.7 (score 7.4 in 2018)
- Did the Doctors and Nurses give your family, friends or carers all the information they needed to help to care for you = 7.5 (score 7.4 in 2018)

Section – Feedback on Care and research participation

- During this hospital stay, did anyone discuss with you whether you would like to take part in a research study = 2.1 (score 2.0 in 2018)
- During your hospital stay were you ever asked to give your views on the quality of your care = 2.1 (score 2.0 for 2018)
- Did you see or were you given, any information explaining how to complain to the hospital about the care you received = 4.0 (score 3.6 in 2018)

The results come as The Clatterbridge Cancer Centre prepares for its expansion into Liverpool city centre, with a brand new £165 million, 11-story specialist cancer hospital due to open to patients in June 2020.

CQC will use the results from the survey in the regulation, monitoring and inspection of all NHS acute trusts in England including CQC inspections. NHS England &Improvement will also use the results to check progress and improvement against the objectives set out in the NHS mandate.

National Cancer Patient Experience Survey (NCPES)

The National Cancer Patient Experience Survey 2019, published June 2020 is the ninth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The 2019 survey involved 143 NHS Trusts. Out of 111,366 people, 67,858 people responded to the national survey, yielding a response rate of 61%. The survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2019.

291 patients under the care of the Clatterbridge Cancer Centre responded out of a total of 497 patients, resulting in a response rate of 59%.

NCPES 2019 Key Highlights

As shown in the year on year there have been consistent incremental improvements observed in the following categories:

- Seeing your GP
- Diagnostic Tests
- Finding out what was wrong with you
- Deciding the best treatment for you
- Operations
- Hospital Care as a Day Patient / Outpatient
- Home Care and Support
- Care from your General Practice

Patient's average rating of care scored from very poor to very good scoring 9.1, maintaining the same score from 2018.

Areas identified for improvement (based on Year on Year scores)

- Clinical Nurse Specialists
- Support for people with cancer
- Hospital care as an inpatient (no scores for previous years, new question set)
- Support from health or social services during and after treatment
- Patient given a care plan
- Someone discussed with patient whether they would like to take part in cancer research

2.17.3 Complaints

During 2019/20 a total of 27 formal complaints were received and responded to by the Trust. To strengthen the knowledge and experience for complaints management, in July 2019, senior staff within the organisation attended a complaints writing workshop, which received positive feedback. The complaints process within CCC was reviewed and following recommendations from an audit completed by MIAA, responsibility for complaints was devolved to directorates, supported with the development and recruitment of directorate clinical governance managers.

At the end of 2019/20 the complaints policy was refreshed to reflect the changes in process, responsibilities and timescales with clear processes in place. Compliance with the complaints process is reported quarterly through the Integrated Governance Committee.

Chart 5 Complaints by Department

	All other departments/areas	Chemotherapy Services	Haemato-Oncology	Integrated Care	Radiation Services	Grand Total
April 2019	1	1				2
May 2019	1	1				2
June 2019	1			1		2
July 2019		1			1	2
August 2019	1	1		1		3
September 2019	1				1	2
October 2019				2		2
November 2019	1		1			2
December 2019	1					1
January 2020		1				1
February 2020		1	1	1	1	4
March 2020	1	2			1	4
Grand Total	**8**	**6**	**2**	**5**	**4**	**27**

Although there were 27 complaints reviewed and responded to, there are no trends seen within the complaints.

Lessons Learned from Complaints

In October 2018 the Trust introduced a Shared Learning Newsletter. The newsletter is produced bi-monthly and identifies learning from incidents, risks, PALS, complaints, claims, inquests, mortality reviews, safeguarding issues and the harms panel.

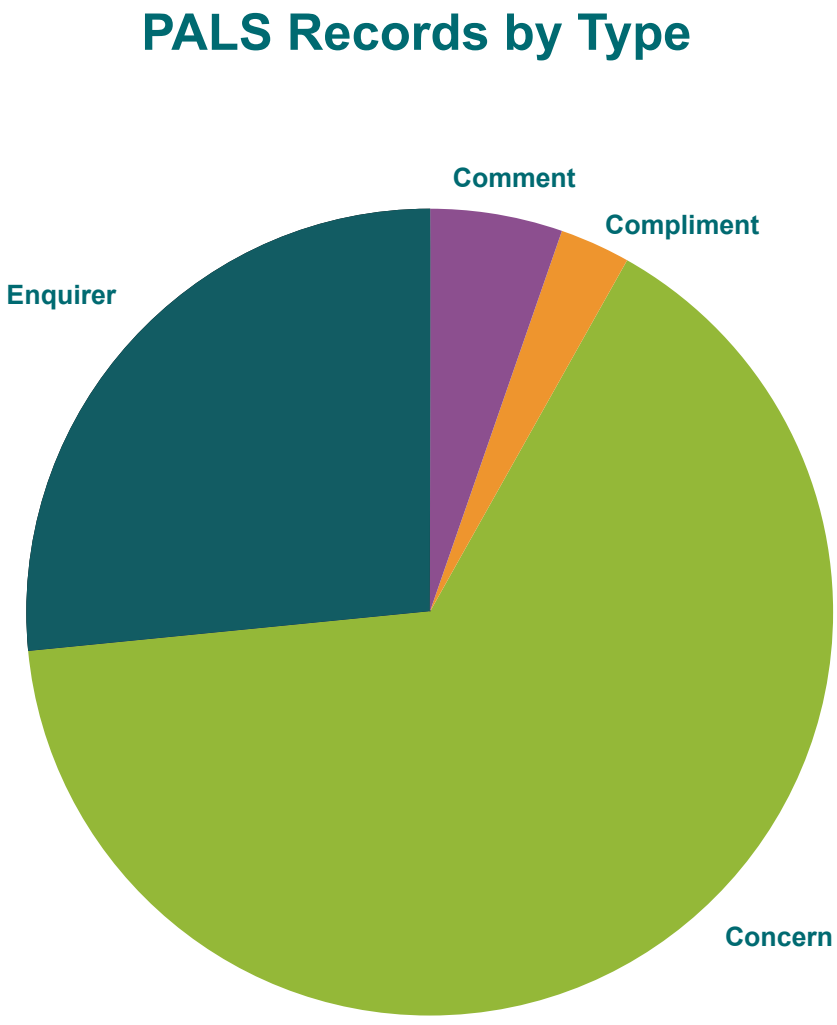
Learning and actions taken as a result of the upheld and partially upheld complaints received in 2019/20 include:

- CCC Triage team asked to inform Clatterbridge Private Clinic if any private patients contact the triage line so a follow up call can be made
- Raised awareness of stock medications stored in departments
- When medical staff take up a new post and a new account is opened for them, a `Do Not Use` alert is added to their previous account to ensure correspondence is not missed.
- Ring fenced reporting time has been allocated to radiologists
- Local induction in departments has been strengthened
- Trust implemented a system where the secretaries check clinic lists prior to the clinic. If a a patient who is returning for results and the results are not available, the patient is contacted and if appropriate their appointment rearranged.
- Trust has outsourced the reporting of scans and recruited a locum consultant Radiologist to improve turnaround times which are now consistently compliant.

2.17.4 Patient Advise and Liaison Service (PALS)

In 2019/20 a total of 315 PALS contacts were recorded.

Chart 6 PALS records by type



During 2019/20 the PALS service was reviewed with the introduction of a PALS/Risk Officer role. The PALS process was strengthened and posters were developed and distributed informing patients, relatives and carers that should they have any concerns about any aspect of their care, they should in the first instance speak with the ward/department leader or Matron for the area. If they remain unsatisfied then the PALS email address and phone number is clearly displayed.

The PALS services offers confidential advice, support and information on health related matters and is a point of contact for our patients, families and carers. During 2019/20 there were 315 PALS contacts, when broken down by themes our patients used PALS to discuss Treatment and Care and Communication and Information.

PALS, Compliments and Complaints as well as other data sources are reviewed to understand themes and trends. There were no significant trends identified.

2.18 Patient led Assessments of the Care Environment (PLACE)

Domains	England Average %	Regional Average % North West England	CCC%	CCC Trend against national & regional average %	The Christie %	The Royal Marsden %
Disability	82.5%	84.6%	90.5%	↑	89.8%	94%
Dementia	80.7%	83.3%	94.3%	↑	93.5%	95.2%
Conditions/maintenance	96.4%	96.9%	100%	↑	98%	97%
Privacy/Dignity/wellbeing	86.1%	88%	97.2%	↑	95.7%	94%
Organizational food	91.9%	91.5%	62.8%	↓	100%	90.3%
Ward food	92.6%	92.6%	97.6%	↑	96.4%	98.6%
Cleanliness	98.6%	98.6%	100%	↑	99.3%	98.5%
Food/hydration	92.2%	92.6%	79.84%	↓	97.6%	94.9%

Table above: PLACE 2019 Results National and North West England Comparison

Please note that the 2019 assessments adopted a different methodology and scoring design so scores are not comparable to earlier results.

PLACE is a system for assessing the quality of the patient environment. It is an organizational voluntary self-assessment which takes place annually, and applies to NHS trusts, voluntary, independent and private healthcare providers.

PLACE results show how hospitals are performing both nationally and in relation to other hospitals providing similar services. They provide motivation for improvement by offering a clear message, directly from stakeholders, about how the environment or services might be enhanced.

PLACE assessments involve local people (known as Patient Assessors) going into hospitals as part of teams alongside staff. Patient assessors make up at least 50 per cent of the teams assessing how the environment supports the provision of clinical care, focusing on the following domains:

- Cleanliness
- Food and Hydration
- Privacy Dignity and Confidentially
- General building maintenance
- How well the needs of patients with dementia are met
- How well the needs of patients with a disability are met

In 2019, the PLACE collection underwent a national review; resulting in a significantly refined and revised question set. As the changes have been extensive, it is important to note that 2019 scores establish a new baseline and are not comparable to earlier assessments.

The annual PLACE was undertaken across CCC-Wirral inpatient wards and outpatient areas during November 2019 lead by Propcare and the Trusts Patient Experience lead supported by ward and outpatient clinical staff, dietetics representative and patient/governor assessors.

