

COUNCIL OF GOVERNORS

Agenda Item	026/2017	Date: 27th March 2017
Subject /title	Care Quality Commission Inspection Results and Action Plan	
Author	Helen Porter, Director of Nursing and Quality	
Responsible Director	Helen Porter, Director of Nursing and Quality	
Executive summary and key issues for discussion		
<p>The Trust was inspected by the CQC from 7th – 9th June 2016 and an unannounced visit on 21st June 2106. A team of 28 inspectors visited the Trust. All areas of clinical care at the Trusts main site at Clatterbridge together with the satellite radiotherapy centre in Aintree and the Linda McCartney chemotherapy clinic were inspected.</p> <p>The CQC identified the following areas for inspection:</p> <ul style="list-style-type: none"> • Radiotherapy • Chemotherapy • Oncology (Medicine) • End of life care • Outpatients and diagnostic imaging. <p>All areas were inspected against the CQC 5 key questions to determine if services were:</p> <ul style="list-style-type: none"> • Safe • Effective • Caring • Responsive • Well-led. <p>The Trust received 2 reports, a detailed location report and a provider summary report. The detailed location report is available at https://www.cqc.org.uk/location/REN20?referer=widget3 (hard copies available on request) and the provider summary report is attached for information and review.</p> <p>The reports were published on Wednesday 1st February 2017. The Trust has an overall rating of Outstanding.</p>		

Our ratings for The Clatterbridge Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Outstanding	Good	Requires improvement	Requires improvement
Chemotherapy	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Radiotherapy	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding

Our ratings for The Clatterbridge Cancer Centre NHS Foundation Trust

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

What happens next?

The full report can be found on the CQC website and at U:\CCOCOMMS\CQC Final Report.

We have 4 actions in imaging that the Trust is **mandated** to take to improve where we are not meeting the CQC fundamental standards and regulations.. There are a number of additional items for improvement which will form our action plan which will be submitted to the CQC. There will be a more detailed action plan developed reflecting the areas that the CQC has identified that the Trust **should** take to improve. This will be monitored by the Quality Committee. There will be a review visit from CQC to ensure we have taken action and a Quality Summit with key stakeholders.

Strategic context and background papers (if relevant)

CQC fundamental standards.

Recommended Resolution

That the Council of Governors notes the positive rating, the areas of outstanding practice and the areas for improvement including the actions that the Trust **must** take to improve.

Risk and assurance

Provides assurance on meeting the CQC regulations and fundamental standards.

Link to CQC Regulations

All regulations

Resource Implications

None

Key communication points (internal and external)

A communication campaign was developed around the publication date.

Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

Application Exemptions:

- **Prejudice to effective conduct of public affairs**
- **Personal Information**
- **Info provided in confidence**
- **Commercial interests**
- **Info intended for future publication**

Please tick the appropriate box below:

<input checked="" type="checkbox"/>	A. This document is for full publication
<input type="checkbox"/>	B. This document includes FOI exempt information
<input type="checkbox"/>	C. This whole document is exempt under FOI

IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		X
Civil Partnership and Marriage		X

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

Appendices

Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality	x		
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress	x	Treated fairly and equally	

The Clatterbridge Cancer Centre NHS Foundation Trust

Quality Report

The Clatterbridge Cancer Centre
Clatterbridge Road
Wirral
Merseyside
CH63 4JY
Tel: 0151 556 5000
Website: www.clatterbridgecc.nhs.uk/

Date of inspection visit: 07, 08, 09 June 2016
Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this trust

Outstanding 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Outstanding 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Clatterbridge Cancer Centre is one of the biggest cancer centres in the country and treats patients from across Merseyside, Lancashire, Cheshire, the Isle of Man and North Wales. The trust also provides specialist care and treatment to patients from all over the United Kingdom.

The trust completed the year with an income and expenditure surplus of £56.5 m. However, the trust will be moving to a new site in the centre of Liverpool in 2018, and £49m funding will be reinvested into the cost of the building of the new hospital. The new hospital will make treatment more accessible for those who live in the more deprived areas of Merseyside and the surrounding areas. Some services will remain at the Clatterbridge site including the proton service for eyes.

Oncology services are provided at the hospital there are 74 inpatient beds over three inpatient wards at the hospital and a four bedded young peoples' unit that was found on Mersey Ward. They had a total of 3,760 admissions between April 2015 and March 2016 and had a low number of deaths during the same period (74).

Chemotherapy services are provided by the trusts Systematic Anti-Cancer Therapy (SACT) Service at the Clatterbridge Cancer Centre and at eight peripheral satellite clinics at a range of locations, which include acute general hospitals, primary care centres and other sites managed by the trust. The service also provides certain types of chemotherapy in patient's homes. This service is provided by staff employed and trained by the Clatterbridge Cancer Centre. The adult day-case Delamere chemotherapy unit is open Monday to Friday between the hours of 8.30am and 6.30pm. Between April 2015 and April 2016, the unit delivered 46,974 doses of chemotherapy. Of these 19,979 were delivered at the Clatterbridge Cancer Centre, 26,247 were delivered in the outreach sites and 748 of these doses were delivered in patient's homes.

There are ten linear accelerators for the delivery of radiotherapy treatment at the Clatterbridge site and there is a radiographer led service from a purpose built unit in Aintree. The trust delivered 97,926 radiotherapy treatments in the period April 2015 to March 2016. There is a brachytherapy treatment known as Papillon which

can provide an alternative to surgery for some rectal cancers. There is a proton beam therapy service for the treatment of cancers of the eye that treats patients from all over the country and from abroad. The low energy proton beam therapy unit is the only one in the country.

A range of outpatient cancer services are provided by the trust and a number of outpatient appointments are also offered in satellite clinics at hospitals throughout Cheshire, Merseyside and the Isle of Man. They offer a combination of consultant and nurse-led clinics including clinical and medical oncology and phlebotomy. A number of therapy led appointments are provided including physiotherapy, speech and language therapy and occupational therapy. There were 99,394 outpatient appointments offered across the trust between July 2015 and April 2016 with 43,318 offered at Clatterbridge Cancer Centre, Wirral.

The diagnostic imaging department consists of two direct radiography (DR) rooms (one of which includes a orthopantomogram (OPT) machine), one computed tomography (CT) scanner, one gamma camera, one positron emission tomography-computed tomography (PET CT) scanner, two magnetic resonance imaging (MRI) scanners, and ultrasound.

End of life services were provided and led by a team of specialist palliative care nurses and a consultant in palliative care medicine, who provided direct care and treatment to patients and supported staff throughout the hospital.

We visited the Clatterbridge Cancer Centre and the Aintree Radiotherapy site as part of our announced inspection during 7 to 9 June 2016. We also carried out an unannounced inspection on 21 June 2016. During this inspection, the team inspected the following core services:

- Medical care services (Oncology)
- End of life
- Outpatients and diagnostic services
- Chemotherapy
- Radiotherapy

Summary of findings

Overall, we rated The Clatterbridge Cancer Centre NHS Foundation Trust as outstanding. We have judged the service as 'requires improvement' for safe; "good" for effective and responsive. We rated the domains of caring and well-led as 'Outstanding'.

Our key findings were as follows;

Vision and strategy

- There was a clear trust strategy plan for 2014 to 2019 which had been refreshed in February 2016. This was supported by the establishment of a Transformation Programme Office to support the delivery of the transformation agenda. The plan was linked to other external plans including the Five Year Forward View (5YFV) [Published October 2014]; the 2016/17 planning guidance (particularly the opportunities provided by the requirement for the development of health economy sustainability and transformation plans (STPs) that cover the same planning period). Published December 2015 and the Report of the cancer taskforce (Achieving World Class Outcomes: a strategy for England 2015-2020).
- All services had local plans which linked to the trust strategy.

Leadership and Management

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Leaders understood the challenges to good quality care and identified actions to address them.
- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of the organisation.
- The NHS staff survey 2015 showed the trust performed better than the national average for 12

indicators and as expected in a further seven. The overall staff engagement score for the trust was 3.98, which was in line with the national average score of 3.94 for specialist acute trusts.

Culture

- The trust had "the Clatterbridge Culture Programme" in place. This was a five year strategy to create a culture in which positive behaviours are experienced consistently throughout the organisation. This contained a culture recipe and clear measurement of each of the culture dimensions.
- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- We saw that a very positive and supportive culture across all wards and departments. Staff were very proud of their hospital and the work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.
- There was an open and honest culture within the organisation and staff were candid about the challenges they faced.
- Staff morale was reported to be good although in outpatients the amount change the department had experienced in a short period of time had affected morale.

Equality and Diversity

- The trust has an overall Equality and Diversity Strategy (EDS) in place and there were clear

Summary of findings

monitoring processes for the EDS2 plan. However the EDS2 plan was not readily visible to staff, the equality plan published on the intranet was dated 2012-16 and was not the same as the current EDS2 action plan.

- A governance process was in place to ensure that equality impact assessments were carried out for major service changes and policies, but this did not extend to organisational strategies.
- There was a strong communication relationship between corporate diversity lead and staff side chair.
- Equality and diversity training was included as mandatory training for all staff every three years. Overall trust rates of compliance are 84%.
- The trust's staff survey result in relation to discrimination at work was 7%, which was better than the 9% sector average.

Governance and risk management

- The trust had commissioned an external governance report which had reported in March 2016. This had made 36 recommendations to strengthen the governance in the organisation and the trust had a robust action plan in place with actions to be completed by October 2016.
- The Board Assurance Framework (BAF) had been revised in May 2016 in response to the governance report and there were good processes in place for the management of the BAF.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- We found all policies to be clear, accessible and up to date.
- The trust had been awarded significant assurance by Mersey Internal Audit for the last two years regarding information governance (IG). The IG Toolkit was reported as 80% compliant for 2015/16.

- Clinical governance managers were integrated in to directorates, attending and reporting to directorate meetings and providing leadership with root cause analyses.
- Local risk registers were seen to be relevant and up to date; however in oncology the process required strengthening. The use of monitoring including dashboards and audits was seen in all areas.

Cleanliness and Infection control

- Clinical areas at the point of care were visibly clean.
- The trust had infection control and prevention policies in place, which were accessible to staff and staff were knowledgeable on preventing infection and minimising risks to patients, visitors and staff.
- The local Infection Control Committee met regularly and covered all expected areas.
- In April 2016 the committee reported that the C.diff objective for the year remained at one case. There had been no MRSA bacteraemia infections.
- Staff were observed to comply to bare below the elbow standards and hand washing procedures were adhered to. The use of personal protective equipment was of a good standard.
- In the 2015 patient-led assessments of the care environment (PLACE) audit the trust scored 99.8% for cleanliness compared to a national average of 97.6% and patients commented positively about cleanliness.

Staffing

- Medical, nursing and radiographer staffing was good and in line with the expectations at a specialist trust. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients and medical response was timely when required.
- Nurse staffing levels were based on an acuity tool. Staff sickness and turnover rates were as expected. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients. Staff vacancies were noted on the risk registers and

Summary of findings

actions had been identified to mitigate these risks. There was a reliance on temporary staffing on some of the wards but there was a buddy system in place to make sure they were well supported.

Mortality rates/ Patient outcomes

- As a specialist cancer trust, it is inevitable that many patients with advanced cancer spend their final weeks as patients of Clatterbridge Cancer Centre, and whilst acknowledging the desire of the most terminally ill patient to die at home, for some, symptom control issues or social difficulties mean that their end-of-life care is delivered within a hospital.
- Between April 2014 and March 2015 there were 50 deaths at the centre.
- Accordingly a significant number of deaths occurring within the trust were "expected". The Trust Management Group reviewed the 99 inpatient deaths occurring between April 2014 and January 2016, only 5 were deemed to be unexpected. The palliative care team had significant input into the management of in-patients with advanced disease, and often patients had been on the amber care or an end-of-life pathway in the days or weeks prior to their death.
- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014) being compliant with 35 out of 36 standards and scoring 97.6% overall. The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Data contributions to the National Care of the Dying audit showed that the service had performed better than others nationally in the ten key clinical performance indicators.

We saw several areas of outstanding practice including:

In the End of Life Service;

- The service had developed a simulation based training programme to develop the skills and

knowledge of staff throughout the hospital. This involved simulating difficult situations so that staff developed their confidence when dealing with patients and relatives at the end of life.

- All staff were committed to facilitating the requests of patients at the end of life. For example, there had been a number of weddings organised within a short period of time at the request of patients. Several staff were involved in facilitating these.
- The service had responded to NICE guidance by developing a day after death service which met the needs of the bereaved in that a number of risk assessments were undertaken to ensure their welfare.
- The SPC consultant was involved in a number of projects. For example, the serious illness programme UK was being piloted alongside a number of organisations from the United States of America and had been designed in response to services recognising the challenging situations that clinicians faced when dealing with patients and relatives at the end of life.

In the Outpatients and Diagnostics service;

- Individual needs of patients were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance. Following completion a care plan was formulated to summarise any concerns and identify actions to address them.

In the Radiotherapy service;

- The development of the advanced practice radiographer posts that enabled consultants and registrars to do the more complex work.
- The uses of skill mix across the department for staff at all levels including health care assistants
- The continuing development of the Papillon service as an alternative to radical surgery.
- The proton beam service for the treatment of eye cancers and its continuing development and training of staff from other centres.
- Radiographers able to prescribe medicines for head and neck cancer patients to alleviate their pain.

Summary of findings

- The development and use of the vac bags to help to immobilise patients during treatment and the making of individual head rests to make patients more comfortable.

In the Chemotherapy service;

- The innovative introduction of the rapid chair initiative in the Delamere unit had improved the experience and waiting times for patients receiving shorter treatments.
- The introduction of the Adjuvant Zoledronatec service was innovative and market leading the introduction of this service meant that patients with breast cancer were receiving the very latest evidence based treatment to reduce their risk of death and reoccurrence.
- The Chemotherapy at Home project was outstanding and provided patients with treatment in their own homes. This service embodied the overall trust and service vision of providing the best cancer care to their patients.
- The positivity and compassion shown by staff and reflected in the feedback from patients was outstanding. It was clear that all levels of staff continuously strived to provide outstanding care to their patients.

- The interaction and utilisation of the Maggie's Merseyside charity was excellent. It meant that patients could access all the advice, support and treatment in one place at one time.

- The support offered to patients throughout their treatment was outstanding. This included the implementation of the end of treatment bell, the PAT therapy dog and handler, massages and relaxation techniques for patients and the program of activities provided in the Maggie's centre. All of which contributed to patients receiving an excellent level of emotional and practical support.

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

Importantly, the trust must:

- Improve the staffing within the diagnostic imaging service.
- Ensure that concerns were raised regarding the protection documentation (as required by the Ionising Radiation Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)) which was overdue for review or did not reflect current clinical practise such as a risk assessment from 2013, and local rules from 2014 are addressed.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Clatterbridge Cancer Centre NHS Foundation Trust

The Clatterbridge Cancer Centre is one of the biggest cancer centres in the country and treats patients from across Merseyside, Lancashire, Cheshire, the Isle of Man and North Wales.

The trust will be moving to a new site in the centre of Liverpool in 2018, this will make treatment more accessible for those who live in the more deprived areas of Merseyside and the surrounding areas. Some services will remain at the Clatterbridge site including the proton service for eyes.

The oncology service at the hospital provides care and treatment for patients who require non-surgical oncology treatments as an inpatient on its main site on the Wirral. The trust provides specialist care and treatment to patients from all over the United Kingdom and overseas, as well as their catchment areas of Merseyside and Cheshire. There are 74 inpatient beds at the hospital and they had a total of 3,760 admissions between April 2015 and March 2016. The wards were part of the integrated care directorate.

Chemotherapy services are provided by The Clatterbridge Cancer Centre's Trust's Systematic Anti-Cancer Therapy (SACT) Service. This service is provided at the Clatterbridge Cancer Centre and at eight peripheral satellite clinics at a range of locations, which include acute general hospitals, primary care centres and other sites managed by the trust. The service also provides certain types of chemotherapy in patient's homes. This service is provided by staff employed and trained by the Clatterbridge Cancer Centre.

The adult day-case Delamere chemotherapy unit is located at the Clatterbridge Cancer Centre. This unit is open Monday to Friday between the hours of 8.30am and 6.30pm.

Between April 2015 and April 2016, the unit delivered 46,974 doses of chemotherapy. Of these 19,979 were delivered at the Clatterbridge Cancer Centre, 26,247 were delivered in the outreach sites and 748 of these doses were delivered in patient's homes.

There are ten linear accelerators for the delivery of radiotherapy treatment at the Clatterbridge site and there

is a purpose built unit in Aintree, which is a radiographer led unit. The trust delivered 97,926 radiotherapy treatments in the period April 2015 to March 2016. There is a brachytherapy treatment known as Papillon which can provide an alternative to surgery for some rectal cancers. There is a proton beam therapy service for the treatment of cancers of the eye that treats patients from all over the country and from abroad. The low energy proton beam therapy unit is the only one in the country.

A range of outpatient cancer services are provided by The Clatterbridge Cancer Centre NHS Foundation Trust and a number of outpatient appointments are also offered in satellite clinics at hospitals throughout Cheshire, Merseyside and the Isle of Man.

The Clatterbridge Cancer Centre NHS Foundation Trust offers a combination of consultant and nurse-led clinics including clinical and medical oncology and phlebotomy. A number of therapy led appointments are provided including physiotherapy, speech and language therapy and occupational therapy.

Data from the trust showed there were 99,394 outpatient appointments offered across the trust between July 2015 and April 2016 with 43,318 offered at Clatterbridge Cancer Centre, Wirral.

The diagnostic imaging department sits in the Radiation Service Directorate within the Trust. The department currently consists of two direct radiography (DR) rooms (one of which includes a orthopantomogram (OPT) machine), one computed tomography (CT) scanner, one gamma camera, one positron emission tomography-computed tomography (PET CT) scanner, two magnetic resonance imaging (MRI) scanners, and ultrasound.

Clatterbridge Cancer Centre provides specialist care and treatment to patients across the North West, North Wales and the Isle of Man. The hospital had 3,760 admissions between April 2015 and March 2016 and had a low number of deaths during the same period (74).