Cleanliness - Across all areas CCC-Wirral scored 100% for cleanliness, condition, appearance and maintenance of the area. Haemato-Oncology scored above 90%, being marked down in areas of general tidiness, broken blinds, glazing and lighting (some lights were out or flickering).

Food - Meal time assessment and tasting was undertaken on Sulby Ward which achieved an overall score of 97.62% and patients said it was good quality; however the lack of protected meal times on all CCC-Wirral wards was noted as a concern. Unfortunately due to the timing of the PLACE visit, meal tasting assessment at Haemato-Oncology was not undertaken.

Privacy and Dignity - Whilst half of the areas assessed scored 100% for privacy and dignity, the lowest score achieved was 83% in CCC-Wirral outpatients. This was in part due to a perceived lack of privacy for patients at reception desks and self-service check in kiosks. The lack of rooms being available as family/visiting rooms in Haemato-Oncology resulted in a score of, 93% (ward 10Z) and 94% (ward 7Y) respectively.

Meeting the needs of patients with dementia - Outpatients (95%), Ward 10Z (69.5%) and Ward 7Y (61%) did not achieve a fully compliance score for meeting the needs of patients with dementia. This was due in part to lack of compliance with signage, colour and lack of pictures/text on toilet doors across both sites.

At Haemato-oncology the scores also reflected the lack of compliance with appropriate flooring and lack of dimmer switches.

Meeting the needs of patients with a disability - Conway Ward (93%) and CCC-Wirral Outpatients (93%) did not achieve a fully compliance score for meeting the needs of patients with a disability, due to the lack of provision of different seating heights. Haemato-Oncology received scores of 71.4% (Ward 10z) and 64.2% (Ward 7Y) for meeting the needs of patients with a disability. This was due to a lack of nominated areas for family and visiting.

Some of the failures in scoring for this domain for both CCC-Wirral and Haemato-Oncology are linked to those areas of non-scoring for dementia friendly environments; as the two areas had questions that overlapped.

Following the PLACE across both sites, the overall assessor's final impression was that they were very confident in assessment of the environment. However due to the national changes in the PLACE question set; it is not possible to compare results from earlier PLACE assessments.

Whilst the areas of concern have been noted, a number of those highlighted will be addressed with the transition of CCC-Wirral inpatient wards and Haemato-Oncology service provision into the new CCC-Liverpool site.

2.19 Staff Survey Results 2019

A total of 853 staff out of 1,285 completed the 2019 NHS Staff Survey which represents a response rate of 66%, a 4% increase from 2018 and the highest response rate seen by the Trust. Our response rate was significantly higher than the national response rate of 48% and higher than our survey provider.

Table 22 – staff survey response rates

	2018 Survey		2019 Survey		Trust improvement/ deterioration
Response rate	Trust	National Average	Trust	National Average	4% increase
	62%	46%	66%	48%	

Survey Highlights

Overall our results are similar to our comparator group and there are no significant changes from the 2018 survey. Whilst it is very pleasing to be able to report that 87% of staff agreed they would be happy with the standard of care provided by CCC and 83% of staff agreed that the care of patients is the Trusts top priority, the Trust continues to work closely with the staff to understand and remedy any areas of concern.

Areas Highlighted for Improvement & Progress

Following the review of the 2018 survey and Staff FFT results the Trust took the decision to continue to focus on the areas below for improvement:

- Supporting staff to improve their mental health and wellbeing
- Reward and recognition
- Staff engagement and involvement in change
- Enhancing the quality of appraisals

A series of focus groups were conducted with staff across three sites throughout June to September 2019 to gain further feedback and building on the above the following three priority areas were identified for focus and action:

- Retention and recognition
- Review of uniforms
- Improving communications at all levels

The Trust has implemented a number of improvements in the key priority areas identified since the 2018 survey and in the response to intelligence gathered from staff during the focus groups, the Staff Engagement Steering Group and from other engagement events. The table below summarises progress made:

Areas Highlighted for Improvement	Progress to Date
Improving the mental health and wellbeing of our staff	➢ Health and wellbeing is a key element of the Workforce and Organisational Development strategies developed in 2018 ➢ Launched Health and Wellbeing Brand and developed a health and Wellbeing calendar to promote key awareness months/days ➢ Developed and launched a health and wellbeing hub to support staff during the COVID-19 pandemic ➢ Launched the Employee Assistance Programme and revised our Occupational Health provision ➢ Implemented Resilience training programmes for leaders and staff ➢ Timewise partnership commenced to support flexible working ➢ Implementing Mental Health First Aid training programme to provide early interventions and offer support for staff who may be experiencing a mental health issues ➢ A number of initiatives are on-going to help address issues relating to staff work load and staffing including: o The Trust's workforce planning process which continuously identifies and reviews resourcing requirements and implementation plans to meet service needs o Implementation of SafeCare system to support safe nursing staffing levels and Allocate Software's rostering solution (HealthRoster)
Staff engagement and involvement in change	➢ Developed a Communication, Marketing and Engagement Strategy including implementation plan ➢ Increased internal communications and introduced new communication channels including Clatterbridge 2020 open sessions and newsletter; News Now, Spotlight briefings; Managers Checklist ➢ Staff consultation process implemented and My Personal Move Plans developed ➢ Introduced regular Executive and Non-Executive Walkabouts ➢ Held staff focus groups to hear what it's like working on ground and to gather feedback on areas of focus for improvement that are really important to our staff Commenced review of nurses uniform – currently on hold awaiting release of a national directive on nursing uniforms from the Chief Nursing Officer for England
The quality of appraisals including career development opportunities	➢ Continued to focus on driving the Performance, Appraisal and Development Review (PADR) compliance across the Trust seeing improvements in Trust compliance rates and also improvements in staff survey scores relating to appraisals in 2019 ➢ Enhancements made to the ePADR process for the 2020 window based on feedback from 2019 including functionality for ongoing reviews throughout the year ➢ Continuing to provide training for staff to enhance the quality of appraisal conversations ➢ Developed and launched the Nursing Career Pathway and Competency Framework to support enhancing career development