The hospital had three inpatient wards and a total of 74 beds, with a mixture of open plan areas and doored side

Summary of findings

rooms. There was also a four bedded young peoples' unit that was found on Mersey Ward. There was not a designated ward or area for patients who were at the end of life.

End of life services were provided and led by a team of specialist palliative care nurses and a consultant in palliative care medicine, who provided direct care and treatment to patients and supported staff throughout the hospital.

Our inspection team

Our inspection team was led by: Lorraine Bolam, Care Quality Commission

Chair: Jane Barrett

Inspection Manager : Nicola Kemp, Care Quality Commission

The team included an Inspection manager, 7 CQC inspectors, a radiology CQC specialists, a CQC pharmacist, inspection planner, , a senior analyst and a variety of specialists including :

Clinical Nurse Specialist; 2 Oncology Nurses; 2 Consultants in Clinical Oncology; a Consultant Nurse in Palliative Care; a Macmillan Nurse; a Strategic Lead for Integrated Governance and Organisational Development; a Clinical Governance Manager; a Head of Clinical Quality Assurance; a Clinical Auditor - Safeguarding Adults & Children and an Equality and Diversity specialist.

How we carried out this inspection

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

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

Before visiting the hospital, we reviewed a range of information we held about The Clatterbridge Cancer Centre NHS Foundation Trust and asked other organisations to share what they knew about it. These included the Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Health watch.

We had stalls in the hospital for people who had experienced care at The Clatterbridge Cancer Centre NHS Foundation Trust to share their experiences with us.

Some people also shared their experiences by email and telephone. The announced inspection of The Clatterbridge Cancer Centre NHS Foundation Trust was from 7 to 9 June 2016.

The inspection team inspected the following core services at The Clatterbridge Cancer Centre NHS Foundation Trust

- Medicine (Oncology)
- Outpatients and Diagnostic Imaging
- Chemotherapy
- Radiotherapy
- End of life care

As part of the inspection, we held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, staff from BME backgrounds, trade union representatives and managers.

We also spoke with staff individually as requested. We talked with almost 50 patients and carers and over 120 staff from all the ward areas and outpatients and

Summary of findings

diagnostic services. We observed how people were being cared for, talked with carers and/or family members, and reviewed over 70 patients' records of personal care and treatment including medication records.

We undertook an unannounced inspection between 2.30pm and 6pm on 21 June 2016 at the Clatterbridge

Cancer Centre. We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Clatterbridge Cancer Centre NHS Foundation Trust.

What people who use the trust's services say

- The NHS Friends and Family Test, which assesses whether patients would recommend a service to their friends and family showed that between December 2015 and April 2016 the percentage of patients that would recommend the centre ranged between 97 and 100%.
- We spoke with patients and families who told us they had experienced "nothing but kindness", that staff were very helpful and how the department "had a nice atmosphere". One patient who had an appointment for the planning of their radiotherapy said they had a choice of centre for treatment and had chosen Clatterbridge because of its reputation. They said that their care was excellent and that everyone was doing the best that they could. They told us that everyone introduced themselves by name and that staff knew her name, they said they were treated as an individual. They had been given a lot of information at the start of the treatment about facts and figures and relevant clinical trials which they appreciated. Another patient we spoke with said "you couldn't have come to a better place and the staff make you feel secure and safe". A patient who described themselves as very nervous and anxious, said that they had travelled two hours for treatment and that they had nothing negative to say about their treatment. They said that the staff helped them to be comfortable and less anxious for the procedure. They said that they didn't mind travelling as it was an excellent centre.
- All the patients we spoke with were positive about their care and treatment. Comments included 'staff have been brilliant, they are amazing and fantastic', 'I wouldn't go anywhere else' and 'staff will go to the ends of the earth for you'. Patients said that staff always introduced themselves and treated everyone as individuals.

Facts and data about this trust

From ten operating sites across Merseyside and Cheshire The Clatterbridge Cancer Centre NHS Foundation Trust treat over 30,000 patients a year, offering pioneering chemotherapy, radiotherapy and proton therapy treatments. Specialist cancer care is available to patients from all over the UK and overseas, as well as their catchment areas of Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire.

During 2015/16 they delivered 96,502 outpatient radiotherapy treatments on their 11 linear accelerator machines. Eight of these machines are located at Clatterbridge Cancer Centre - Wirral, whilst the remaining three are located in Clatterbridge Cancer Centre - Aintree.

Clatterbridge Cancer Centre - Aintree, a £17m purpose built centre, helps bring expertise and treatment 'closer to patients' and partnership working with the neighbouring specialist neurological Trust (The Walton Centre) offers cancer patients treatment options previously unavailable in the northwest region.

In 2015/16 they delivered more than 45,000 outpatient chemotherapy treatments and over 1,000 inpatient chemotherapy episodes of care. In addition to the chemotherapy services available at the Delamere Day Case Unit at Clatterbridge Cancer Centre - Wirral, they also deliver chemotherapy treatments at weekly nurse-led clinics in eight district hospitals across Merseyside and Cheshire.

Summary of findings

The introduction of Acute Oncology Teams has greatly improved the experience and care of patients admitted to A&E with cancer related illnesses. Their acute oncology specialists operate in seven hospitals across Merseyside and Cheshire. The team brings together expertise from oncology, surgery, emergency and general medicine, diagnosing patients more quickly and reducing treatment delays. 92% of all cancer patients attending A&E are now seen within 24 hours of referral.

Since April 2013 they have been running 'Clatterbridge Private Clinic' - a specialist cancer clinic for private patients offering chemotherapy and radiotherapy treatments. The new facility is managed by The Mater Private in partnership with The Clatterbridge Cancer Centre and offers private patients the choice of receiving

high quality treatment in a dedicated clinic without any impact on NHS services. Income from Clatterbridge Private Clinic is reinvested back into The Clatterbridge Cancer Centre NHS Foundation Trust to support the delivery of cancer care across the region.

The health of people across Liverpool is generally worse than the England average. Deprivation is higher than average and about 32% children live in poverty. Life expectancy for both men and women is lower than the England average.

At the time of inspection there were 1080 whole time equivalent (wte) staff, of which 66 were medical staff, 435 were nursing staff, 194 were Allied Health professionals and 385 were other staff disciplines.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated safe as requires improvement because:</p> <ul style="list-style-type: none">• Mandatory training was below the trusts target in some subjects. This had been recognised and action plans were in place to address areas of low uptake. They were also reviewing the number of training areas classified as mandatory as the expectation had become undeliverable.• Documentation showed that emergency resuscitation equipment was not consistently checked on the CREST (Cancer Rehabilitation and Support Team) corridor.• Concerns were raised regarding the staffing levels in cross sectional imaging during the day. During inspection, many of the staff commented on the pressures this caused. However, at the time of the inspection it appeared there was sufficient staff on the floor to allow for patient safety.• Concerns were raised regarding the protection documentation (as required by the Ionising Radiation Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)) which was overdue for review or did not reflect current clinical practise such as a risk assessment from 2013, and local rules from 2014. The trust had plans in place to rectify the situation. <p>However;</p> <ul style="list-style-type: none">• Safety was a high priority and there was routine measurement and monitoring of safety and performance within the trust. There were effective systems in place to ensure patient safety was monitored and maintained which included signs of deteriorating health and medical emergencies. Staff responded appropriately to changes in risks to people who used services. The radiographers were also trained to undertake an early warning score on patients they deemed unwell and requiring medical attention, with set pathways in place to provide support and the admitting of outpatients when required.• We saw evidence in patient records that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks. This included specific risks relating to cytotoxic (chemotherapy) medications. We found that records were completed to a good standard and that they	<p>Requires improvement </p>

Summary of findings

were stored appropriately. The trust had recently started move from paper records to an electronic system to store some patient records and staff were competent in its use. There were action plans in place to move to the electronic systems including radiotherapy planning. Audit showed 99% of medical records were available for outpatient clinics.

- Medical, nursing and radiographer staffing was good and in line with the expectations at a specialist trust. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients and medical response was timely when required.
- Staff understood the importance of reporting and learning from incidents and learning was disseminated effectively. Staff described a good open culture and incident reporting was good. There had been two ionising radiation (medical exposure) regulations (IRMER) notifications to the Care Quality Commission and both had been investigated fully and lessons had been learned.
- Medicines including controlled drugs, chemotherapy drugs and medicines requiring cool storage were managed well and in line with national guidance and legislation. Anticipatory medicines were available to be used when required. Sufficient competent staff were available to administer medicines via syringe drivers. Patient group directives (written instructions for the supply or administration of contrast media by the radiographers) were seen to be up to date. Radiographers had also received training enabling them to injection contrast through central lines.
- Safeguarding was well managed, although uptake of training was variable across both services and professional groups. Staff felt confident to report issues when raised. There was a safeguarding policy which covered both children and adults but had passed its review date and contained some out of date references.
- All areas were visibly clean, staff adhered to “bare below the elbow” guidelines. Arrangements were in place for the handling, storage and disposal of clinical waste. Safety testing for equipment was in use across the trust. There was good monitoring of infections and audits to support the cleaning of equipment following its use on patients with a health care acquired infection. In the 2015 patient-led assessments of the care environment (PLACE) audit the trust scored 99.8% for cleanliness compared to a national average of 97.6% and patients commented positively about cleanliness.

Summary of findings

- Emergency Prevention, Preparedness and Response training was incorporated into the trust induction.

Duty of Candour

- There was a current duty of candour policy which contained appropriate guidance.
- The patient experience manager confirmed that they had never had a complaint which required formal Duty of Candour application however the trusts approach to complaints was very patient centric.
- They received very few formal complaints and they had a very active PALs service.
- The trust took a proactive approach to supporting bereaved relatives through their Day after Death service. The majority of complaints they received were from bereaved relatives.
- Meetings with complainants were offered wherever appropriate and the consultants were very willing to meet with relatives or patients.
- Referral to psychological support counsellors was available and offered to bereaved relatives.

Safeguarding

- There was a combined safeguarding policy for children and adults. Mental Capacity Act requirements were embedded within other policies including best interest decisions and the use of Deprivation of Liberty safeguards (DOLs) however there was no DOLs policy.
- The policy had not been reviewed as required in January 2016 and there was reference to out of date national documentation “No Secrets” and no reference to the Care Act.
- Safeguarding training compliance for adults and children was variable across services and professional groups. Administrator up take was noted to be low percentages but there were low numbers of staff. Nursing and medical uptake of adult safeguarding training ranged from 80 to 100%. Safeguarding children level one training ranged from 70 to 100%. Safeguarding children level two training was slightly above 72%. The trust had set a target of 95% for all mandatory and statutory training.
- Staff felt confident to report issues when raised. Staff told us about types of safeguarding concerns that they would report and were able to describe the process to do this.

Incidents

- Staff understood the importance of reporting and learning from incidents and learning was disseminated effectively.

Summary of findings

- Staff received feedback from incidents and lessons learnt were disseminated in monthly team meetings and in the trust wide Team Brief Incident reporting was a paper based system although an electronic system was being implemented.
- Staff described a good open culture and incident reporting was good.
- There had been two ionising radiation (medical exposure) regulations (IRMER) notifications to the Care Quality Commission and both had been investigated fully and lessons had been learned.

Staffing

- In line with the trust specialism the percentage of consultants working at the trust was 54%, which was higher than the national average of 34%. The percentage of middle grade doctors was about the same as the national average of 6%. The percentage of registrars (senior doctors) was 34%, which was lower than the national average of 39%. The percentage of junior doctors working in the trust was 4%, which was lower than the national average of 22%.
- Nurse staffing levels were adequate and based on an acuity tool. Staff sickness and turnover rates were as expected. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients. Staff vacancies were noted on the risk registers and actions had been identified to mitigate these risks. There was a reliance on temporary staffing on some of the wards but there was a buddy system in place to make sure they were well supported.
- Radiographer staffing was adequate at the Clatterbridge site and at the satellite site. There was good skill mix with and an effective management structure. Specialist radiographers were used when appropriate. There was an on call rota for urgent treatment. There were some vacancies in medical physics which were covered by staff working additional hours.
- Planned versus actual staffing numbers reported by the Trust showed that in cross sectional imaging the department was largely understaffed during the day. Rotas ensured that the early, late and on call shifts were covered to ensure that the department was never left unopen, however day shifts were largely understaffed. During inspection, many of the staff commented on the pressures put on them due to the under staffing. However, at the time of the inspection it appeared there was sufficient staff on the floor to allow for patient safety.

Medicines Management

Summary of findings

- Medicines were managed well and in line with national guidance and legislation.
- We found that anticipatory medicines were stored appropriately and were available to be used when required.
- Staff had regard to the use of syringe drivers and there were sufficient numbers of staff trained to use them.
- There were clear and specific protocols and processes for staff to follow in relation to the storage, management and disposal of chemotherapy medications.
- Medicines were stored securely in a locked cupboard.
- Patient group directives (written instructions for the supply or administration of contrast media by the radiographers) were seen to be up to date.
- Radiographers had also received training enabling them to injection contrast through central lines.
- Medication requiring cool storage was appropriately stored in fridges and temperature checks were always completed.
- Controlled drug checks were always completed on the wards and there was good stock control.

Mandatory training

- Mandatory training was below the trusts target in some subjects. There were no areas which were of major concern but cumulatively there was a deficit.
- Senior managers were aware and were reviewing the number of training areas classified as mandatory or statutory as the expectation had become undeliverable.

Are services at this trust effective?

We rated effective as good because:

- There were protocols in place and treatment was planned and delivered using best practice and national guidelines. The trust participated in the majority of clinical audits they were eligible to take part in and they undertook excellent comprehensive audit to measure compliance with guidelines.
- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014) being compliant with 35 out of 36 standards and scoring 97.6% overall. The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Data contributions to the National Care of the Dying audit showed that the service had performed better than others nationally in the ten key clinical performance indicators.

Good



Summary of findings

- The trust were leading and developing a living with and beyond cancer program. This program aimed to improve outcomes for patients living with a beyond cancer and one of its components was the development of a set of patient related outcomes (PROM's). These PROM's were designed to assess the outcomes of patients living with cancer and measured at specific issues such as fatigue and psychological support. At the time of the inspection these PROM's had not been implemented for a sufficient time to allow meaningful results.
- The trust were part of the development of the West Cheshire Care Record program where key information about patients was stored securely and could be accessed from multiple sites. This meant that staff could view the patients latest test results and emergency attendances from multiple locations.
- The most up to date techniques and technologies were used to provide individualised treatment and to improve the outcomes and reduce the side effects of radiotherapy for patients.
- The radiotherapy department held events to demonstrate advanced techniques in radiotherapy to representatives of other organisations.
- There was a low energy proton beam service for the treatment of eye cancers; it was the only one in the country. There was published data about its effectiveness.
- The Papillon service was providing an alternative treatment to surgery for the treatment of rectal cancers and there was a trial underway to prove the efficacy of the treatment.
- The radiotherapy department was using positron emission tomography scanning (PET) and magnetic resonance imaging (MRI) for the planning of radiotherapy treatment. This provides better imaging for planning purposes.
- There was a culture of continuous learning and development across the organisation.
- We found that patients nutritional and hydration needs were being assessed and recognised assessment tools were being used to assess these needs. There was a focus on discharge planning from the moment of admission and there was good multidisciplinary working to support this.
- The staff we spoke with were competent and passionate about their roles, The service had a comprehensive portfolio of competencies and standards for all staff. Competency assessments were in place for staff in the outpatients department and opportunities were available for continuing professional development Most staff said they were supported effectively and the majority of staff had received their annual

Summary of findings

appraisal which was above the trust target. There were on treatment review radiographers who following training and a competency assessment who were covering the routine work of the consultants and registrars.

- We found that staff members' understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment was good and applications for deprivation of liberty safeguarding were completed correctly. There was good recording of both verbal and written consent.
- The CT radiographers regularly reviewed images for unexpected or significant findings. They stated pick up rate for pulmonary embolisms was high due to this early image review, patients were able to be treated much quicker, and any patient not due to be seen the same day elsewhere in the hospital, were able to receive treatment on the day if any significant pathology needed urgent treatment.
- There was a robust system in place involving the research radiographer, to identify new research trials involving ionising radiation and systems were in place to ensure that the timings of the research protocols of scans were followed.

However,

- The provision of seven day services needs to be expanded across services.
- Training records for CT radiographers need to be updated to reflect new techniques and equipment.
- The End of life service did not use advanced care planning and were not part of the gold standards framework.

Evidence based care and treatment

- There were protocols in place and treatment was planned and delivered using best practice and national guidelines. The most up to date techniques and technologies were used to provide individualised treatment and to improve the outcomes and reduce the side effects of radiotherapy for patients.
- Care and treatment within the outpatient department was delivered in line with evidence-based practice and staff provided examples of specific guidance and pathways used.
- The SPC team had responded to the Liverpool care pathway being withdrawn and had implemented an individual patient communication record that had been designed to meet the needs of patients at the end of life.
- Staff regularly contributed to peer reviewed journals and presented posters at national and international conferences.

Patient outcomes

Summary of findings

- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014). Results from this peer review showed that the service was compliant with 35 out of 36 standards and scored 97.6% overall.
- The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Analgesia could be prescribed for individual patients in the outpatients department and refreshments were available for patients who were waiting, including provision of packed lunches if required.
- The trust were leading and developing a living with and beyond cancer program. This program aimed to improve outcomes for patients living with a beyond cancer and one of its components was the development of a set of patient related outcomes (PROM's). These PROM's were designed to assess the outcomes of patients living with cancer and measured at specific issues such as fatigue and psychological support. At the time of the inspection these PROM's had not been implemented for a sufficient time to allow meaningful results.
- A one stop clinic was available for patients with brain cancer. This allowed patients to attend for scans, blood tests and consultation in one visit and prevented the need to return for several appointments.
- The CT radiographers regularly reviewed images for unexpected or significant findings. They stated pick up rate for pulmonary embolisms was high; however there was no data to support this as it has not been audited. Due to this early image review, patients were able to be treated much quicker, and any patient not due to be seen the same day elsewhere in the hospital, were able to receive treatment on the day if any significant pathology needed urgent treatment.
- The radiographers were trained to undertake an early warning score assessments on patients they deem unwell and require medical attention, with set pathways in place involving a medical registrar able to provide support and the admitting of outpatients when required.
- Data contributions were made to the National Care of the Dying audit and the latest results showed that the service had performed better than others nationally in the ten key clinical performance indicators.
- Referrals that had been made to the SPC team were followed up within 24 hours on most occasions.
- The chemotherapy service scored in the top 20% of all services who participated in the peer review across England in relation

Summary of findings

to the provision of information and assessment of patient's psychological needs. Patient assessment was holistic; pain was actively assessed and well managed. Patients spoke positively about the pain management they received.