Reward, Recognition and Retention	➢ Introduced #ThankyouThursdays to provide positive feedback to staff ➢ Introduced 'Thank you' post cards to recognise great work and to show appreciation of colleagues ➢ Increased the use of social media to celebrate staff involvement and achievements ➢ Held second party on the farm event ➢ Commenced NHSI retention programme ➢ Retention package implemented ➢ Travel engagement sessions held ➢ Streamlined internal staff transfer process ➢ Agile working policy and Flexible working toolkit developed
Management Effectiveness	➢ Trust TNA completed following ePADR window 2019 to inform 2020 development programmes ➢ Leadership and OD offer developed ➢ OD diagnostic tool commissioned and being rolled out with teams ➢ Relaunched Coaching provision with CPD session planned ➢ Management essential training sessions implemented and Managers toolkit developed and launched on intranet ➢ Managers Skills Training Passport in development

Following this survey the Trust has embarked on further focus groups with the staff and an action plan will be developed.

2.20 Workforce Race Equality Standard (WRES)

Table 24 - WRES compliance

Question		2019	Average (median) for acute specialist Trusts 2019	2018	Change	Ranking Compared with other acute specialist Trusts	Notes
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	23.5%	23.2%	22.6%	0.9%	Below	Please note – for this question lower percentage is better
	BME	18.4%	29.4%	20.%	1.6%	Better	Please note – for this question lower percentage is better
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	85.1%	88.4%	85.6%	0.5%	Below	
	BME	90.9%	75.6%	81.3%	9.6%	Better	

The table above shows that CCC employs, on average, a higher number of BME staff compared to other specialist Trusts. It is very pleasing to note that the number of BME staff feeling they have equal opportunities for career progression has significantly improved since 2018/19.

2.21 Staff Achievements

We would not be able to do this report justice without celebrating the achievements and awards that our staff have been awarded during this reporting year. Below are just some of the awards that our staff have received showcasing the skills and knowledge within our team from clinical advancements to leading significant service changes for the benefits of our patients.

Professor Arthur Sun Myint is the Lead Clinician at The Clatterbridge Cancer Centre's Papillon Suite, and was awarded the prestigious ESTRO (European Society for Radiotherapy and Oncology Lifetime Achievement Award, only the sixth British doctor to receive the award in 13 years. He introduced Papillon treatment technique for rectal cancer in the UK. He helped design a new contact radiotherapy machine together with his mentor Prof Gerard in collaboration with the team at Clatterbridge.

Since 1993, more than 2000 patients have been treated using Papillon technique, the largest cohort of patients treated by this technique in the world.

"Prof Sun Myint stated our patients are our equal partners and we should include them in shared decision making. We should work with them to allow them to make the choice for the treatment which they can accept and not insist on what we as clinicians consider being the best treatment for them".

Photo of Prof A Sun Myint and team

Medicines Optimisation Programme

Our Chief Pharmacist, Helen Poulter-Clark is a clinical lead in Cheshire and Merseyside Health and Care Partnership (CMHCP), a group which sets out how the health and care system can remain fit for the future. Helen and her colleagues from CMHCP, alongside Mersey Internal Audit Agency (MIAA) picked up the award for Value and Innovation at the national Healthcare Financial Management Association (HFMC) Awards, which unites all members of the Pharmacy community across the region to drive innovation, save money and use medicines in the best possible way for the benefit of patients.

Photo of Helen Poulter-Clark and MIAA team

Nursing in the community award

The Clatterbridge Cancer Centre is celebrating after being announced the winners of the Nursing Times 'Nursing in the Community Award' at the annual national Nursing Times awards.

This award was given in recognition for the Clatterbridge Cancer Centre's Chemotherapy team for delivering chemotherapy treatment to patients in their workplace and in their home.

The chemotherapy community service was first introduced in 2015 to provide chemotherapy treatment to patients at home. Since 2018 The Clatterbridge Cancer Centre has worked with patients' employers to create a safe environment for patients to receive their treatment at work.

To date, Chemotherapy at Work has been delivered in businesses including offices, packing warehouses, libraries and cafes.

The Clatterbridge Cancer Centre is the first Trust in the UK to deliver chemotherapy at work, giving patients choice as to where they can be treated whilst bringing a sense of normality to patients who choose, and are able, to return to work after cancer treatment.

Sheila Lloyd, Director of Nursing and Quality at The Clatterbridge Cancer Centre, said; "We're immensely proud of the nursing service we offer to our patients. I'm delighted the Clatterbridge in the Community Team have been recognised at this level for this innovative, nurse-led service.

"We are always working with partners across the region to offer the best cancer services to our patients. This is just one great example of how collaboration, in this case with our patients' employers, can benefit those going through cancer treatment.

"Patients have told us that this nurse led service has been one of the best they have seen. It has made a big difference to their lives because they can have their treatment in the workplace and not have to leave to go to hospital appointments and return to work later. It is a great example of putting patients first."

Sophia Bourne, Chemotherapy Matron, said: "Getting back to work is a really important part of the treatment journey for many of our patients and we want to do everything we can to help them do that while they are still receiving vital treatment in a safe and comfortable environment.

Photos of the Clatterbridge in the Community Team

Immunotherapy Treatment

The Immunotherapy Team at The Clatterbridge Cancer Centre were also named finalists in the 'Cancer Nursing' category of the Nursing Times award for their specialist team of nurses who support patients experiencing side effects as a result of immunotherapy treatment.

The Immunotherapy Team has set up a dedicated service to help manage the side effects of immunotherapy and dedicated nurses are on hand to help patients suffering from toxicity as a result of the treatment.

Immunotherapy is still a relatively new treatment for cancer and is primarily used for metastatic melanoma, head and neck cancers, non-small-cell lung carcinoma and renal cell carcinoma.

"The overall aim is to provide early intervention and treatment, hopefully reducing the impact that toxicities can have on a patient's overall treatment journey. To be recognised for this work is fantastic and we are all very proud.

This award recognition comes at an exciting time for The Clatterbridge Cancer Centre who are expanding their services for patients in Cheshire and Merseyside by building a brand new specialist cancer hospital in Liverpool city centre. The Clatterbridge Cancer Centre – Liverpool, which will open in June 2020, is an eleven-storey, state-of-the-art hospital which hopes to save an additional 700 lives every year.

Black History Month Conference

Black History Month is an annual celebration that takes place in October to commemorate the achievements of Black, Asian and Minority Ethnic individuals and communities who throughout history have often been undervalued and forgotten.

The Clatterbridge Cancer Centre sponsored the Royal College of Nursing's (RCN) event held at Preston North End Football Club on Wednesday 16 October 2019 which embraced the talents of the BAME workforce in health and social care across the North West.

We were delighted to announce that Tabetha Darmon, General Manager of Integrated Care, received an award for Outstanding Contributions to Equality Diversity and Inclusion for her work at The Clatterbridge Cancer Centre – congratulations Tabetha! Her unselfish sharing of knowledge and experience has been a major influence to the Trust Equality Diversity and Inclusion Lead. Tabetha is a leader, motivator and has excellent understanding of clinical quality and patient experience. She is a role model coach and mentor for BAME staff.

Photo of Tabetha receiving award from Miss Estepanie Dunn

2.22 Duty of Candour

The Trust has in place a Guide to Incident Reporting & Being Open/Duty of Candour: Communicating Patient Safety Incidents with Patients and their Carers policy. This policy provides the information and framework to all staff to ensure a culture of openness where communication with the patient, their family or carers and the healthcare team is open, honest and occurs as soon as possible following a patient safety incident. Patients who were involved with an incident resulting in harm that underwent an incident investigation were informed and families made aware of the process followed after the death of a patient in our care.

2.23 CQC Summary 2019/20

CQC Ratings Grid

The Clatterbridge Cancer Centre NHS Foundation Trust underwent an inspection of a number of core services and a Well Led inspection in Dec 2018/Jan 2019. The overall rating for the Trust was 'Good'. A comprehensive improvement plan, with weekly performance management meetings, was put in place to address the 'must do' and 'should do' recommendations raised within the inspection report published on 16th April 2019. The ratings grid is described below:

Ratings for The Clatterbridge Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good Mar 2019	Requires improvement ↓ Mar 2019	Good →← Mar 2019
End of life care	Good Feb 2017	Good Feb 2017	Outstanding Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Mar 2019	Not rated	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Diagnostic imaging	Requires improvement Mar 2019	Not rated	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Chemotherapy	Good Feb 2017	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017
Radiotherapy	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017	Good Feb 2017	Outstanding Feb 2017	Outstanding Feb 2017

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019	Requires improvement ↓↓ Mar 2019	Good ↓ Mar 2019

The inspection report was published on 16th April 2019 and from this the Trust compiled an improvement plan that included 14 `must do` and 16 `should do` actions. Initially monthly meetings were held both within the Trust to monitor the improvement plan, and with the CQC to provide assurance to them of the work being undertaken. By January 2020 the frequency of meetings with the CQC were reduced to quarterly and in March 2020 the improvement plan was closed with all actions completed. An internal audit of the trusts approach to the recommendations was completed by Mersey Internal Audit (MIAA) with an outcome of substantial assurance.