- Chemotherapy services took part in research and routinely offered clinical trials to patients when they were assessed as being suitable.

Multidisciplinary working

- We saw positive examples of multi-disciplinary team working when both providing care and treatment and recognising patients who were at the end of life. Multi-disciplinary team working was promoted by several services being located in the same area of the hospital.
- There was a senior specialist oncology and chemotherapy nurse based on the unit every day who also facilitated practice development for staff on the unit. Staff within the service worked closely and effectively together to facilitate high quality patient care. They were encouraged to share case studies to promote learning by the whole team. The specialist nurse also worked with staff on a one to one basis if needed to help them develop and strengthen key skills.
- One case regarding undiagnosed diabetes in patients living with cancer and how steroid use could affect patients' blood sugars had resulted in staff working together to develop an initiative to identify diabetes on pre admission.
- The outpatients department was staffed by a range of professionals working together as a multi-disciplinary team to provide a comprehensive service to patients and Specialist Nurses were in post in a wide range of specialities.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- In the trust wide 2015 audit on consent procedures they demonstrated that in 100% of cases reviewed the benefits, risks and options were discussed and documented on the consent form.
- We found that staff members' understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment was good and applications for deprivation of liberty safeguarding were completed correctly. There was good recording of both verbal and written consent.

Are services at this trust caring?
We rated caring as outstanding because:

Outstanding



Summary of findings

- Relationships between staff and patients and their families were strong, caring and supportive. The staff throughout the hospital were highly motivated and committed to providing holistic, high quality, compassionate care to patients and those around them. A Holistic Needs Assessment was completed before and during patient treatment and surveillance to identify emotional and spiritual need. We saw staff communicating with patients and relatives in a compassionate and respectful manner and the privacy and dignity of patients and relatives were maintained consistently. These relationships were highly valued by the staff and promoted by leaders.
- Patients were given additional time during consultations particularly when receiving difficult news. The trust had clinical nurse specialists available for patients to talk to about their condition. There was access to medical psychology services to provide support to patients and relatives. Staff gave us examples of when this had happened and told us that this service was easy to access. Chaplaincy support was also available at any time.
- We found that patients and relatives were included as partners in their treatment and care planning. Patients and relatives that we spoke to confirmed this.
- Children attending for treatment were given excellent support to help them to through their course of radiotherapy.
- The SPC team had developed an after death communication record and a day after death service that had been implemented to assess the needs of relatives and those close to the patient. It considered a range of needs which included both emotional and practical support. Families were invited to meet with a designated member of staff following the death of a patient to discuss any additional needs that they might have. Patients' belongings were given to family in a handmade canvas bag which were made by volunteers so as to maintain their dignity after death.
- Volunteers at the Aintree site ran a self-management course for patients who had completed their treatment.
- Complementary therapies and pet therapy were available for patients. There were examples of staff making sure acutely ill patients were involved in major life moments despite their illness and treatment.
- Feedback from patients through comment cards during the inspection was 97% positive. We spoke with patients and families who told us they had experienced “nothing but kindness”, that staff had been “lovely” and they had time to ask

Summary of findings

questions. Patients we spoke with said that they were treated as an individual and were extremely positive about the staff. Patients told us that staff helped them to feel safe and secure during treatment

- There were a number of occasions when hospital staff had gone the extra mile. For example, a number of weddings had been facilitated at short notice. This demonstrated a commitment in understanding and responding to the wishes of patients at the end of life. We were also told that staff had supported a patient, who was acutely unwell, to be present at the birth of their child and arranged for the family to be together at the hospital for the first few important days of family life.
- Between December 2015 and April 2016 results from the NHS Friends and Family Test showed the percentage of patients that would recommend the centre ranged from 97 to 100%, above the national average of around 95%.
- In the cancer patient experience survey for inpatient stay 2013/2014, the trust ranked within the top 20% of all trusts for seven of the 34 areas.
- The trust performed better than similar trusts in seven of the 12 areas of the 2014 CQC inpatient survey.

However,

- The reception and waiting area in outpatients did not allow privacy and confidentiality when booking in or when height and weight measurements were taken.

Compassionate care

- All staff were committed to providing high quality, compassionate care. Team members were proud of the type of service that they provided and were keen to maintain high standards of care at all times. We saw examples of positive interactions between staff and patients. Conversations were had in a sensitive and respectful manner. Patients and relatives that we spoke to were keen to tell us that their own experience had been similar.
- We found that the privacy and dignity of patients were respected at all times. Relatives and those close to the patient were afforded the same level of privacy and dignity.
- Patients and relatives that we spoke to told us that staff had responded in a timely manner if they had required pain relief. We saw when reviewing patient documentation that pain assessments had been completed for patients and if pain relief had been administered, pain scores were reassessed to measure the efficacy of the medication given.

Summary of findings

- Porters who were responsible for transferring the deceased from the inpatient wards to the mortuary were employed by another trust. Staff that we spoke to told us that they felt that this was done in a compassionate and dignified way.
- Patient belongings were placed into a handmade cloth bag which was then presented to those close to the patient. The service had developed this as they felt that it gave a personalised touch to the care of the bereaved.
- We witnessed reception and nursing staff being polite and helpful and introducing themselves by name. All staff were observed wearing name badges as part of the “Hello, my name is” initiative within the trust.
- Staff described how patients were given additional time during consultations particularly when receiving difficult news.
- The NHS Friends and Family Test, which assesses whether patients would recommend a service to their friends and family showed that between December 2015 and April 2016 the percentage of patients that would recommend the centre ranged between 97 and 100%.
- We spoke to patients throughout our inspection and families who told us they had experienced “nothing but kindness”, that staff were very helpful and how the department “had a nice atmosphere”. One patient who had an appointment for the planning of their radiotherapy said they had a choice of centre for treatment and had chosen Clatterbridge because of its reputation. They said that their care was excellent and that everyone was doing the best that they could. They told us that everyone introduced themselves by name and that staff knew her name, they said they were treated as an individual. They had been given a lot of information at the start of the treatment about facts and figures and relevant clinical trials which they appreciated. Another patient we spoke with said “you couldn’t have come to a better place and the staff make you feel secure and safe”. A patient who described themselves as very nervous and anxious, said that they had travelled two hours for treatment and that they had nothing negative to say about their treatment. They said that the staff helped them to be comfortable and less anxious for the procedure. They said that they didn’t mind travelling as it was an excellent centre.
- Administration staff had worked over a number of weekends when the trust moved to the new electronic record to ensure that all the radiotherapy patients had their first five radiotherapy appointments and that their treatment was not delayed.
- There were volunteers in the outpatient department who gave out free refreshments to patients and their relatives. There was

Summary of findings

somebody selling clothes in the café area of the department on one of the days during the inspection. We were told that patients liked them as they were loose and made of natural fibres and that this was a useful service when patients did not feel well and didn't want to go out. Part of the profits from sales was donated to the trust.

- We observed patients receiving complementary therapies on the wards; for example massages.
- An area of the waiting room which was curtained off to allow patients to have their height and weight recorded did not afford privacy or confidentiality as conversation could be overheard although patients were not visible.

Understanding and involvement of patients and those close to them

- Staff communicated with patients and relatives in a way in which they understood. Patients and relatives confirmed this to be the case. Patients all had a named nurse and consultant. Patients were aware of this, and on the wards we visited, the relevant names were displayed on a board above the bed. Patients said they had been involved in their care and were aware of the discharge plans in place. Most patients could explain their care plan. Records showed that patients and relatives were involved in their care and treatment. All treatment options that were available were discussed and patients were given the choice of how they wanted their care to proceed. Patients said they felt safe on the ward and had been orientated to the ward area on admission. Family members said they were kept well informed about how their relative was progressing. Patients we spoke with said they had received good information about their condition and treatment.
- At times when it was uncertain if patients would recover despite treatment being provided, conversations were had so that patients had a choice, for example, what their preferred place of care would be in the event of further deterioration. These discussions were supported by the use of the AMBER care bundle. The SPC team had implemented systems such as the rapid discharge plan to support patients in reaching their preferred place of care. However, since January 2016 there had only been one example of this being achieved.
- Staff were keen to give us examples of how they had responded to patient's wishes at the end of life. There were several examples of when staff had facilitated weddings in the hospital, which were often done with a limited amount of time available. On one occasion we saw evidence of a ceremony that had

Summary of findings

taken place in the Maggie's Centre and had been supported by a charity that was based on site. The chaplain had been involved in organising the service and other members of staff had been involved in arranging flowers, rings, music and suits.