In February 2020 the CQC completed 2 full day core service reviews in the chemotherapy and radiation services directorates. The directorate teams gave a presentation of their services; there was a tour around the facilities and an opportunity for the inspectors to meet the staff and patients and to ask questions. The Trust received excellent feedback from the CQC who were extremely impressed with the level of commitment to patient safety and service improvement demonstrated not only by the senior managers but by all the staff they encountered within the directorates. Unfortunately further planned services reviews were cancelled due to the pandemic. It is hoped these reviews will be undertaken in 2020/21.

Towards the end of 2019/20 a Trust-wide programme of `mock CQC inspections` was arranged but not completed due to the changes required in response to the coronovirus pandemic. These inspections will now take place throughout 2020/21.

Part 3: Other information

3.1 An Overview of the Quality of Care Offered by the Trust

The Board in consultation with stakeholders has determined a number of metrics against which it can measure performance in relation to the quality of care it provides. The Trust has chosen metrics which are relevant to its speciality i.e. non-surgical oncology and which are identified as important to the public. However, this does mean that data is predominantly internally generated and may not be subject to benchmarking at this stage.

	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
Attributable category 2 or above pressure ulcers/1,000 bed days	0.21	0.04	0.92	0.99	0.87	1.03
MRSA bacteraemia cases/10,000 days	0.43	0	0	0	0	0
C Diff cases / 1,000 bed days	0.47	0.09	0.38	0.28	0.18	0.06
'Never Events' that occur within the Trust	0	0	0	0	0	0
Chemotherapy errors (number of errors per 1,000 doses)	2.04	1.31	1.3	0.57		
Radiotherapy treatment errors (number of errors per 1,000 fractions)	1.64	1.35	1.07	1.2	1.5	1.4
Falls / injuries / 1,000 inpatient admissions	16.8	15.2	15.07	24.7	29.7	12.6
Number of patient safety incidents	2824	2352	2121	2773	2534	1901
Percentage of patient safety incidents that resulted in severe harm* or death.	0	0	0.2%	0	0	0

All indicators: Data source: CCC
*Severe Harm: Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. (National Patient Safety Agency)

The Trust has not reported any hospital acquired category 3 or category 4 pressure ulcers during 2019/20. All category 2 pressure ulcers (5) were reported through the Datix system and a full review undertaken for discussion at the monthly harms panel meeting. Over the past year CCC has been part of the Merseyside and Cheshire Pressure Ulcer Steering group. The group have worked collaboratively to develop a regional policy and a patient information leaflet in a bid to standardise the care and information patients receive in our area, both of which are now in use at CCC. The group have identified the next priorities for collaborative working;

- Reviewing and updating the regional root cause analysis form.
- Developing a regional E learning package to standardise staff education and training.

The Trust has not had a patient with an attributed MRSA blood stream infection since 2011 but reported an attributed MRSA positive blood culture in 2020. The culture was contaminated at the time of collection due to a difficult venepuncture during a medical emergency in a patient heavily colonised with MRSA. The patient did not require antibiotics. The Trust also supported two further MRSA bacteraemia post infection reviews (PIR) undertaken by other Trusts in patients with cancer.

The rise in number of Chemotherapy errors (number or errors per 1,000 doses) is directly linked to the overall rise in incident reporting and improvement of the Trusts safety culture. All medicines incidents are reviewed by the Medicines Safety Pharmacist and discussed at the Trust Drugs and Therapeutic committee.

3.2 Performance Against Relevant Indicators and Thresholds

Table 26 – Key performance indicator compliance 2014 - 2020

	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
Max time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	99% (target 92%)	98% (target 92%	96.3% (target 92%)	96.2% (target 92%	98% (target 92%)	97% (target 92%)
All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	88.1% (target 85%)	84.6% post reallocation (target 85%)	79% post reallocation against revised NHSE rules (target 85%) Target achieved in all but 1 month in Q3 and Q4	89.1% post reallocation (target classic 85%)	90.9% post allocation (target classic 85%)	88.2% post reallocation (target classic 85%)
All cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral	87.2% (target 90%) Target was met in Q3 and Q4.	64.5% post reallocation (target 90%)	93.3% post reallocation (target 90%)	92.6% post reallocation (target 90%)	100% post reallocation (target 90%)	100% post reallocation (target 90%)
Clostridium difficile –meeting the CDiff objective: variance from plan	11 attributable (annual target of no more than 4) Only 1 case identified a lapse in care	2 attributable (annual target of no more than 4)	6 attributable (annual target of no more than 5) The target increased when the Trust acquired the HO service in July 2017.	4 attributable (annual target of no more than 1) All cases agreed as no lapse in care.	3 attributable (annual target no more than 1) 2 cases agreed as no lapse in care	1 (annual target no more than 2)
Maximum 6 week wait for diagnostic procedures	100% waiting fewer than 6 weeks	100% waiting fewer than 6 weeks	100% waiting fewer than 6 weeks			
VTE risk assessment	97% (target 95%)	94% (target 95%)	93%			

Since 2014 the Trust has consistently surpassed the target for maximum time of 18 weeks from point of referral to treatment in aggregate, reaching our best outcome so far during 2019/20 of 99%.