- Most patients reported receiving their next appointment before leaving the outpatients department and were provided with a contact number to call in between consultations if required. Four out of five patients reported receiving copies of GP letters following their consultation however leaflets were available near the outpatient department advising patients how to request this.
- Patients attending the eye unit were encouraged to bring someone with them for support. If patients lived more than an hour away the trust covered the costs of a local hotel for patients and their relatives for the duration of their treatment, which was five days. They used the same hotel and staff at the hotel were aware of the needs of patients and helped to co-ordinate aspects of their care including transport to the hospital site if necessary.
- We spoke with the parents of a child who was having radiotherapy; they said that the treatment and care that their child had received was exemplary especially by the specialist radiographer. They felt fully informed and although they had initially felt frightened everyone had gone out of their way to help them feel more comfortable. The child was happy with their treatment and their parents and staff had made a game to get him into the through the treatment maze to the treatment room.
- There was a bell at both sites that patients could ring to signify the end of their treatment. We spoke to a patient at Aintree who had rung the bell. They were relieved to have finished their treatment but said that their treatment and support had been wonderful.
- Matron leadership rounds were conducted once a week where they spent time talking with patients to find out how they were feeling about their stay at the hospital. Following these rounds the matron feedback to staff on the ward their findings to address any immediate concerns.
- Family members were able to stay with patients on the teenage and young people unit and wards provided pull down beds in the patients' bedroom. This enabled family members to be together during treatment. Children were supported to visit parents on the wards and staff arranged picnics for families to help ensure children felt at ease when visiting.

Emotional support

Summary of findings

- Visiting times for the wards met the needs of the friends and relatives we spoke to. Open visiting times were available if patients needed support from their relatives.
- We were told that staff had supported a patient, who was acutely unwell, to be present at the birth of their child and arranged for the family to be together at the hospital for the first few important days of family life.
- Patients and those close to them told us that clinical staff were approachable and they were able to talk to them if they needed to. Patient anxieties and questions were openly discussed and patients spoke positively of the emotional support they received.
- A patient said that they had initially been very scared about coming to the hospital and could not get past the front door without crying. Staff from the ward came and spent time with them in reception and put them at ease. They are now much more confident about receiving the treatment they require.
- There were quiet rooms on the ward for patients and relatives to use.
- To provide patients with emotional therapy the wards regularly received visits from Pets at Therapy services. Patients spoke very highly of the dogs that visited the wards and how it offered them comfort and support
- Each ward also had a hand bell available which patients rang to signify that they were at the end of treatment as a way of celebration.
- The teenage and young adult team facilitated monthly peer group to come together and do activities to provide emotional support. For example, pizza evenings or afternoon tea for patients and families.
- There was a Papillon buddy scheme; this was ex-patients who were trained to give one to one support for patients who were considering having Papillon treatment.
- The children who had radiotherapy at Clatterbridge were allowed to choose a laminated poster of their favourite character or game which had numbers on it, these corresponded to the numbers of treatments that the child would receive and, following treatment, the child would place a sticker on the poster that corresponded with the number of treatments that they had received. One of the staff had made a loom band (63 feet long) so that children who were having radiotherapy who were a distance away from their patients

Summary of findings

could hold onto one end knowing that one of their parents was holding the other end. Children were also given a book that was printed by the centre that they could write, draw or put stickers in to describe their treatment journey.

- The children who needed a mask for their treatment received two masks so that they could take the other one home to get used to it. They could also paint it.
- At Aintree volunteers, some of whom had been patients, organised events and activities for patients to improve their well-being. They ran a six week self-management course for patients who had completed their treatment called help overcoming problems effectively (HOPE).
- The emotional requirements of patients were considered as part of the individual communication record that was used when it had been recognised that a patient was at the end of life.
- There was a chaplaincy service that was available to provide emotional support to patients and relatives when needed. The team of chaplains were employed by another trust but were able to respond quickly when required. A chaplain we spoke to was able to give us examples of how support was given and an emphasis was placed on emotional support still being given even if patients and relatives did not have a particular belief.
- The SPC team had developed an after death communication record and a day after death service that had been implemented to assess the needs of relatives and those close to the patient. It considered a range of needs which included both emotional and practical support. Families were invited to meet with a designated member of staff following the death of a patient to discuss any additional needs that they might have.
- There was access to medical psychology services who were able to provide support to patients and relatives. Staff gave us examples of when this had happened and told us that this service was easy to access.

Are services at this trust responsive?

We rated responsive as good because:

- Services were planned to meet the needs of the local people that were flexible, adequately resourced and provided choice. The services routinely sought patient feedback when planning or changing services. Growth in the number of satellite and outreach clinics within local communities was as a result of the service reviewing where the largest group of patients accessing their services lived.

Good



Summary of findings

- The trust consistently met the national standard for referral to treatment times between April 2015 and March 2016, an average of 91% of patients received their first treatment within 62 days of receipt of referral, and 96% of patients received their first treatment following a decision about treatment, within 31 days.
- The trust Did Not Attend rate was consistently lower than the England average and the annual trust target of 4%.
- The radiotherapy department were meeting most of their targets for referral to treatment but were not always meeting their 31 day target for radiotherapy treatment of 100% . This was mainly due to head and neck cancer patients who required dental treatment which delayed the commencement of treatment.
- The Trust target of two days for the clinical evaluation of imaging produced by the radiologists for all imaging had not always been met due to reporting capacity issues. To help mitigate this risk, the Trust used an external reporting consortium and an outsourcing company to help reach their reporting targets.
- The SPC team tried to identify patients and become involved in their care at the earliest possible opportunity. The SPC team had met the indicator that a patient's preferred place of care had been discussed on entering the dying phase in 80% of cases.
- The Trust had reported only one breach of the 6 week wait target for an imaging appointment in the period April 2015 to February 2016.
- Patients receiving chemotherapy at Clatterbridge who presented at local acute hospital were supported by acute specialist nurses employed by Clatterbridge who were able to offer specialist advice to the staff on the unit and also work with clinicians to facilitate the patients discharge or transfer.
- There was sufficient bed capacity to meet the needs of patients and systems in place for the management of patients so they had continuity of care. In addition, number of patients who experienced one or more ward moves during their admission did so only as part of their care pathway.
- The SPC team had developed a day after death service which had been developed to meet the needs of the bereaved after losing a loved one. This service was supported by the care at and after death communication record.

Summary of findings

- The service were currently piloting a rapid discharge plan which was used to consider individual needs of the patient and those taking care of them when being discharged to their preferred place of care. Nurses escorted all patients who were on a rapid discharge to promote continuity of care.
- Chemotherapy was provided in patients own homes and they were considering offering this service in workplaces and psychological support, counselling and complementary services were all provided free of charge for patients and their relatives.
- Administration staff gave patients a full schedule of radiotherapy appointments at their first appointment following discussions with them to accommodate their preferences. This helped patients to plan their lives during treatment. Patients received written information regarding their outpatients appointment and condition. Car parking, newspapers and refreshments were available free of charge to all patients attending the outpatient department.
- Patients' individual concerns were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance and a care plan written to address any identified needs.
- Patient and relative experience was improved through a number of initiatives including car parking, newspapers and refreshments available free of charge to all patients attending the outpatient department, overnight accommodation for relatives who wanted to stay with patients at the end of life; pagers to allow service users to leave the outpatient waiting area and be recalled when it was time for their consultation; a range of complementary therapies available free to patients and peer support for patients who had completed their treatment. Patients could access advice and support 24 hours a day and a chaplaincy service available to patients, relatives and also members of staff if required.
- An initiative was being rolled out to enhance the patient experience by telephoning patients prior to their appointment to obtain specific information for the individual patient and identify any reasonable adjustments they may require to support their attendance.
- Consideration was given to patients living with a disability and their treatment could be tailored to meet their needs including where the treatment was delivered. Reasonable adjustments were also made for patients including hearing loops and translation. Specialist nurses provided support and advice to

Summary of findings

staff and the service was meeting individual needs for patients who were living with dementia or a learning disability. There was a proactive approach to understanding the needs of different groups of people including those with complex needs.

- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made. Complaints were well managed, within agreed timescales and evidence of action taken as a result of them was evident.
- Radiographers could refer to services in the hospital including physiotherapy, tissue viability, dietetics, and occupational therapy and also services outside the hospital such as social care. There were also a range of services available from MacMillan to support patients on practical matters and their well-being

However,

- The dementia strategy was not fully embedded and there were limited resources and signage to support people living with a cognitive impairment.
- There was no tissue viability nurse to support staff in managing patients with conditions such as pressure ulcers.
- There was no defined outpatient therapy service and at the time of our inspection and the outpatient physiotherapy service was restricted due to the prioritisation of inpatient care.
- At times there were delays in patients receiving therapy from therapy staff due to staff availability.
- Patients were not always seen within the radiotherapy department 30 minute target, the department had regular meetings to try to resolve this.
- The trust consistently failed to meet its target for patients waiting following arrival in the department; however patients were added to clinics at short notice if their condition required an appointment be brought forward.
- Staff felt that the viewing room in the mortuary was in a poor state of repair. However, the service had developed a system where a patient was kept on the ward until loved ones were able to see them.

Service planning and delivery to meet the needs of local people

- Services were planned to meet the needs of the local people that were flexible, adequately resourced and provided choice.
- The needs of the local population were taken into account when planning the delivery of services and the service routinely sought patient feedback when planning or changing services.