The Trust has significantly improved the 62 day wait for first treatment from urgent GP referral for suspected cancer during the year and is now above target.

Despite not meeting the overall annual target for the 62 day wait for first treatment from NHS Cancer Screening Service referral, the Trust did meet the target in Q3 and Q4 and this is expected to continue in 2020/21.

The Trust reported a total of 11 cases of Clostridium Difficile throughout the year. This is much higher than the target of no more than 4, however it must be noted that only 1 case identified a lapse in care and this was a delay in sending a specimen to the laboratory.

Overall during 2019/20 the Trust was 97% compliant with VTE risk assessment being completed. During 2019/20 53 VTEs were identified; of which 26 were classed as CCC attributable, either occurring during an in-patient stay or the patient had had a previous in-patient stay within 90 days, as per NICE guideline definition. This compares to 70 VTEs identified during 2018/19, of which 27 were classed as CCC attributable. All VTEs are discussed at the Harm Free Care collaborative meeting to determine the level of harm, any lapses in care or lessons learnt. There have been no incidents involving VTE reported as causing moderate harm, severe harm or death during 2019/20.

Part 4 – feedback from Stakeholders

Quality Account Commentary for Clatterbridge Cancer Centre NHS Foundation Trust provided by Healthwatch Wirral CIC

Healthwatch Wirral would like to thank The Clatterbridge Cancer Centre for the opportunity to comment on the Quality Account for 2019/20.

Over the last year The Clatterbridge Cancer Centre has welcomed Healthwatch Wirral's input on improving patient experience and has included Healthwatch at a strategic decision-making level.

Members of the Healthwatch Wirral Working Group met during October 2020 to discuss the Trust's Quality Account and produced the following commentary.

The report evidenced that the Trust had made significant progress on the priorities outlined during 2019/20.
It was reassuring that the Trust continues to work with staff and key stakeholders to improve the quality of the services provided.

It was positive to read that:

- A daily 'Incident Call' had been introduced where senior personnel discuss all incidents reported the previous day potentially resulting in issues being resolved immediately. This report is shared with 100 key staff daily.
- A lesson learned bulletin is shared bimonthly with staff
- Friends and Family Test reported that 99% of inpatients and 98% of outpatients would recommend the services provided by the Trust,
- The hospital achieved a high score of 91% in all domains in the Patient Led Assessment of the Care Environment.
- The Trust is consistently achieving and surpassing all the patient experience targets that they are measured against.
- In the CQC Adult Inpatient Survey, the Trust was rated "well above average" in 9 out of 10 categories making them the highest scoring hospital in the North West and the joint highest nationally.

Priorities and Future Developments for 2020/21

These were noted and HW look forward to receiving updates on their progress.

2018/19 Update Report: Priorities for Improvement

It was positive to read that:

- The Trust has enhanced the identification and management of the deteriorating patient and reduction in sepsis.
- The Trust strives to use Patient and Public Involvement and Engagement Strategy to ensure that patient and public experience and feedback is used to enhance care.

Pledges

The voice of the public has never been so important. The 8 Pledges appeared to demonstrate that the Trust have been listening to patients, staff, and carers and that personalised care will be delivered closer to and in patient's homes.

The Trust will incorporate Mental Health Awareness in everything they do, and 20 staff have become Mental Health First Aiders; this goes some way in addressing the parity of esteem between mental and physical health.

The implementation of world class digital technology was noted. This will improve the patients experience as well as supporting clinicians with remote ward rounds, telehealth video conference appointments and quality audit inspections.

The appointment of an Arts Coordinator to work with patients and staff is a good initiative.

Other Key Quality Focus Priorities

With the implementation of improved Safeguarding procedures in several areas, the Trust will continue to deliver a comprehensive work programme to ensure that they are compliant with statutory safeguarding requirements.

It was positive to see that:

- The Trust had increased numbers of patients in research trials and reduced set up study times.
- The Trust that has an adjusted pain tool (DISDAT) for use with patients with dementia and learning disabilities.
- The Trust has a Clinical Specialist for Additional Needs and Dementia Champions in post who promote the DISDAT tool across the Trust.

CQUIN

Healthwatch would like to congratulate the Trust for submitting full data for 5 schemes and receiving full payment and we note that there had been a reduction in falls by including interventions such as medication reviews.

Reporting Against Core Indicators

The Patient Experience indicators evidenced that performance had dropped compared to 2018/19. The actions to improve the score were noted, particularly the development of the Patient Engagement and Inclusion Group and the action plan to address any issues identified in staff survey results.

It was encouraging, however, to note the Trust's improved performance in 'treating and caring for people in a safe environment and protecting them from avoidable harm' indicators.

Complaints and PALs contacts

The figures were noted, and no significant trends were identified.

The Trust had picked up on an issue where test results were not available in clinics and to rectify this staff now check before the patient attends.

There were 27 formal complaints and "learning from complaints" actions have been taken. It may be effective to share the learning from complaints in staff bulletins within the Trust.

Staff Survey 2019

There were no significant changes to the previous year's results in the staff survey. This led to the Trust holding a series of focus groups to gain further feedback from staff. In response to intelligence gathered from staff at the focus groups, it was reassuring to read that the Trust will:-

- continue to address any areas for improvement
- encourage workforce mental health and wellbeing
- consider staff engagement and involvement in change
- reward and recognise staff
- improve communications at all levels

Staff Achievements

Healthwatch would like to congratulate the staff and services that received recognition in 2019/20.

Finally,

The Quality Account was comprehensive.

Healthwatch Wirral welcome the Trust's ongoing commitment to continuous improvement and its vision to provide the best cancer care to their patients.

A suggestion from HW Wirral would be that the Foundations of Quality Statement (below), written by HW Wirral, AgeUK, NHSE and ECIST could be included in policies and procedures which encourages the staff to remember that patients are at the heart of everything we do. This is continuing to be adopted by NHS organisations by including within Terms of Reference.

'Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

Karen Prior

Karen Prior - Chief Officer
On behalf of Healthwatch Wirral

Quality Account Statement – The Clatterbridge Cancer Centre NHS Foundation Trust.

South Sefton CCGs hosted a Quality Accounts Day on Friday 9th October 2020. Providers were invited to present their accounts and stakeholders were asked to provide feedback. Stakeholders included:

- South Sefton and Southport and Formby CCGs
- Liverpool CCG
- Knowsley CCG
- Healthwatch Sefton, Liverpool and Knowsley
- Health Education England
- NHS England/Improvement
- Sefton MBC
- NHSE Specialised Commissioning
- CQC

The Stakeholders appreciate the Trust's focus on quality and safety at a time of a global pandemic. They recognise this has required different ways or working during the COVID 19 period and is reflected in the accounts.

The stakeholders welcomed the opportunity to jointly comment on Clatterbridge Cancer Centre NHS Foundation Trust's Quality Account for 2019/20. The CCGs have worked closely with the Trust throughout 2019/20 to gain assurances that the services delivered were safe, effective and personalised to service users. The CCGs share the fundamental aims of the Trust and supports their strategy to deliver high quality, harm free care.

It is noted that the Quality Account that is being reviewed is a draft version and the stakeholders look forward to receiving the finalised account. The work the Trust has undertaken and described within this Quality Account continues to promote patient safety and the quality of patient experience and endorses the Trust's commitment to promote safety and quality of care.

The report was received as being very comprehensive with a number of positive initiatives. The Commissioners acknowledge the Quality Account for 2019/20 and the continued progress being achieved in 20 priority areas, with an additional 18 key areas to be delivered by March 2021. Main areas of focus included:

- Safety
- Effectiveness
- Caring
- Responsive
- Well–led.

The stakeholders were assured by:

- The organisation's learning from incidents and commend them on their achievement of being voted one of England's top hospitals for inpatients in the 2019 audit inpatient experience survey.
- Work regarding Freedom To Speak Up which will support and ensure staff are listened to and lessons can be learned.
- The successful opening of the CCC Liverpool site opened in June 2020 and effective and safe transition of patients. This includes successful partnership working with other organisations to improve patient transfers between sites for seamless patient care. It would be beneficial to see how the Trust can capture experience of the move for both patients and staff alike in the Quality Accounts for 2019/20.

It was encouraging that the Trust intends to deliver / implement CQUINs in 2020/21 despite CQUIN national programmes not being required in 2020/21 due to COVID-19. The update on the move to the new building in Liverpool was useful, as was the update on the Trust's management / response to COVID-19.

It would be helpful to understand more about the work the Trust is contributing to in terms of the cancer alliance and re-prioritising those patients waiting, plus their role in terms of mutual aid, sharing specialist skills/ expertise across the system and region. It would be useful if this could be included within the quality account.

This is a comprehensive report that clearly demonstrates progress within the Trust. It identifies where the organisation has done well, where further improvement is required and the ambitions moving forward. We understand the Trust's Quality Strategy has a number of individual workstreams that will take into account patient feedback on progress made.

Commissioners are aspiring through strategic objectives to develop an NHS that delivers positive outcomes, now and for future generations. This means reflecting the government's objectives for the NHS set out in their mandate to us, adding our own stretching ambitions for improving health and delivering better services to go even further to tailor care to the local health economy. Providing high quality care and achieving excellent outcomes for our patients is the central focus of our work and is paramount to our success.

It is felt that the priorities for improvement identified for the coming year are reflective of how the Trust will further improve services to address the current issues across the health economy.

We acknowledge the actions the Trust is taking to improve the quality as detailed in this Quality Account. It is felt that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy. We therefore commend the Trust in taking account of new opportunities to further improve the delivery of excellent, compassionate and safe care for every patient, every time.

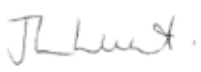
South Sefton and Southport & Formby CCGs

Signed

Fiona Taylor, Chief Officer Date: 16th November 2020

Liverpool CCG

Signed



Jane Lunt, Chief Nurse Date: 19th November 2020

Knowsley CCG

Signed

Dianne Johnson, Chief Executive Date: 10th November 2020