Summary of findings

Growth in the number of satellite and outreach clinics within local communities was as a result of the service reviewing where the largest group of patients accessing their services lived.

- The service was meeting the standards relating to providing care in a timely way. Between April 2015 and March 2016, an average of 91% of patients received their first treatment within 62 days of receipt of referral. For the same period, 96% of patients received their first treatment following a decision about treatment, within 31 days. Staff had taken measures to address any areas where they were not meeting these standards and had set internal unit wait targets which were actively improving patients' waits for treatment.
- The Trust had reported only one breach of the 6 week wait target for an imaging appointment in the period April 2015 to February 2016.
- They also worked closely with local acute hospitals with a number of acute specialist nurses employed by Clatterbridge Cancer Centre NHS foundation trust worked in the acute hospital and reviewed and assessed any patients in receipt of chemotherapy at Clatterbridge who were attending the emergency department or admission units. They were able to offer specialist advice to the staff on the unit and also worked with clinicians to facilitate the patients discharge or transfer.
- End of life services had been developed to meet the individual needs of patients. The SPC team tried to identify patients and become involved in their care at the earliest possible opportunity.
- The SPC team had met the indicator that a patient's preferred place of care had been discussed on entering the dying phase in 80% of cases.

Meeting people's individual needs

- There was sufficient bed capacity to meet the needs of patients and systems in place for the management of patients so they had continuity of care. In addition, number of patients who experienced one or more ward moves during their admission did so only as part of their care pathway.
- Although there were specialist nurses there was not a designated tissue viability nurse to support staff in managing patients with conditions such as pressure ulcers.
- The service also provided chemotherapy in patients own homes and were considering offering this service in workplaces and psychological support, counselling and complementary services were all provided free of charge for patients and their relatives.

Summary of findings

- Consideration was given to patients living with a disability and their treatment could be tailored to meet their needs including where the treatment was delivered. Reasonable adjustments were also made for patients including hearing loops and translation.
- Patients could access advice and support 24 hours a day.
- Patients received written information regarding their appointment and condition. Car parking, newspapers and refreshments were available free of charge to all patients attending the outpatient department.
- Patients' individual concerns were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance and a care plan written to address any identified needs.
- Pagers were available to allow service users to leave the waiting area and be recalled when it was time for their consultation.
- Staff described how people in vulnerable circumstances were accommodated in the department and provided examples of support provided using a multi-disciplinary approach.
- An initiative was being rolled out to enhance the patient experience by telephoning patients prior to their appointment to obtain specific information for the individual patient and identify any reasonable adjustments they may require to support their attendance.
- Patients were provided with additional time during their appointment if required and a 24 hour advice line was available for patients with concerns or who felt unwell.
- The reception and waiting areas at both sites were modern and light and airy, at Clatterbridge the main waiting area was set out café style with comfortable seating and coffee tables. The satellite site at Aintree was purpose built and there had been patient input into the design of the building. The department worked with a number of trusts to provide treatment for their patients including a nearby children's trust. They also liaised closely with the nearby cancer hospital on issues such as safety. Eye treatment was provided for patients both nationally and internationally. Radiographers could refer to services in the hospital including physiotherapy, tissue viability, dietetics, and occupational therapy and also services outside the hospital such as social care. There were also a range of services available from MacMillan to support patients on practical matters and their well-being
- Administration staff gave patients a full schedule of appointments at their first appointment following discussions with them to accommodate their preferences. This helped patients to plan their lives during treatment.

Summary of findings

- There was a range of complementary therapies available at the Aintree site and a treatment room, they were free to patients. There was peer support for patients who had completed their treatment.
- At times there were delays in patients receiving therapy from therapy staff due to the lack of staff available.
- The outpatient waiting area had a limited amount of space and was cramped when clinics were busy.
- There was no defined outpatient therapy service and at the time of our inspection and the outpatient physiotherapy service was restricted due to the prioritisation of inpatient care.
- The trust consistently failed to meet its target for patients waiting following arrival in the department; however patients were added to clinics at short notice if their condition required an appointment be brought forward.
- The SPC team had developed a day after death service which had been developed to meet the needs of the bereaved after losing a loved one. This service was supported by the care at and after death communication record.
- The service were currently piloting a rapid discharge plan which was used to consider individual needs of the patient and those taking care of them when being discharged to their preferred place of care. Nurses escorted all patients who were on a rapid discharge to promote continuity of care.
- There was a chaplaincy service available which provided emotional support to patients, relatives and also members of staff if required.
- There was overnight accommodation for relatives to use if they wanted to stay with patients at the end of life.
- Staff felt that the viewing room in the mortuary was in a poor state of repair. However, the service had developed a system where a patient was kept on the ward until loved ones were able to see them.
- The rapid discharge plan was currently being piloted, meaning that there had been no measurement of how effective this had been. There had only been one rapid discharge since January 2016.

Dementia

- The dementia strategy was not embedded in services and there were limited resources and signage to support people living with a cognitive impairment.

Summary of findings

- Specialist nurses provided support and advice to staff and the service was meeting individual needs for patients who were living with dementia or a learning disability. There was a proactive approach to understanding the needs of different groups of people including those with complex needs.
- There was a trust-wide dementia strategy in place, but this had not yet been adopted for use on the wards.

Access and flow

- The trust consistently met the national standard for referral to treatment times for incomplete pathways and for cancer patients to receive first definitive treatment within 31 days of diagnosis.
- The trust DNA rate was consistently lower than the England average and the annual trust target of 4%.
- The Trust had targets for the clinical evaluation of imaging produced by the radiologists for all imaging to be in two days. The Trust had experienced reporting capacity issues due to the way the radiologists were structured. To help mitigate this risk, the Trust used an external reporting consortium for all muscular-skeletal imaging and an outsourcing company when they struggled to reach their reporting targets.
- The department were meeting some of their targets for referral to treatment but were not always meeting their 31 day target for radiotherapy treatment of 100%; this was mainly due to head and neck cancer patients who required prior dental treatment.
- Patients were not always seen within the department 30 minute target, the department had regular meetings to try to resolve this.

Learning from complaints and concerns

- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made.
- Complaints were well managed, within agreed timescales and evidence of action taken as a result of them was evident.

Are services at this trust well-led?

We rated well-led as outstanding because;

- There was a strategic plan for the trust and all services had service level plans. In oncology there was a specific service delivery plan which included the wards; business plans were in place in the radiotherapy department and there was an end of life work programme. These included clear indications of

Outstanding



Summary of findings

delegated responsibilities and time frames and measurable and realistic objectives and outcomes. They also had comprehensive plans for the future including the relocation of the hospital to the new site in Liverpool and these outlined how the service would be sustained in the future.

- Governance and performance management arrangements had been proactively reviewed and actions were being taken to address recommendations.
- Leaders shared a positive patient centred purpose and there was a strategy in place to develop the desired culture within the organisation.
- There were high levels of staff satisfaction across all groups and staff were proud to work at The Clatterbridge Cancer Centre.
- There was a unified desire to deliver the best care to patients and those close to them and there were many examples of how this was being addressed through a variety of initiatives to improve the patient experience.
- The organisation listened to people who used their services to improve their delivery.
- The leadership of the organisation actively drove improvement in the delivery of care.

However;

- Within the diagnostic imaging team, with the exception to the Transforming Cancer Care strategy, there was little vision and governance support needed to be strengthened.
- Learning from incidents could be strengthened across the oncology wards.
- Staff morale in outpatients had been affected by the recent changes.
- Equality and diversity information access needed to be improved.

Vision and strategy

- There was a clear trust strategy plan for 2014 to 2019 which had been refreshed in February 2016. This was supported by the establishment of a Transformation Programme Office to support the delivery of the transformation agenda. The plan was linked to other external plans including the Five Year Forward View (5YFV) [Published October 2014]; the 2016/17 planning guidance (particularly the opportunities provided by the requirement for the development of health economy

Summary of findings

sustainability and transformation plans (STPs) that cover the same planning period). Published December 2015 and the Report of the cancer taskforce (Achieving World Class Outcomes: a strategy for England 2015-2020)

- All services had local plans which linked to the trust strategy.
- The end of life service had a clear vision and strategy which was supported by an end of life work programme. These included clear indications of delegated responsibilities and time frames.
- There was a business plan for the radiotherapy department which included the relocation of the hospital to the new site in Liverpool.
- The chemotherapy service strategy contained measurable and realistic objectives and outcomes. They also had comprehensive plans for the future and these outlined how the service would be sustained in the future.
- There was a specific service delivery plan which included the wards.
- All staff were able to describe the trusts overall vision and values and were able to explain how the service strategy and their role fitted into that vision.
- However, with exception to the Transforming Cancer Care strategy, there was little vision within the diagnostic imaging team. This was due to a long standing vacancy in the professional lead of the department.

Governance, risk management and quality measurement

- The trust had commissioned an external governance report which had reported in March 2016. This had made 36 recommendations to strengthen the governance in the organisation and the trust had a robust action plan in place with actions to be completed by October 2016.
- The Board assurance Framework (BAF) had been revised in May 2016 in response to the governance report and there were good processes in place for the management of the BAF.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- We found all policies to be clear, accessible and up to date.
- There had been no major information governance (IG) breaches. The trust had been awarded significant assurance by Mersey Internal Audit for the last two years. The IG Toolkit was reported as 80% compliant for 2015/16.

Summary of findings

- Clinical governance managers were integrated in to directorates, attending and reporting to directorate meetings and providing leadership with root cause analyses.
- Local risk registers were seen to be relevant and up to date; however in oncology the process required strengthening.
- The use of monitoring including dashboards and audits was seen in all areas.
- There was limited evidence that EOL incidents and complaints were discussed in governance meetings. The management team told us that they had recognised this as an area for improvement.
- End of life services had a service level agreement with another trust for the management of on-site mortuary services. However, this was still under development and we were not assured that the agreement or standards of the mortuary were being monitored on a regular basis.
- Governance roles and responsibilities were clear and understood by staff however governance support for the diagnostic imaging department needed to be strengthened.

Leadership of the trust

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Leaders understood the challenges to good quality care and identified actions to address them.
- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of the organisation.
- The NHS staff survey 2015 showed the trust performed better than the national average for 12 indicators and as expected in a further seven. The overall staff engagement score for the trust was 3.98, which was in line with the national average score of 3.94 for specialist acute trusts.
- Leaders worked closely with other directorates and departments, offering a truly joined up and integrated approach to the treatment of cancer. This achieved advances in the care and treatment, improved the patients journey and experience.

Culture within the trust

Summary of findings

- The trust had “the Clatterbridge Culture Programme” in place which was a five year strategy to create a culture in which positive behaviours are experiences consistently throughout the organisation. This contained a culture recipe and clear measurement of each of the culture dimensions.
- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- Managers acknowledged there had been significant changes and challenges including staffing, workload and the introduction of the Electronic Patient Record.
- All staff told us that they felt respected and valued in their day-to-day working lives and there was a strong patient centred culture throughout the service. Both staff and managers were continuously striving for excellence and looking for new innovative ways of working, particularly noted in Chemotherapy services.
- We saw that a very positive and supportive culture across all wards and departments. Staff were very proud of their hospital and the work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.
- There was an open and honest culture within the organisation and staff were candid about the challenges they faced.
- Staff morale was reported to be good although in outpatients the amount change the department had experienced in a short period of time had affected morale.

Equalities and Diversity – including Workforce Race Equality Standard

- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic

Summary of findings

(BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.

- The trust has an overall Equality and Diversity Strategy (EDS) in place and there were clear monitoring processes for the EDS2 plan.
- However the EDS2 plan was not readily visible to staff, the equality plan published on the intranet was dated 2012-16 and was not the same as the current EDS2 action plan.
- The public documents section of internet site under equality and diversity also provided only outdated information in relation to equality objectives. However, updating published information was included in the equality action plan.
- An equality impact summary page was included on the policy template and the board paper cover sheet for policies. This ensured that equality impact assessment takes place during policy formation and revision as part of the policy audit process.
- A governance process was in place to ensure that equality impact assessments were carried out for major service changes and policies, but this did not extend to organisational strategies.
- There was a strong communication relationship between corporate diversity lead and staff side chair.
- Equality and diversity training was included as mandatory training for all staff every three years. Overall trust rates of compliance are 84%.
- The trust's staff survey result in regard to "BME staff are no more likely to be bullied or harassed than white counterparts" was significantly better than the sector average. There were Relations at work advisors in place, who were able to signpost staff to sources of advice and support. There was also self-referral access to counselling for any reason, open to all staff.
- The trust's staff survey result in relation to discrimination at work was 7%, which was better the 9% sector average.
- However, data for non-mandatory training was not available through the current training recording process and although the published WRES report stated that the trust had no BME staff at band 8 and above and that the relative likelihood of White staff being appointed to vacancies compared to BME staff is 1.6 times greater.

Fit and Proper Persons

Summary of findings

- The trust had good, robust policies and processes in place to gain internal assurance regarding the fit and proper person regulation. This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- There were clear annual declarations of interest.
- We reviewed all the executive team files and found that all had the correct checks made with supporting evidence and included checks on applicants/appointees criminal record, financial background, identity, employment history, professional registration and qualification checks.
- We reviewed two random non-executive director files and also found they were in order although one of the DBS checks needed to be updated.

Public engagement

- Patients and carers were encouraged and had access to a range of opportunities to give feedback about their care or experience including the NHS friends and family test, inpatient experience survey, Johns Campaign (An initiative derived from a complaint, aimed at putting patients and carers at the forefront of services)
- The Council of Governors told us they felt involved and engaged and that the Board members took their views seriously. There was a patient experience committee and a patient council which met every six months.
- There was evidence of regular engagement with members of the public. This information was used in developing the services provided.
- The chemotherapy service regularly engaged the public in how the trust planned their services. The service was innovative in its approach to the delivery chemotherapy services and other organisations had visited the service to benchmark their practice. The service was piloting a number of innovative projects at the time of the inspection.
- Medical oncology services captured views of people who used the services with learning highlighted to make changes to the care provided.
- People would recommend the hospital to friends or a relative.

Staff engagement

- There was good staff engagement with staff being involved in making improvements for services.
- The services worked effectively and engaged with other professionals to ensure patients received the required level of care and support.

Summary of findings

- There was evidence of regular engagement with staff, the information was used in developing the services provided.
- One staff engagement event had taken place in March 2016 around the Clatterbridge Culture Programme and more are planned in relation to the transformation of services.
- Plans were in place for the corporate diversity lead to establish a BME reference group for doctors, which is the largest BME group of staff.

Innovation, improvement and sustainability

- There were plans in place for a move of the trust to a new hospital in Liverpool in order to improve services by being located close to other accessible services which are not currently available and improve the sustainability of the organisation.
- The Specialist Palliative Care consultant was involved in a number of projects to develop the services not only at the Trust, but also nationally.
- The radiotherapy service delivered a number of services which are only available from this trust.

Overview of ratings

Our ratings for The Clatterbridge Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Outstanding	Good	Requires improvement	Requires improvement
Chemotherapy	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Radiotherapy	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding

Our ratings for The Clatterbridge Cancer Centre NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

End of Life Service

- The service had developed a simulation based training programme to develop the skills and knowledge of staff throughout the hospital. This involved simulating difficult situations so that staff developed their confidence when dealing with patients and relatives at the end of life.
- All staff were committed to facilitating the requests of patients at the end of life. For example, there had been a number of weddings organised within a short period of time at the request of patients. Several staff were involved in facilitating these.
- The service had responded to NICE guidance by developing a day after death service which met the needs of the bereaved in that a number of risk assessments were undertaken to ensure their welfare.
- The SPC consultant was involved in a number of projects. For example, the serious illness programme UK was being piloted alongside a number of organisations from the United States of America and had been designed in response to services recognising the challenging situations that clinicians faced when dealing with patients and relatives at the end of life.

Outpatients and Diagnostics service

- Individual needs of patients were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance. Following completion a care plan was formulated to summarise any concerns and identify actions to address them.

Radiotherapy service

- The development of the advanced practice radiographer posts that enabled consultants and registrars to do the more complex work.
- The uses of skill mix across the department for staff at all levels including health care assistants
- The continuing development of the Papillon service as an alternative to radical surgery.
- The proton beam service for the treatment of eye cancers and its continuing development and training of staff from other centres.

- Radiographers able to prescribe medicines for head and neck cancer patients to alleviate their pain.
- The development and use of the vac bags to help to immobilise patients during treatment and the making of individual head rests to make patients more comfortable.

Chemotherapy service

- The innovative introduction of the rapid chair initiative in the Delamere unit had improved the experience and waiting times for patients receiving shorter treatments.
- The introduction of the Adjuvant Zoledronatec service was innovative and market leading the introduction of this service meant that patients with breast cancer were receiving the very latest evidence based treatment to reduce their risk of death and reoccurrence.
- The Chemotherapy at Home project was outstanding and provided patients with treatment in their own homes. This service embodied the overall trust and service vision of providing the best cancer care to their patients.
- The positivity and compassion shown by staff and reflected in the feedback from patients was outstanding. It was clear that all levels of staff continuously strived to provide outstanding care to their patients.
- The interaction and utilisation of the Maggie's Merseyside charity was excellent. It meant that patients could access all the advice, support and treatment in one place at one time.
- The support offered to patients throughout their treatment was outstanding. This included the implementation of the end of treatment bell, the pet therapy dog and handler, massages and relaxation techniques for patients and the program of activities provided in the Maggie's centre. All of which contributed to patients receiving an excellent level of emotional and practical support.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust **MUST** take to improve

In outpatients and diagnostic imaging;

- The trust must improve the staffing establishment and the professional leadership of the radiology department including the modality lead posts as PET/CT and nuclear medicine were the only speciality with a filled position.
- The trust must ensure the radiation protection and safety aspects within the Trust are addressed and documentation kept up to date.

- The trust must improve the quality assurance processes in the diagnostic imaging department. Ensuring it is appropriate and timely.

- The trust must ensure review and update of all policies and procedures surrounding radiation protection in the imaging department to ensure they reflect current practise

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1)

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

Regulation 18(2)(a)

The provider should ensure that all staff have the appropriate support, and training necessary to enable them to carry out the duties they are employed to perform.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (b)

Systems and processes must be established and operated effectively to assess, monitor and mitigate risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity