Senior Governors Report to the Council of Governors July 2019.

It is sometime since our last meeting. I have asked that Governors are given some updates on topical issues for this meeting. In particular, we've not heard about how PropCare is managing the new build and especially the contracts for cleaning and catering and other services. As we get closer to the completion of the new build, these issues become more important. I attended a recent event held on the 6th floor of the new hospital and it's enormously encouraging to see the progress being made.

I'm sure that Liz Bishop will also be giving us an update on progress since the CQC Inspection. I would like to thank Liz and Kathy who have scheduled regular briefing meetings with myself. The next briefings are on the 10th of July. Governors can use the WhatsApp Group if they want me to raise any issues.

The usual Governor Committee Meetings have been operating. The Nominations Committee has been dealing with Non-Executive Director vacancies. We initially advertised for two Non-Executive Directors, one with legal experience (to fill the vacancy left by Debbie Francis) and one with clinical experience.

Following a successful advertising process, a total of 13 candidates applied with three strong candidates being interviewed on 11 July 2019 for the NED with legal experience. Following a rigorous process and deliberations, the Nominations Committee is recommending to the Council of Governors that Mr Elkan Abrahamson be appointed as the Non-Executive Director with legal experience. Mr Abrahamson has a strong legal background specialising in child Care Law and Human Rights and latterly in major Inquiries and Inquests including the Hillsborough Inquest representing families.

Unfortunately there was insufficient interest in the NED with clinical experience and therefore the Trust will go back out to advert for this in the autumn.

We are currently in the process of Governor elections which close on 25 July and the results will be declared on 26 July 2019. However, during the first round of elections we did not secure Governor nominations for the following constituencies:

Cheshire West & Chester – 1 seat
Sefton – 1 seat
St Helens & Knowsley – 1 seat
Warrington & Halton – 1 seat

A second round of elections is in progress closes on 9 September 2019.

Results of both election rounds will be announced at the Annual Members' Meeting on 25 September 2019.

Treatments for Cancer are continually moving forward. We have had some excellent presentations recently about new innovations and it's heartening for patients that the Trust remains committed to providing the best forms of treatment. The best organisations continually innovate and outstanding organisations always ask themselves what they are doing that is beyond the norm and how they continue outstanding provision. Perhaps we could have this as a regular item, where we identify what is outstanding in our Trust and why? Also what is happening to make other areas of provision outstanding?

I would like to thank those Governors who have recently supported me by attending the recent Board meeting in my absence. It's been good to see Governors attending Board Meetings as observers. It's very encouraging.
I remain available if anyone wants to raise issues with me. We also will have the results of the latest round of Governor elections in the near future.

Stephen Sanderson CBE.
Senior Governor.

The Clatterbridge Cancer Centre NHS Foundation Trust

Inspection report

Clatterbridge Road
Wirral
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Tel: 0151 556 5000
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Date of inspection visit: 10 Dec to 17 Jan 2019
Date of publication: 16/04/2019

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

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

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

Ratings

Overall rating for this trust	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

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

Summary of findings

Background to the trust

The Clatterbridge Cancer Centre NHS Foundation Trust is one of the UK's cancer centres providing highly specialist cancer care to a population of 2.3m people across Cheshire, Merseyside and the surrounding areas including the Isle of Man. Care is funded by patients local clinical commissioning group and NHS specialist commissioners.

The trust is predominantly based in Clatterbridge, Wirral but also in a radiotherapy treatment centre in Aintree, Liverpool and the haemato-oncology service. The haemato-oncology service was acquired in 2017 and is currently based in an acute trust in Liverpool. The trust also operates specialist chemotherapy clinics in seven of Merseyside's district hospitals and deliver a treatment at home service.

At the time of our inspection the trust had 103 beds, based in six wards, including a clinical decisions unit. The trust also had 22 chairs based within the haemato-oncology unit and a further 117 chairs for treatment of patients with solid tumours. The trust ran approximately 370 outpatient clinics per week. From August 2017 to July 2018 the trust had 7,656 inpatient admissions (127% increase on the previous year), 388,923 outpatient attendances (15% increase on the previous year) and 106 deaths (38% increase on the previous year). At the time of our inspection the trust employed 1,126 staff.

We last inspected the trust in June 2016 and published our report in February 2017. At that inspection the trust was given an overall rating of outstanding. The trust were also issued with requirement notices, which impacted on their rating in the safe domain.

Currently the trust provides chemotherapy, radiotherapy, medicine, outpatients, diagnostics and end of life care.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Good  

What this trust does

Clatterbridge Cancer Centre is a tertiary cancer centre, which means they see patients who have already been diagnosed and referred to them by other hospitals. They provide non-surgical cancer care for example chemotherapy and radiotherapy for solid tumours and blood cancers.

The trust provides a range of inpatient care, advanced radiotherapy, chemotherapy and other systemic anti-cancer therapies (medicines) including gene therapies and immunotherapies. Currently the trust is the only facility in the UK providing low-energy proton beam therapy to treat rare eye cancers and hosts the region's teenage and young adult unit, (supported by the Teenage Cancer Trust).

The services include:

- Academic oncology professors and senior clinical lecturers appointed jointly with the University of Liverpool
- Acute oncology, specialist cancer support in the emergency department and acute care in other hospitals
- Chemotherapy and other systemic anti-cancer treatments. These are drug treatments for cancer and include gene therapies, immunotherapies and other molecular agents
- Haemato-oncology, in July 2017 the management of an acute trust's haemato-oncology service transferred to The Clatterbridge Cancer Centre. This service provides inpatient and outpatient care for acute leukaemia; chronic leukaemia; lymphoma; myeloma and bone marrow (stem cell) transplant

Summary of findings

- Eye proton therapy, the trust currently has the UK's only low-energy proton beam therapy facility for treating rare eye tumours.
- Imaging and pre-treatment radiotherapy (diagnostic imaging / treatment planning) – the trust has positron emission tomography-computed tomography, computed tomography , magnetic resonance imaging , x-ray facilities and treatment planning
- Inpatient wards, the trust has 73 inpatient beds across their three wards on the main Wirral site
- Pharmacy, the pharmacy manufacture all the chemotherapy doses for solid tumour cancers across Cheshire & Merseyside
- Physics, the physicists provide scientific support for radiotherapy treatment
- Radiotherapy, the trust has nine linear accelerators (radiotherapy treatment machines), six at the Wirral site and three at the Aintree site
- Research and development, the trust carries out leading-edge clinical trials of new cancer treatments. Their BioBank of donated tissue provides a resource for cancer researchers
- Supportive care, this includes physiotherapy, psychological support, palliative care, speech and language therapy, occupational therapy, dietetics, cancer information, financial and benefits advice, and survivorship and living with and beyond cancer
- Triage & assessment, the trust provides rapid-access assessment clinics and 24-hour phone support for patients who need urgent advice or care

We inspected services at the main site at Clatterbridge, in Aintree and the haemato-oncology unit based in another acute trust. Due to the size of services and where they were controlled from, we have reported them under one location, the main Clatterbridge site.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected three of the acute services provided by this trust as part of our continual checks on the safety and quality of healthcare services. At our last inspection we rated parts of the acute services we inspected as requires improvement. The trust also now ran services formerly run by a different trust.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

Summary of findings

What we found

Overall trust

Our rating of the trust went down. We rated it as good because:

- We rated safe, effective, responsive and well-led at core service level as good and caring as outstanding. We rated three of the trust's six services as good. In rating the trust, we took into account the current ratings of the three services not inspected this time. As we reported the trust's services under one hospital location (Clatterbridge), these ratings also apply to that hospital.
- We rated well-led for the trust overall as requires improvement. This means the overall rating for well-led is requires improvement.
- Since our last inspection the overall rating for the trust went down. Although we still found that services largely performed well, directors' files did not have all the information contained within them to meet every aspect of the fit and proper legal requirements; we had concerns regarding governance systems and processes and in relation to having sufficient numbers of staff that were life support trained. This meant we could not give it a rating higher than requires improvement in the well-led (leadership) at trust level.
- Across the trust, services largely performed well. We were not concerned regarding the overall quality of cancer care.
- We continued to rate caring as outstanding. Throughout the organisation staff were committed to delivering patient centred care. Patients were at the heart of what the trust did and decisions it took. Staff respected individuals and supported them practically and emotionally.
- We improved the rating of the safe domain to good. Across most services patients were protected from avoidable harm and abuse.
- We continued to rate effective as good. The trust continued to ensure that patients had good outcomes because they received care and treatment that met their needs.
- We continued to rate responsive as good because most people's needs were met through the way the services were organised and delivered.
- At core service level, we rated well-led as good because the leadership and culture promoted high-quality person-centred care.

However:

- At the time of our inspection we had concerns regarding the trust's fit and proper person process, a legal requirement. We were not assured that disclosure and barring service checks were in place for nine of the trust's 17 directors. Whilst three of the directors were relatively new, legal requirements are clear that all staff acting at director level must have a disclosure and barring service certificate in place. We escalated our concerns at the time of our inspection and the trust took action to mitigate the risks.
- The trust's governance systems did not enable the trust leadership to have oversight of issues that impacted on patient care, outcomes, allow them to sufficiently address risks and the early identification of shortfalls in care and performance.
- The trust did not have a process in place at the time to evidence that there were always enough suitably qualified, competent and experienced staff with relevant levels of life support training (including basic, immediate and advanced life support) deployed within the service at all times.

Summary of findings

- In medicine we rated the well-led domain as requires improvement. Although we largely found that this service performed well, the service did not meet legal requirements relating to staff competencies, staff training and addressing known risks in a timely way.
- In diagnostics we rated the safe domain as requires improvement. Although we largely found that this service performed well, the service did not meet legal requirements relating to safe care and treatment and addressing known risks in a timely way.
- All of the concerns relating to legal requirements were raised with the trust at the time of our inspection and immediate action was taken to address them.

Are services safe?

Our rating of safe improved. In rating the trust we took into account the current ratings of the services not inspected this time. We rated it as good because:

- We rated one of the trust's six services as requires improvement for safety. The remaining five services were rated as good.
- Since our last inspection the trust had commissioned an independent review of safeguarding. The trust had an action plan in place. At inspection we found that staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust continued to control infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Across most areas, the trust had suitable premises and equipment and looked after them well.
- The trust's staff continued to follow best practice when prescribing, giving, recording and storing medicines.
- Staffing levels across most wards and clinics continued to be good.

However:

- We rated one of the trust's six services as requires improvement for safety. Three of the remaining trust's services were rated as good and two services were rated as outstanding.
- In diagnostics we were concerned that staff's training levels for life support were poor. We did not have assurance there was someone with current training in each clinical area on each shift. We escalated this to the trust at the time of our inspection and they took immediate action.
- In diagnostics staff did not always complete the necessary identification checks for each patient before imaging patients. We escalated this to the trust at the time of our inspection and they took immediate action.
- In medicine and diagnostics, we had concerns regarding records storage. We escalated this to the trust at the time of our inspection and they took immediate action.
- At our last inspection we expressed concern regarding mandatory training compliance. At this inspection insufficient action had been taken to address this and we were still concerned regarding training completion levels.

Are services effective?

Our rating of effective stayed the same. In rating the trust we took into account the current ratings of the services not inspected this time. We rated it as good because:

- We rated three of the trust's six services as good for being effective, one as outstanding and did not rate the other two services in line with our methodology.

Summary of findings

- The trust provided care and treatment based on national guidance and evidence of its effectiveness. Across most services, managers ensured that staff followed guidance.
- Staff and volunteers gave patients food and drink to meet their needs.
- Staff assessed patients' pain levels. The expected outcomes were identified and care and treatment was regularly reviewed and updated, and appropriate referral pathways are in place to make sure that needs are addressed.
- Managers and clinicians monitored the effectiveness of care and treatment and used the findings to improve them.

However:

- In medicine we were not assured that there were competent staff on each shift in each clinical area. We escalated this to the trust at the time of our inspection and they took immediate action.

Are services caring?

Our rating of caring stayed the same. In rating the trust, we took into account the current ratings of the services not inspected this time. We rated it as outstanding because:

- We rated five of the trust's six services as outstanding for caring. We rated one service as good.
- Feedback from patients who used the trust's services, those who are close to them and stakeholders was continually positive about the way staff treated people. People told us that they thought that staff went the extra mile and their care and support exceeded their expectations.
- There was a strong, visible patient centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. We observed that relationships between patients who used the trust's services, those close to them and staff were strong, caring, respectful and supportive. Leaders and staff told us that the relationships were highly valued by staff and promoted throughout the organisation.
- Patients who used services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- Patients, their relatives and carers valued their relationships with the staff team and feel that they often went 'the extra mile' for them when providing care and support.

Are services responsive?

Our rating of responsive stayed the same. In rating the trust we took into account the current ratings of the services not inspected this time. We rated it as good because:

- We rated five of the trust's six services as good for being responsive. We rated one service as outstanding.
- Across most services people's needs were met through the way that services were organised and delivered.
- The trust had developed detailed understanding of their contribution to achievement of the 62 day cancer wait target across the Cheshire and Merseyside sustainability and transformation partnership. This had enabled them to improve their part of system-wide achievement of 62 day waits and enabled the sustainability and transformation partnership to improve.
- The importance of flexibility, informed choice and continuity of care was reflected in the trust's services. Most patients' needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient, for example providing chemotherapy for patients at their place of work.
- Most facilities and premises were appropriate for the services being delivered.

Summary of findings

Are services well-led?

Our rating of well-led went down. In rating the trust we took into account the current ratings of the services not inspected this time. We rated it as requires improvement because:

- We rated three of the trust's six services as good for well-led, two as outstanding and one as requires improvement. This meant for the trust's core services, the rating was good. However, due to breaches of legal requirements, we rated the overarching trust (leadership) as requires improvement. This meant the rating for well-led overall is requires improvement.
- The systems in place did not enable senior leaders to be assured that staff with the appropriate competencies were working in its services.
- The system the trust used to record mandatory training completion did not enable it to provide accurate records of the staff who had completed the training.
- The trust had systems and processes for monitoring and managing risks, however, these did not enable leaders to ensure that all risks were assessed, recorded and included on the risk register at the right level, or that these risks were escalated and mitigated appropriately in a timely way.

However:

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care.
- The trust had a vision and strategy for what it wanted to achieve. The vision was to provide the best cancer care to the people the trust serve. The trust had developed a strategy to support this vision and had plans in place to move cancer care closer to the majority of its patients.
- Across most areas, managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were high levels of staff satisfaction across most groups. The culture was positive and staff were very proud of their organisation and the work they did.
- In 2017, CHKS (a provider of healthcare intelligence and quality improvement services) gave the trust a hospitals programme data quality award for specialist trusts, which recognised the trusts' commitment to the accuracy, completeness, validation and quality of its data.
- The Papillon technique is a ground breaking type of contact radiotherapy developed for the treatment of rectal cancer, especially those in the early stages, meaning surgery can be avoided. In 2018 the team won the British Medical Journal cancer care team of the year in recognition of its achievements over the last 25 years.
- The trust were working closely with another trust as a digital exemplar. This meant they were recognised for delivering exceptional care, efficiently, through the use of world-class digital technology and information.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – – www.cqc.org.uk/provider/REN/reports.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services, and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in outpatients and at trust-wide level.

Summary of findings

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 14 breaches of legal requirements that the trust must put right. We found 19 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued four requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of four legal requirements at a trust-wide level and four breaches in medicine and diagnostics.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

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

Outstanding practice

We found the following outstanding practice:

Trust-wide

Staff explained that a trust therapeutic radiographer had been named by the Society of Radiographers as North West Radiographer of the year. This was in recognition of his extensive work championing improvements to the health care experiences of lesbian, gay, bisexual and transgender patients.

In 2017, CHKS gave the trust a hospitals programme data quality award for specialist trusts, which recognised the trusts' commitment to the accuracy, completeness, validation and quality of its data.

The Papillon technique is a ground breaking type of contact radiotherapy developed for the treatment of rectal cancer, especially those in the early stages, meaning surgery can be avoided. In 2018 the team won the British Medical Journal cancer care team of the year in recognition of its achievements over the last 25 years.

The trust has the only centre in the UK for Eye proton therapy offering national and international care as well as advising other Cancer Centres as they establish their high energy services.

The trust is a global digital exemplar. This means it has been internationally recognised as an NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information.

Outpatients

Patients were given a card for a hotline that they could phone at any time for advice or if they felt unwell or their condition had changed. The hotline was staffed by advanced nurse practitioners 24 hours a day, seven days a week. They could advise patients if they needed to seek urgent medical attention and offer support.

Summary of findings

Areas for improvement

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

Action the trust **must** take to improve

We told the trust that it must take action to bring services into line with five legal requirements. This action related to services across the trust, medicine and diagnostic services.

Trust wide

The trust must ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role. Regulation 5

The trust must ensure that their systems and processes ensure that implementation of the new strategy can be appropriately monitored. Regulation 17

The trust must ensure it has appropriate governance arrangements for the dementia strategy. Regulation 17

The trust must ensure that Deprivation of Liberty Safeguards are recorded within patients' records. Regulation 17

The trust must ensure it has an effective system to record staff training completion. Regulation 17

The trust must ensure that all risks are assessed, recorded on the risk register at the right level and mitigated appropriately in a timely way. Regulation 17

The trust must ensure all staff have relevant competencies allocated to them and an effective system to monitor them. Regulations 17 and 18

The trust must ensure there is always enough suitably qualified, competent and experienced staff with relevant levels of life support training (including basic life, immediate life support and advanced life support) deployed within the service at all times. Regulation 18

Medicine

The service must ensure that there are sufficient numbers of suitably qualified staff with basic life support and immediate life training on each shift in each area. Regulation 18(1)

The service must ensure that there are sufficient numbers of suitably competent staff on each shift in each clinical area. Regulation 18 (1)

The service must ensure that where risks are identified, mitigation is put in place in a timely manner. Regulation 17 (2) (b)

The service must ensure records are securely stored. Regulation 17 (2) (c)

Diagnostics

The service must ensure that relevant identification and safety checks are completed prior to initiating exposure to radiation and that images are reported on in a timely manner so that patient's care and treatment is not subject to undue delay. Regulation 12 (2)(a)

The service must ensure that where risks are identified, mitigations are put in place in a timely manner. Regulation 17 (2)(b)

Summary of findings

We told the trust that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

Trust wide

The trust should ensure it continues to address its action plan in relation to complaints. Regulation 16

The trust should consider how non-executive directors can gain oversight of information in relation to deaths within the haemato-oncology service. Regulation 17

The trust should ensure that minutes and action logs clearly outline items discussed and actions. Regulation 17

The trust should ensure that it implements a revised governance structure. Regulation 17

The trust should ensure that staff understand and can describe the governance systems and processes. Regulation 17

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

The trust should consider how it can enable all staff to access training and development opportunities. Regulation 18

The trust should consider developing a documented talent map or succession plan.

The trust should continue developing the integration of the haemato-oncology services.

The trust should consider using specific, measurable, attainable, realistic and timely principles in action plans.

The trust should continue to work on equality and diversity including oversight of their workforce demographic.

The trust should consider developing groups for those with protected characteristics.

Medicine

The service should continue to build on existing working relationships with external providers to maintain oversight and governance of patient pathways and staff training.

The service should ensure there is set criteria for accepting referrals for treatment pathways.

Diagnostics

The service should continue to increase awareness and understanding of the application of relevant radiation regulations.

The service should continue with plans to build capacity within the radiologist workforce.

The service should consider how to improve safety culture within the service.

The service should continue to build on existing working relationships with external providers to maintain joint oversight and governance of patient pathways where applicable.

Outpatients

The service should train all eligible staff in resuscitation training as soon as possible.

Summary of findings

Is this organisation well-led?

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

We rated this trust as requires improvement because:

- At the time of our inspection we had concerns regarding the trust's fit and proper person process, a legal requirement. We were not assured that disclosure and barring service checks were in place for nine of the trust's 17 directors. Whilst three of the directors were relatively new, legal requirements are clear that all staff acting at director level must have a disclosure and barring service certificate in place. We escalated our concerns at the time of our inspection and the trust took action to mitigate the risks.
- Work had been undertaken to strengthen the trust's governance systems. However, during our inspection we identified concerns with the trust's governance systems. This included assurance and auditing systems or processes. The arrangements for governance and performance management were not fully clear and did not always operate effectively. We were not assured that the trust's systems effectively enabled escalation of risk; that the board had clear oversight of issues and that the systems fully enabled senior leaders to drive improvement in the quality and safety of the services provided. We escalated our concerns at the time of our inspection and the trust took action to mitigate the risks.
- At our last inspection we expressed concern to the trust regarding mandatory training compliance. At this inspection, we were concerned regarding trust's staff members' compliance with mandatory training for basic, immediate and advanced life support. Training compliance levels had gone down since our last inspection and were significantly below the trust's target. We asked the trust how they were assured that there was a life support trained member of staff in each clinical area. This was particularly important as three of the trust's patients had had three cardiac arrests in the seven months before our inspection. The trust told us they did not have a process in place to give them assurance. We outlined our concerns regarding this at the time of our inspection. The trust put plans in place to ensure there was a life support trained member of staff in each clinical area for each shift.
- We did not find clear business plans across all strategic priorities that outlined how the trust would operationalise the strategy. At inspection staff could not tell us how progress against delivery of the strategy and plans were monitored or reviewed and we saw limited evidence of progress. Further work was required to embed the strategic goals and how staff members' roles helped in achieving them.
- Risks, issues and poor performance were not always dealt with appropriately or quickly enough. The trust's risk management approach was applied inconsistently.

However:

- Since our last comprehensive inspection in June 2016, the trust's leadership team had undergone several changes to the executive and non-executives. The current leadership team had the capacity to deliver high quality, sustainable care. Staff told us that leaders at every level were visible and approachable. The leadership team were knowledgeable about most issues and the priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. Leaders were also aware of challenges and issues across the local cancer alliance.

Summary of findings

- The trust had a clear statement of vision and values, driven by quality and sustainability. The board had recently created a new strategy with relevant objectives. The challenges to achieving the strategy, including relevant local health economy factors, were understood. Staff in all areas knew, understood and supported the vision and values.
- During our core service inspections, most staff told us that they felt respected, supported and valued. The trust's strategy, vision and values underpinned a culture which was patient centred. Staff we spoke with at all levels clearly told us how the trust and staff put patients at the heart of what they did. The staff we spoke with all felt positive and proud about working for their team. Whilst most staff we spoke with felt positive about their work for the trust, staff based at the Royal Liverpool site felt disconnected. However, work was underway to try and improve this and staff were clear to tell us about this important recent change. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably. However, further work was required to understand the workforce demographics and in relation to the provision of staff groups for people with protected characteristics.
- Financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed and assessed with input from clinicians so that their impact on the quality of care was understood. When the trust's systems and processes had identified issues, these were identified and addressed quickly and openly.
- The trust invested in innovative and best practice information systems and was a global digital exemplar provider, recognised by NHS England. Across most services the board had a holistic understanding of performance, which sufficiently covered and integrated the views of people with quality, operational and financial information. Quality and sustainability both received sufficient coverage in meetings at all levels. As a result of improvements in governance, staff received helpful data on a daily basis, which supported them to adjust and improve performance in most areas as necessary. The information used in reporting, performance management and delivering quality care was usually accurate, valid, reliable, timely and relevant. Data or notifications were consistently submitted to external organisations as required. Across most services, there were robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems were used effectively to monitor and improve the quality of care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.
- There was knowledge of improvement methods and the skills to use them at senior levels of the organisation. There were organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work. However, further work was required to develop these skills across the workforce.
- The service made effective use of internal and external reviews, and learning was shared effectively and used to make improvements. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a record of sharing work locally, nationally and internationally.

Ratings tables

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

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

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

Ratings for the whole trust

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

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

Ratings for The Clatterbridge Cancer Centre

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

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Clatterbridge Cancer Centre

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Wirral
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Tel: 01513341155
www.clatterbridgecc.nhs.uk

Key facts and figures

The Clatterbridge Cancer Centre NHS Foundation Trust is predominantly based at their Wirral site.

At the time of our inspection the trust had 103 beds, based in six wards, including a clinical decisions unit. The trust also had 22 chairs based within the haemato-oncology unit and a further 117 chairs for treatment of patients with solid tumours. The trust ran approximately 370 outpatient clinics per week from a range of locations. From August 2017 to July 2018 the trust had 7,656 inpatient admissions (127% increase on the previous year), 388,923 outpatient attendances (15% increase on the previous year) and 106 deaths (38% increase on the previous year). At the time of our inspection the trust employed 1,126 staff.

We last inspected this hospital in June 2016 and published our report in February 2017. At that inspection the hospital was given an overall rating of outstanding. The hospital were also issued with requirement notices, which impacted on their rating in the safe domain.

Currently the hospital provides chemotherapy, radiotherapy, medicine (including haemato-oncology), outpatients, diagnostics and end of life care.

During our inspection we:

- Spoke with 72 members of staff across different specialisms and grades.
- Spoke with thirty patients.
- Spoke with four relatives or carers.
- Reviewed 22 sets of patient records.
- Reviewed trust policies and standard operating procedures.
- Observed care delivered to patients.

Summary of services at The Clatterbridge Cancer Centre

Good ↓

Our rating of services went down. We rated them as good because:

- We rated safe, effective, responsive and well-led as good. We rated caring as outstanding.

Summary of findings

- We took into account the hospital's previous rating from our last inspection for three core services. Following our recent inspection the combined ratings meant we rated four services as good and two as outstanding.
- We cannot compare the ratings for outpatients and diagnostics services as at our last inspection we rated these services together. However, we found that areas of concern in these services at our last inspection had been addressed at this inspection.
- Across the trust, services largely performed well. We were not concerned regarding the overall quality of cancer care. Our concerns were linked to important issues that underpin cancer care and ensure there are effective systems and processes within hospitals.
- We continued to rate caring as outstanding. Throughout the organisation staff were committed to delivering patient centred care. Patients were at the heart of what the trust did and decisions it took. Staff respected individuals and supported them practically and emotionally.
- We improved the overall hospital rating in safe to good.
- We continued to rate effective as good. The hospital continued to ensure that patients had good outcomes because they received care and treatment that met their needs.
- We continued to rate responsive as good because most people's needs were met through the way the services were organised and delivered.
- At core service level, we rated well-led as good because the leadership and culture promoted high-quality person-centred care.

However:

- Our rating in well-led for medicine went down because the hospital did not comply with some legal requirements. Further information can be found in the medicine report.
- We rated safe in diagnostics as requires improvement. We were concerned regarding patient safety, storage of records and mandatory training levels in relation to life support training. The trust did not comply with some legal requirements in relation to these issues. Further information can be found in the diagnostics report.
- The hospital's governance systems did not enable senior staff to have oversight of issues that impacted on patient care and allow them to address risks sufficiently in a timely way. Further information can be found in the well-led overall report and evidence appendix.
- The hospital did not ensure there were always enough suitably qualified, competent and experienced staff with relevant levels of life support training (including basic, immediate and advanced life support) deployed within the service at all times.
- We had concerns relating to records storage.
- All the concerns relating to legal requirements were raised with the hospital at the time of our inspection and action was taken to address them.

Medical care (including older people's care)

Good 

Key facts and figures

The trust has six medical wards that are split between two hospital locations, Wirral and Liverpool. The service had 7,274 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 1,484 (20.4%), 914 (12.6%) were elective, and the remaining 4,876 (67.0%) were day case. The service offered specialist non-surgical cancer care to patients predominantly from Cheshire, Merseyside, North Wales and the Isle of Man.

We inspected six wards over two hospital locations:

At the Clatterbridge Cancer Centre Wirral site we inspected:

Sulby ward, which was split into two areas: a five-day 13 bed unit for planned admissions and ten trolleys for the clinical decisions unit. The trust also provided a telephone hot line service for patient which was staffed from the ward team.

Conway ward, a 26 bed seven-day inpatient ward with two step-up beds for patients who require closer monitoring.

Mersey ward, a 25 bed seven-day ward for inpatients including four teenage and young adult individual rooms.

At the Clatterbridge Cancer Centre Royal Liverpool site we inspected:

7X, an inpatient ward for planned and emergency admissions providing step-down support for

the transplant unit (10Z).

7Y, a 20 bed in-patients ward for haemato-oncology planned and emergency admissions.

10Z a unit comprising of 7 single rooms for stem cell transplant patients.

At the last inspection, we rated safe in medicine as requires improvement. Since our last inspection the trust had taken on the haemato-oncology service, which was formerly run by a different trust.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Site visits took place over three days from 11 to 13 December 2018. We visited wards at Clatterbridge Cancer Centre Wirral and Clatterbridge Cancer Centre Royal Liverpool.

During our inspection we:

- spoke with nine patients who were using the service and two carers.
- spoke with the managers or acting managers for each of the wards .
- spoke with 32 other staff members; including matrons, doctors, nurses, pharmacy staff, health care assistants and other supporting staff.
- reviewed 10 records relating to patient risk assessments and care plans.
- observed care delivered to patients.

Medical care (including older people's care)

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and was involved in research trials. Patients were treated with dignity, respect and their emotional needs were considered and supported when needed.
- The service had plans to provide cancer services at an additional location. The views of staff and patients had been used to drive improvements in the planning stage and further work was in progress to finalise plans in preparation for the move.
- Managers within the service monitored patient outcomes and compared results with similar services to identify areas for improvement.
- Staff cared for patients with compassion dignity and respect. All patients and relatives we spoke to felt they were continually respected and treated with care and compassion.
- The service planned and provided services in a way that met the needs of most local people. At the time of inspection, the service was in the process of building new facilities to meet the needs of the local people by relocating closer to the majority of its patients to improve accessibility.

However:

- Mandatory training compliance levels had gone down since our last inspection. We were not assured there were competent staff on each shift in some areas to provide life support.
- Competency compliance training evidence available on inspection was poor. We were not assured there were competent staff on duty each shift in some areas.
- The service did not have effective governance structures in place to assure the service that staff had the required skills, mandatory training and competency for the role they had undertaken.
- Service leads did not collate data from across the service effectively to inform performance monitoring and make improvements. There were different incompatible systems to collate the information from and maintain accurate records across the medicine service.
- Patient records were not always stored securely. This meant that patient information was accessible to the public in some areas.

Is the service safe?

Good 

Our rating of safe improved. We rated it as good because:

- The trust had an action plan in place to improve safeguarding training levels. Training compliance was below the trust's target for levels one and two. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.

Medical care (including older people's care)

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so
- Nursing staffing was sufficient to meet people's needs and keep them safe from avoidable harm.
- Medical staffing was sufficient to meet people's needs and keep them safe from avoidable harm.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately When things went wrong, staff apologised and gave patients information and suitable support.

However:

- The service identified and provided mandatory training to all staff. However, at inspection we found completion levels of mandatory training were below the trust target. Across all courses offered staff training levels did not meet the trust's 90% target. For nurse staffing, in five out of 11 areas completed training levels were below 76%. For medical staffing, in seven out of nine areas completed training levels were below 76%.
- We were concerned about the levels of basic, immediate and advanced life support training completion. All of these were below 65% and had compliance had gone down since our last inspection. We were not assured there was a trained member of staff able to provide life support in each clinical area at the time of our inspection. We escalated this to the trust at the time of the inspection who then took action.
- Staff kept records of patients' care and treatment. Records were clear and easily available to all staff providing care.. Records were also openly stored at the Liverpool site meaning visitors could see patient's personal information. We escalated this to the trust at the time of the inspection who took immediate action.
- Managers investigated incidents, but lessons from these incidents were not always shared with the whole team and wider service.

Is the service effective?

Good  

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. This included relevant audits.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Medical care (including older people's care)

- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service used a disability distress assessment tool and pictorial pain assessment tool for patients with dementia and learning difficulties.

However:

- The service provided poor compliance evidence for staff competencies on inspection. We escalated this to the trust at the time of the inspection.

Is the service caring?

Outstanding ☆ ➔➔

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff cared for patients with compassion dignity and respect. All patients and relatives we spoke to felt they were continually respected and treated with care and compassion.
- Staff provided emotional support to patients to minimise their distress. Patients told us they felt supported, safe and 'received world class care'.
- There was a strong, visible person-centred culture demonstrated by all grades of staff. We saw staff recognised and respected patients' needs, taking into account cultural, social and religious needs and found innovative ways to meet them.
- There was strong emotional support at the hospital and patients could access psychological services.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us all staff involved them in their care and treatment. At both sites we heard examples where staff had gone the extra mile to meet patients' needs.

Is the service responsive?

Good ● ➔➔

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided services in a way that met the needs of most local people. At the time of inspection, the service was in the process of building new facilities to meet the needs of the local people by relocating closer to the majority of its patients to improve accessibility.
- The service took account of patients' individual needs and focused on providing person-centred care. People's needs and preferences were considered to provide patients with informed choice and flexible care.
- The service treated concerns and complaints seriously. There was a complaints process in place that staff knew about.
- The average length of stay was higher than the England average due to the specialist care and treatment provided by the service.

However:

- The service did not have robust systems in place for accepting referrals, but work was in progress to make it clearer.

Is the service well-led?

Requires improvement 

Our rating of well-led went down. We rated it as requires improvement because:

- The governance structures in place did not enable staff to escalate concerns effectively. Staff across the service were unclear regarding the governance system including which committee to escalate issues to. We saw evidence that staff had escalated their concerns regarding competencies, mandatory training and recording systems via a number of routes. However, we did not see evidence of sufficient action taken to address the concerns and mitigate patient safety risks. We escalated this to the trust at the time of our inspection and they took immediate action.
- In relation to risks, at the time of our inspection we were concerned that the service had not addressed and mitigated risks sufficiently. Evidence the service held relating to staff competency was not up to date. Leaders within the service had not ensured there were competent staff on all shifts. We outlined our concerns regarding this at the time of our inspection and the trust took immediate action.
- At our previous inspection we found the mandatory training matrix was inaccurate. This had not been sufficiently addressed on this inspection. Whilst directorate managers had escalated concerns to senior managers, actions to resolve this were not identified and implemented. We outlined our concerns regarding this at the time of our inspection and the trust took immediate action.
- The directorate managers in the trust understood the challenges to quality and sustainability and had escalated concerns to senior management. However, managers had not consistently identified actions required to address them.

However:

- The service had a vision and strategy for providing sustainable care and treatment to patients.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- There was a positive culture within the service. Staff felt confident raising concerns and reporting incidents. However, some staff felt they had not been integrated into the service following the transition of services.

Areas for improvement

Action the service MUST take to improve:

- The service must ensure that there are sufficient numbers of suitably qualified staff with basic life support and immediate life training on each shift in each area. Regulations 18 (1).
- The service must ensure that there are sufficient numbers of suitably competent staff on each shift in each clinical area. Regulations 18 (1).
- The service must ensure that where risks are identified, mitigation is put in place in a timely manner. Regulation 17 (2) (b).
- The service must ensure records are securely stored. Regulation 17 (2) (c).

Medical care (including older people's care)

Action the service SHOULD take to improve:

- The service should continue to build on existing working relationships with external providers to maintain oversight and governance of patient pathways and staff training. (Regulation 17)
- The service should ensure there is set criteria for accepting referrals for treatment pathways. (Regulation 17)

Outpatients

Good

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

Key facts and figures

The Clatterbridge Cancer Centre provides outpatient services at 17 sites across Cheshire and Merseyside and the Isle of Man. Outpatient clinics were delivered for all types of cancer treated at The Clatterbridge Cancer Centre.

Outpatient services held around 372 clinics per week across the sites.

At Clatterbridge Cancer Centre Wirral and Clatterbridge Cancer Centre Aintree clinics were delivered by consultants and Clatterbridge Cancer Centre nursing staff. At other locations consultants attended the outpatient clinics but nursing and other staff were employed by the provider at each location.

From July 2017 to June 2018 there were 384,310 outpatient appointments at Clatterbridge Cancer Centre clinics.

We inspected outpatient services at Clatterbridge Cancer Centre Wirral and Clatterbridge Cancer Centre Aintree. There were 17 clinic rooms at Clatterbridge Cancer Centre Wirral and nine clinic rooms at Clatterbridge Cancer Centre Aintree.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Site visits took place over two days from 10 to 12 December 2018. We visited outpatient clinics taking place at Clatterbridge Cancer Centre Wirral and Clatterbridge Cancer Centre Aintree in the outpatient departments.

During our inspection we:

- Spoke with 15 members of staff across different specialisms and grades (12 at Clatterbridge Cancer Centre Wirral and three at Clatterbridge Cancer Centre Aintree).
- Spoke with five patients (three at Clatterbridge Cancer Centre Wirral and two at Clatterbridge Cancer Centre Aintree).
- Spoke with four relatives or carers (two at Clatterbridge Cancer Centre Wirral and two at Clatterbridge Cancer Centre Aintree).
- Reviewed four sets of patient records.
- Reviewed trust policies and standard operating procedures relating to outpatient services.
- Observed care delivered to patients.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.

Outpatients

- There were enough staff with the right qualifications, skills and training so that patients were seen and assessed in a timely way and within the prescribed targets.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were used to drive improvements.
- Staff received role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with GPs, NHS trusts in the region, support and therapy services and other stakeholders to deliver effective care and treatment.
- The staff provided holistic care to the patients. Patient feedback about their care was very positive. Staff delivered care that was individually tailored to the needs of the patient. Patients were treated with privacy and dignity at all times.
- There was strong emotional support for patients and their physical, mental and spiritual needs were considered always.
- Staff worked to empower patients and their relatives and respected their wishes. They were involved in decisions and staff ensured that they were fully informed and made time to answer any additional questions or concerns, even if this meant the patient and their family returning to the clinic without an appointment.
- Complaints and concerns were treated seriously and lessons were learned and shared with staff.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The views of staff and patients were used to drive improvements.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.

However:

- There were some mandatory training courses where completion rates were well below the target level of 90% set by the trust, for example, resuscitation level three (adult immediate life support) where there had been a delay in delivering training courses due to staff sickness. Managers told us that relevant staff were booked on future courses to complete the training.

Is the service safe?

Good

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- Staff knew how to protect patients from abuse and the service worked with other agencies to do so. Staff had received training on how to recognise and report abuse and were able to give examples of when they had done this.

Outpatients

- The service controlled infection risk well. Equipment and premises were kept clean and there were systems and processes in place to prevent the spread of infection. All areas of the department were clean and tidy and free from clutter. Equipment checks were carried out and these checks were recorded. There were additional clinical areas and waiting areas in the department that had been added since the last inspection. There were also additional clinics at other hospitals around the health economy.
- There were systems and processes in place to manage patient risk. Senior managers at the hospital were aware of patient safety risk through regular reporting structures. The service managed patient safety incidents well, staff knew how to report incidents and these were investigated by managers and lessons learned were shared with staff. Changes were made following incidents to improve patient care.
- The service had enough staff including doctors and nurses with the right skills, experience and training to keep people safe from avoidable harm and provide the right care and treatment. The department was fully staffed and there were development opportunities for staff.
- The department was paper light with an electronic patient record although some paper records were still used. Paper records were stored securely in lockable trollies and records were completed appropriately.

However:

- There were some mandatory training courses where completion rates were well below the target level of 90% set by the trust, for example, resuscitation level three (adult immediate life support) where there had been a delay in delivering training courses due to staff sickness. Managers told us that relevant staff were booked on future courses to complete the training.

Is the service effective?

Not sufficient evidence to rate

We do not rate effective in outpatients. During the inspection, we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers ensured that staff followed guidance.
- Staff and volunteers gave patients food and drink to meet their needs when they waited in the clinic waiting room. Where appropriate, patients were given advice on nutrition and hydration to meet their needs and improve their health.
- Staff assessed patients' pain levels when they attended appointments. They supported those who were unable to communicate and could get additional pain relief for patients. Analgesia could be prescribed for individual patients in the outpatients departments using a take home prescription or an in-house prescription for a once only dose.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other healthcare professionals supported each other to provide good care.
- Staff worked with patients to improve their health and promote self-care where this was appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Outpatients

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Patients could be referred to a counselling service or could attend a psychological medicine clinic if they were experiencing mental ill health.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Is the service caring?

Outstanding ☆

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

We rated caring as outstanding because:

- Care was holistic at the hospital. Patient feedback about their care was very positive and people felt comfortable at the hospital. Staff delivered care that was individually tailored to the needs of the patient. Patients were treated with privacy and dignity at all times.
- There was a strong, visible person-centred culture with highly motivated staff who were inspired to offer care that was kind and promoted people's dignity.
- Feedback from people who used the service and those close to them was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations.
- There was strong emotional support at the hospital and patients could access psychological services. The pre-assessment process took account of patients' physical, mental and spiritual needs and was used as a baseline for staff during patient's treatment.
- Staff recognised that people's emotional and social needs were as important as their physical needs and recognised the totality of people's needs.
- Staff worked to empower patients and their relatives and respected their wishes, care was not rushed. Feedback from patients was that they found staff reassuring and that they got good explanations about their care.
- Staff empowered people who used the service to have a voice and to realise their potential. People's individual needs were reflected in how care was delivered. Staff recognised that people needed to have access to, and links with advocacy and support networks in the community and they supported people to do this.

Is the service responsive?

Good ●

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

We rated responsive as good because:

- The trust planned and provided outpatient services for adults in a way that met the needs of local people.
- The service took account of patients' individual needs.

Outpatients

- People could access outpatient services when they needed them. Waiting times from referral to treatment were similar to or better than the England average for most specialities. Arrangements to treat and discharge patients were in line with good practice.
- The services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with staff.

Is the service well-led?

Good

We previously inspected outpatients jointly with diagnostic imaging in June 2016, so we cannot compare our new ratings directly with previous ratings.

We rated well-led as good because:

- Managers at all levels had the right skills and abilities to run a service providing high quality, sustainable care. Leaders were experienced and had the capability to make sure that a quality service was delivered and risks to performance were addressed. Staff were clear about reporting lines and told us that leaders were honest, proactive and they felt comfortable in approaching them with any concerns.
- The service had a vision and strategy for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the local community. There had been a programme of outpatient transformation which sought to improve the patient experience and clinical quality of outpatient services.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us that they felt proud to work for the service and felt respected and valued.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care could flourish. There was a clear governance structure for outpatients in place and a set of processes for the escalation, cascading and sharing of information.
- There were effective systems in place for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a divisional risk register in place and service leads discussed and reviewed risks on the register. Managers were clear about the most serious risks within their service.
- Information was collected, analysed, managed and used well to support activities, using secure electronic systems with security safeguards. Most outpatient services used electronic patient records and these records could be accessed whenever required.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations effectively. The views of patients were sought in several different ways and senior leaders engaged with staff to keep them informed of important changes.
- There was a commitment to improving services by learning from things that went well and when they went wrong, promoting training, research and innovation.

Outpatients

Outstanding practice

- Patients were given a card for a telephone hotline that they could call at any time for advice or if they felt unwell or their condition had changed. The hotline was staffed by advanced nurse practitioners 24 hours a day, seven days a week. They could advise patients if they needed to seek urgent medical attention and offer support.

Areas for improvement

Action the service SHOULD take to improve:

We told the trust that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

The service should train all eligible staff in resuscitation training as soon as possible. (Regulation 18(2)(a))

Diagnostic imaging

Good

Key facts and figures

The trust operates diagnostic imaging services currently at the Wirral site only. The trust planned to open an outpatient computed tomography service at the Aintree site during 2018 although this was not operational at the time of our inspection. The service carried out a range of diagnostic imaging; x-ray, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography-computed tomography (PET-CT), nuclear medicine, fluoroscopy, ultrasound, some interventional radiology and radium treatments. The trust has a modern equipment portfolio with a funded replacement programme, which has included a new computed tomography scanner in 2018 and a new magnetic resonance imaging scanner in 2017.

There are around 20,000 examinations performed each year by 45 whole time equivalent staff comprising; radiologists, diagnostic radiographers, imaging assistants and clerical staff, supported by a small team of imaging physicists.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection was carried out between 11 to 13 December 2018 during which time we spoke to 27 members of staff, observed four patient appointments and gathered comments from six patients who were using the service.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated this service as good because:

- The service had acted on areas for improvement identified during the last inspection.
- There were systems in place to safeguard people from abuse and neglect. Staff were aware of how to raise safeguarding concerns.
- The service had implemented a quality assurance programme across all modalities and this process had been subject to external review.
- There was a positive culture around reporting of safety incidents. Lessons learned following incidents were shared effectively.
- Staff treated patients with compassion and respect. Patients we spoke with provided positive feedback in this regard.
- Staff worked with patients and those close to them to meet the needs of individuals and provide additional support when necessary.
- Leaders within the service had the support of staff working within the department who were confident in their ability to drive improvement.
- The service had a vision and strategy for how this would be achieved. Service leads had engaged with staff in the creation and implementation of this strategy.

However;

Diagnostic imaging

- We observed that radiographers carrying out computed tomography scans did not routinely carry out a 'pause and check' in line with best practice. We escalated this to the trust at the time of our inspection and they took action.
- Records were not always stored appropriately. Diagnostic images were not automatically archived so that they were accessible for reporting or for use at a later date. We escalated this to the trust at the time of our inspection and they took action.
- There was not always enough radiologist capacity to produce imaging reports in a timely manner.
- There was a system in place to prioritise reporting of patient's images which included a target for reporting of non-urgent scans however staff we spoke to were not always certain what this was. This represented a safety risk to patients which we escalated at the time of our inspection.
- Due to reduced radiologist capacity within the service, new clinical trials had been suspended. This limited the services offer to patients and diminished opportunities for research and clinical excellence.
- There were systems in place to identity and manage risk within the service although we found examples when some actions to mitigate risk had been delayed.

Is the service safe?

Requires improvement

We rated safe as requires improvement because:

- There was low compliance across the service with basic and immediate life support training. The service reported 48% of allied health professional staff were trained in basic life support and 60% of eligible staff were trained in immediate life support. The trust had set a target of 90% of staff would be trained.
- Staff did not always complete safety checks prior to patient scans in line with best practice guidelines. We observed that radiographers carrying out computed tomography scans did not routinely carry out a 'pause and check' in line with best practice before starting the imaging. This could lead to the wrong patient having the wrong procedure or being exposed to radiation unnecessarily.
- Records were not always stored appropriately. Diagnostic images were not automatically archived. This was a manual process which left room for human error. Following our inspection, the trust provided information that this process had since become automated..
- There were not always enough radiologists to minimise the risk of delays to patients' care and treatment. The service reported a 27% vacancy rate among radiologists who were required to produce reports based on the diagnostic images.
- There was a system in place to prioritise reporting of patient's images which included a target for reporting of non-urgent scans however staff we spoke to were not always certain what this was.. This represented a safety risk to patients which we escalated at the time of our inspection.

However;

- The service provided mandatory training in key skills to all staff. Compliance with mandatory training overall was 92% at the time of our inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Diagnostic imaging

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

We do not give a rating for effective in diagnostic imaging services. However, we did find the following:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs. Patients were advised when they needed to withhold from eating or drinking before their appointment.
- Staff assessed patients to see if they were in pain and assisted patients into a comfortable position for their scans.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Diagnostic imaging

Is the service responsive?

Good

We rated responsive as good because:

- The service planned and provided diagnostic imaging in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to appointment were in line with good practice.
- The service treated concerns and complaints seriously. Although the service had not received any complaints between September 2017 and August 2018, there was a complaints process, which staff were aware of, and there was information on display which instructed people how to raise a complaint.

However;

- During our inspection patient appointments were cancelled for positron emission tomography-computed tomography due to a shortage of the radioactive material needed for the scans. It was the responsibility of another healthcare provider to source this material and leads within the service were working to find a solution. There was a system to ensure that patients who had their appointment cancelled were scanned within a week of their original appointment.
- There were delays in image reporting due to radiologists' capacity. The target of 90% compliance with report turnaround times had not been achieved in the six months prior to our inspection.

Is the service well-led?

Good

We rated well-led as good because:

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and plans to turn it into action developed with involvement from staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a clear governance structure in place to identify and escalate concerns and share information with staff at all levels.
- The service had effective systems for identifying risks and planning to eliminate or reduce them. However, the service was at time slow to respond to areas of risk or concern.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Diagnostic imaging

- The trust was committed to improving services by learning from when things went well and when they went wrong.

However;

- Due to reduced radiologist capacity within the service, new clinical trials had been suspended which limited the services offered to patients and diminished opportunities for research and clinical excellence.
- Action taken to mitigate risk was not always taken without delay.

Areas for improvement

Action the service MUST take to improve:

- The service must ensure that relevant identification and safety checks are completed prior to initiating exposure to radiation and that images are reported on in a timely manner so that patient's care and treatment is not subject to undue delay. Regulation 12 (2)(a)
- The service must ensure that where risks are identified, mitigations are put in place in a timely manner. Regulation 17 (2)(b)
- The service must ensure that there are sufficient numbers of suitably qualified staff with basic life support and immediate life training on each shift in each area. Regulation 18 (1)

Action the service SHOULD take to improve:

- The service should continue to increase awareness and understanding of the application of relevant radiation regulations.
- The service should continue with plans to build capacity within the radiologist workforce.
- The service should consider how to improve safety culture within the service.
- The service should continue to build on existing working relationships with external providers to maintain joint oversight and governance of patient pathways where applicable.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

An executive reviewer, Roy Clarke, supported our inspection of well-led for the trust overall.

The team included Nicholas Smith, Head of Inspections, Judith Connor, Head of Inspections, an inspection manager, five inspectors, an assistant inspector and five specialist advisers.

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

The Clatterbridge Cancer Centre NHS Foundation Trust

Report Cover Sheet

Report to:	Council of Governors	
Date of the Meeting:	24 July 2019	
Agenda Item:	Agenda Item CoG-033-19	
Title:	Improvement and Assurance Plan – CQC	
Report prepared by:	Gill Murphy, Associate Director for Improvement	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Monthly paper which was presented through IGC and Quality Committee
Date & Decision:	8th July 2019 and 17th July 2019

Purpose of the Paper/Key Points for Discussion:	The Council of Governors is asked to note the progress made against implementation of regulatory actions and recommendations made by the CQC following the publication of their report on 16th April 2019. The aim is to deliver the changes required to address the issues raised by the CQC during the unannounced inspection in December 2018 and 'well-led' review in January 2019. Specifically four regulatory actions requiring immediate action, 14 'must do' actions and 19 'should do' actions. A comprehensive improvement plan has been developed, based on the findings contained in the CQC's report, supported by a robust implementation project plan including: • Detailed Project Initiation Document – PID • Standard Operational Procedure - Management of improvement plan(s) following a regulatory visit(s) • Monthly action meetings chaired by Executive lead The trust submitted a detailed report to CQC on 10th May 2019, identifying the immediate actions taken in response to the four regulatory actions. An engagement meeting with the CQC took place on 25th June to discuss the trust improvement plan. Positive feedback was received. Progress continues on the implementation of the improvement plan with **all actions on plan to be delivered**. At the weekly meeting on 6th July 2019, the DON and members agreed for the meetings to revert to monthly as such good progress has been made.

Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	

The paper links to the following strategic priorities (please tick)

Deliver **outstanding care locally**	X	Collaborative system **leadership** to **deliver better** patient **care**	x
Retain and **develop outstanding staff**	X	Be **enterprising**	
Invest in **research & innovation** to deliver **excellent** patient **care** in the future		Maintain **excellent** quality, operational and financial **performance**	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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

The Clatterbridge Cancer Centre
NHS Foundation Trust

CCC Improvement plan following regulatory visit and published CQC report April 2019

Progress Update Report

July 2019

Introduction.
The CQC inspect and regulate healthcare service providers in England. Their aim is to get to the heart of patients' experience of care and treatment and they ask all providers the same five questions: are services safe, effective, caring, responsive to peoples' needs and well-led?

The CQC completed an unannounced visit in December 2018 and a 'well led' review in January 2019. The CQC published their final report on 16th April 2019, rating the trust overall as **GOOD.**

This was a change in the rating which was previously outstanding in 2016.
This rating was determined by a number of breaches in legal requirements which meant that the Trust was rated as requires improvement in the well led domain, with an overall Trust rating of Good.

Findings
The CQC inspected three of the acute services provided by the trust as part of its continual checks on the safety and quality of healthcare services. They also inspected the well led key question for the trust overall.

Their comprehensive findings described in their report published in April 2019, identified:

Four regulatory requirement notices:
Regulation 5 HSCA (RA) Regulations 2014 – Fit and proper persons: Directors
Regulation 17 HSCA (RA) Regulations 2014 – Good Governance
Regulation 18 HSCA (RA) Regulations 2014 – Staffing (BLS / ILS training)
Regulation 12 HSCA (RA) Regulations 2014 – Safe Care and Treatment (ID / safety checks)

14 'must do' actions:
- 8 – Trust wide
- 4 – Medicine services
- 2 – Diagnostic services

19 'should do' actions:
- 12 – Trust wide
- 2 – Medicine services
- 4 – Diagnostic services
- 1 – Outpatient services

As stipulated by the CQC the trust submitted a detailed report on the immediate actions taken in response of the four breeches of regulations on 10th May 2019. No formal feedback has yet been received but an engagement meeting with the CQC is planned 25th June 2019 to discuss the trust improvement plan.

Improvement plan
Following initial feedback from the CQC, following their visits in December 2018 and January 2019 and to support the implementation of the recommendations described in the final CQC report, the trust invested in a project manager to provide expert project management knowledge and skills and support the development of an improvement plan.

A detailed Project Initiation Document (PID) is in place together with a detailed SMART action plan, monitored through a monthly meeting chaired by the executive lead. This plan is accessible, on a shared drive, by all leads

Further to this a Standard Operational Procedure (SOP) has been developed – *Management of Improvement Plan(s) Following Regulatory Visit(s)* to further support staff, strengthen systems and processes and maintain good governance and assurance.

Progress to date
All actions to regain compliance relating to the four regulatory requirement notices have been completed. Audit plans are in place to ensure improvements have been embedded and will be reported through the Audit Committee.

Table 1 Status of 'must' and 'should' do actions (9th July 2019)

	Compromised / significantly off track	Experiencing problems/ off track but recoverable	On track	Completed
Regulatory Actions* (4)	-	-	-	4
Must do actions (14)	-	-	6 ↓	8 ↑
Should do actions (19)	-	-	14 ↓	5 ↑

*Please note the regulatory actions were a composite of all actions overall

Assurance
Internal assurance is provided through the relevant sub-committee to the board and their individual sub groups. All actions have the relevant executive lead to support implementation and following completion a formal 'sign off' process is in place. Formal audits are planned to support actions / changes in practice being embedded. Quality and safety leadership walkabout took place across ward areas at CCC-Wirral on 20th June, with positive outcome. Some minor issues identified which have been fed back to the relevant manager to action. The outcomes and actions of these visits form part of the directorate quality and safety agenda. Internal 'CQC Mock inspections' will continue, as will walkabouts by Non-Executive, Governor and Executive colleagues. To date 13 formal 'sign off' meetings have taken place with action leads to formally close completed actions as required evidence was presented and approved.

External assurance is provided by commissioners through formal reporting at the 'Quality Focus' – monthly contract review meetings. MIAA have been engaged to complete formal governance audits, reported through the audit committee. The CEO and DON met with commissioning colleagues on 4th June 19 to present and discuss the trust improvement plan. The CCG were supportive of progress made and offered to attend a future weekly Quality Improvement Assurance Group (QIAG) to offer further assurance. The CQC visited the trust on 25th June for a planned engagement visit. Positive feedback was received following submission of the trust action plan in response to their recommendations. A further engagement visit is planned for September 2019. This report, following receipt by the board at the end of July, will be shared with commissioners, CQC engagement lead and our NHSI quality lead.

Clatterbridge PropCare Services Ltd
TCCC – Council of Governors
Monday 22 July 2019

Agenda Item:	CoG-035-19	**Date:**	12 July 2019
Subject / Title:	PropCare Activity Update		
Author:	Peter Crangle		
For:	Information		

Proposed Resolution

The Council of Governors is requested to note the contents of this report.

Purpose and context

The purpose of this paper is to inform the Council of Governors on the progress achieved by PropCare since it was established in 2017.

PropCare has three contracts with the Trust:

- Strategic Partnership Agreement (SPA); a consultancy agreement to provide advice to the Trust on estate related issues. This became operational in November 2016.
- Initial Partnering Services Agreement (IPSA); contract to manage the Trust owned estate at Wirral and Aintree, operational May 2017, delivered through a series of SLAs which novated to PropCare from the Trust.
- Project Agreement (PA); to design, build, finance and operate the new Liverpool hospital on behalf of the Trust, operational June 2017.

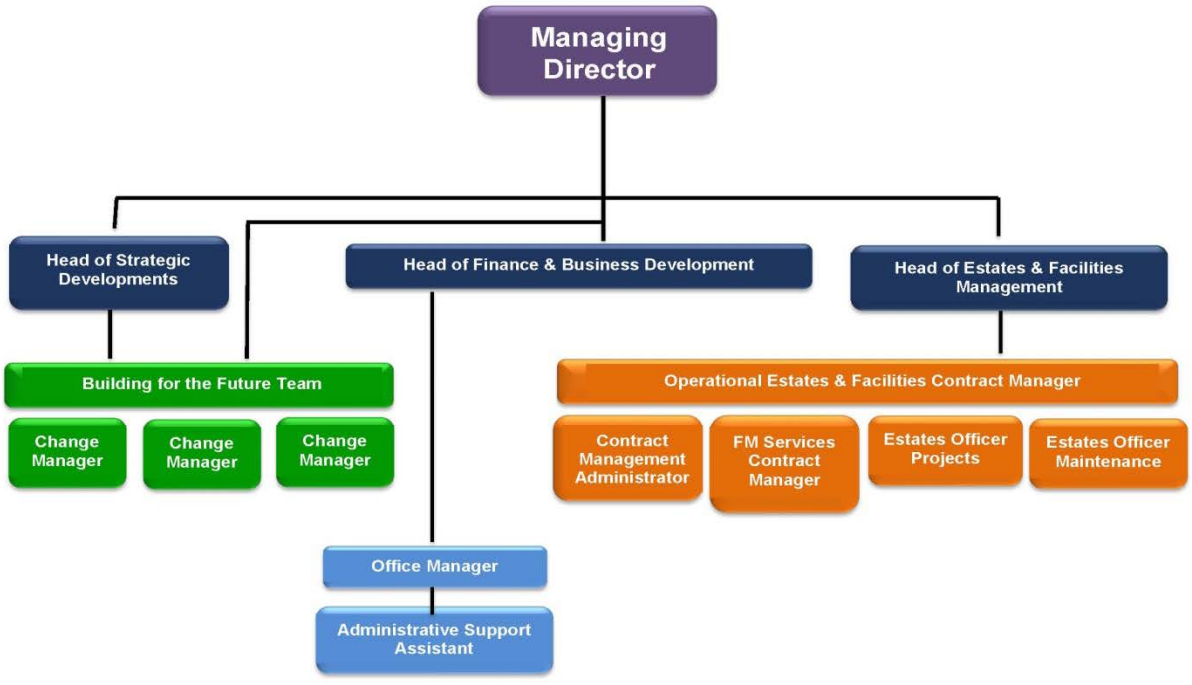
This report summarises the progress that PropCare has made in delivering the above contracts to TCCC.

Update

Staffing

The PropCare Board consists of Louise Martin (Chair), Ian Thompson (Independent NED), Mark Tattersall (Trust NED), Fiona Jones (MD) and James Thomson (Trust nominated officer). The Board meets bi-monthly.

Some staff TUPE transferred to PropCare from the Trust whilst the change mangers working on the build project are seconded from the Trust. Other appointments have since been made by PropCare on PropCare term and conditions. The Propcare structure is shown below:



SPA

A number of small projects have been undertaken by PropCare on behalf of the Trust; these include:

- Assessment of options for additional office space in Liverpool, and subsequent delivery of chosen option
- Assessment of options for provision of car parking in Liverpool, and subsequent delivery of chosen option

A project for the rationalization of the Wirral site following the transfer of activities to Liverpool is now underway; a recommendation paper will be presented to the Trust in the Autumn for approval, in order to allow estate remodeling work to commence shortly after the move to Liverpool.

IPSA

Existing TCCC contracts for estate related services were novated to PropCare at the end of April 2017, including SLAs with WUTH.

Although the estate was in generally good condition, there had been little active management of the SLAs, with no performance reporting and therefore no formal assurance regarding compliance with statutory standards. PropCare faced a considerable task in establishing effective contract management arrangements since in the early months there was resistance from WUTH to rebase the relationship on a more professional footing, especially with regards to hard FM (estates). The position was much better with soft FM (hotel services eg cleaning, catering), where relationships were stronger and the service was perceived to be much better.

Following the completion of an asset survey of the Wirral site in early 2018 a planned preventive maintenance (PPM) schedule based on the asset survey and a mixture of statutory and best practice was agreed. The WUTH maintenance contract was redrafted based around the new Planned Preventative Maintenance (PPM) schedule.

The new contract commenced on 1st November 2018. From this point, compliance with the performance standards is only recorded upon receipt of documented evidence. Given the history, documented compliance at this point was at a relatively low level and a plan of work was agreed to resolve this progressively, starting with the highest risk areas. The PPM scheduled targeted full compliance to be achieved by October 2019, this has been achieved in a number of areas, and we remain on track to have a fully documented compliant site by October.

The initial priority for PropCare has been the Wirral site since the perception was that standards of FM services at Aintree were better, and given the size of the site and nature of clinical activity, the immediate risk to clinical services was less. Once CCCW was stabilized however this freed up time to be turned to completion of a similar exercise at Aintree.

At the start of 2019 an asset survey was conducted at Aintree which was used to generate a PPM schedule. AUT are now working to this PPM schedule and progress is being reviewed; we are forecasting that the site will be fully compliant by the end of October. An independent audit of the site will be undertaken in August.

Although the standard of soft FM services provided was demonstrably better, a variety of key performance indicators have also been introduced for soft FM to ensure the quality of services is measured and managed.

Performance on the IPSA contract is reported to TCCC's Performance Committee. Propcare also attends and reports to a number of other Trust quality committees such as fire safety and water safety. Prior to the start-up of PropCare there was no formal reporting on the Estates performance within the Trust. PropCare's performance management and reporting is now maturing and provides a high level of assurance to the Trust's executive team.

PA

PropCare continues to work closely with Laing O Rourke to deliver the new hospital in Liverpool. Much time and effort is being put in by all parties to ensure the building is delivered to a high standard. We remain on programme and subject to recovery of additional costs resulting from the collapse of Carillion we remain on budget. The recovery of additional costs is currently being discussed with NHSI.

We are currently finalising contracts for the delivery of hard and soft FM services, and are due to start the mobilization phase for these services.

The forecast date for building handover remains February 2020, with clinical services planned to become operational in May 2020.

As a result of the delay in the completion of the Royal some building activities will now be completed after the above date; these include the installation of the link bridges and external works.

Third Party Work

On the formation of PropCare, there was an intention for PropCare to income generate through undertaking work for third parties, although this was recognised as a lesser priority than delivery of the new build and effective management of the Trust's existing estate. Because of this the focus has been on delivery of the Trust contracts; however PropCare is developing a reputation amongst other NHS organisations locally as a professional organization capable of delivering a high quality strategic and operational estates service. This has led to some approaches from other Trusts which are being explored.

Currently we are working other Merseyside based specialist Trusts in developing a model for the delivery of estates services across these Trusts. We are in the early stages of this, but this could be a positive development for PropCare and for the Trust.

Financial

PropCare has now filed statutory accounts for the periods to 31st March 2017 and the year 31st March 2018. Accounts for 31st March 2019 will be filed later this year.

As at the 31st March 2019, PropCare had reserves of £1.1m (Unaudited); it was agreed with the Trust that dividends would not be paid until the completion of the Liverpool hospital.

Recommendation

The Council of Governors is requested to note the contents of this report.

Transforming Cancer Care Programme Summary Report

July 2019

NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Transforming Cancer Care

Build

- The building is due to be handed over in February 2020
- A 12-week commissioning period will follow handover

Haemato-oncology inpatient move

- Proposal developed to review of the timing of the transfer of the H-O inpatient service from within the RLH to its future location in CCC-L
- Review to be carried out by an external reviewer with expertise in clinical service redesign and delivery
- Review will consider the views of key stakeholders, use objective data where this is available, and consider options for the timing of the move and the wider risks and benefits associated with each of these
- A paper setting out the recommendation of the external review will be presented to the Boards of CCC and RLBUHT in October 2019

Service readiness

- The focus of service readiness work with operational and clinical teams continues to be the development operational policies outlining how all parts of CCC-L will operate from day one
- The first tranche of operational policies will be ready for trust approval in September 2019

Safe Hospital

- The Safe Hospital project is concerned with how CCC-L will work with the Royal to ensure that patients are seen by the right staff in the right place at the right time
- The focus in the last month has been our proposed approach to unplanned admissions and the care of patients that are deteriorating –
- Engagement with the Royal on our proposed approach will begin in July and updated trust policies will be prepared by September

Agreements and contracts

- A single contract will be drawn up with the Royal with multiple specifications that outline the services the CCC-L will need from them
- Work continues with our solicitors on the proposed RLBUHT SLA and this is now in advanced draft
- A template is in production to allow nominated leads to develop detailed specifications for each service required by September 2019
- The Royal SLA will be presented to the Trust Board for approval by December 2019

Workforce

- Letters confirming their base locations from May 2020 had been sent to 425 staff as at 5th July 2019
- Attraction package implemented for new recruits to reimburse tunnel fees from 1st June - opening of the new hospital.
- In August a panel will meet to review the trust's workforce plans, look at recruitment phasing, and identify any gaps and business cases in development

Connect

- IM&T is working with CCC-W outpatients to test and embed new hospital technologies through a New Hospital 'Model Clinic'
- Ward drug ePrescribing went live as planned on 26th June 2019
- IT interoperability identified as one of the key issues to be resolved to support successful opening of new build (including migration of haem-onc to Meditech) – project plan developed

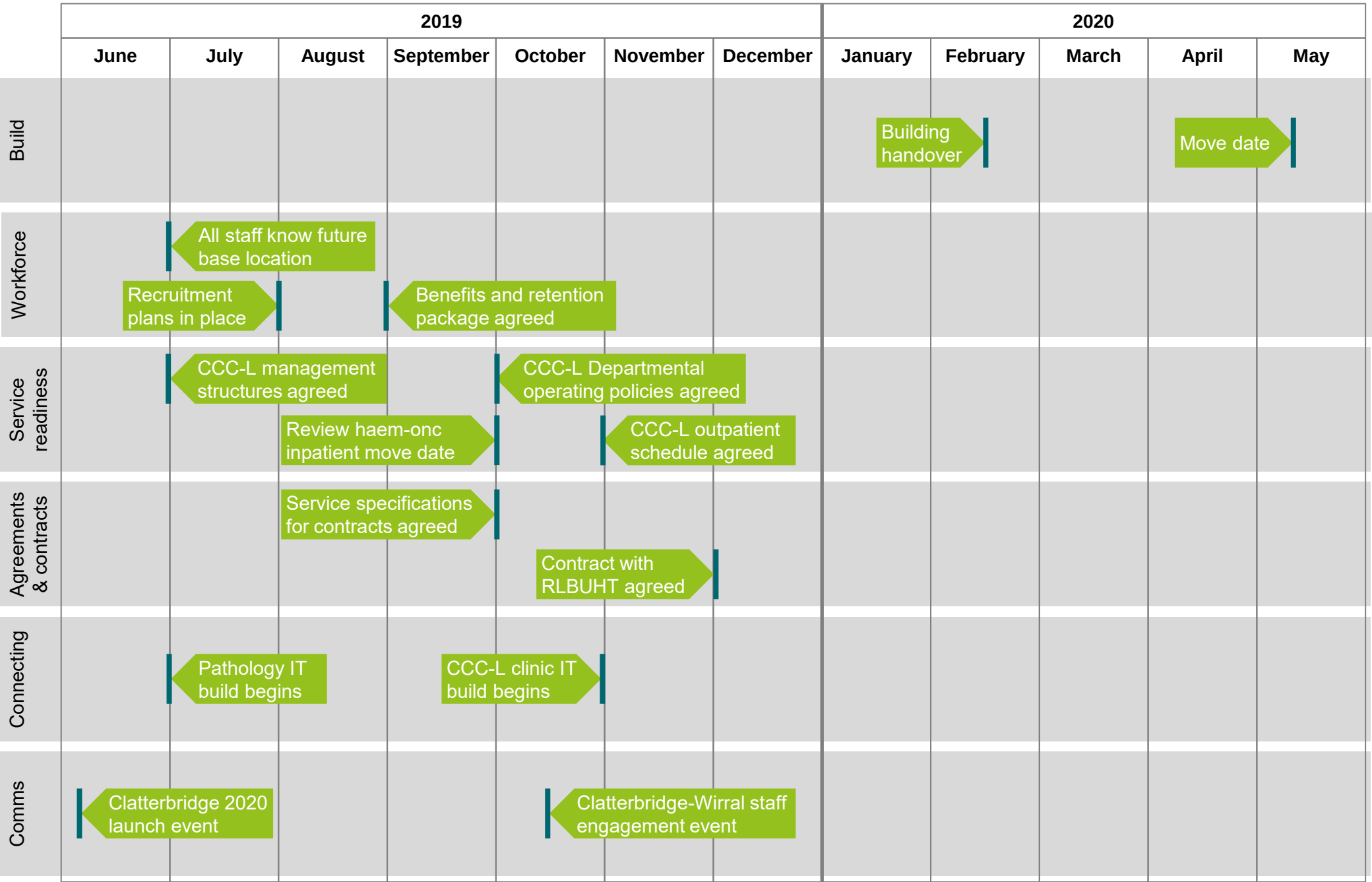
Communications

- The second of the new series of newsletters - *Clatterbridge 2020* - has been published focusing on addressing the travel and transport questions raised at the staff engagement event in June
- Upcoming design and production of various communications materials: marketing brochure for key stakeholders, patient postcard to update the public, and an animation to showcase our new clinical model

Programme

- Review of the governance of the Safe Hospital project to take place in July to better support delivery

High-level programme milestones



The Clatterbridge Cancer Centre NHS Foundation Trust

Report Cover Sheet

Report to:	Council of Governors	
Date of the Meeting:	22 July 2019	
Agenda Item:		
Title:	Adult inpatient survey 2018 - overview	
Report prepared by:	Gill Murphy, Associate Director for Improvement	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Quality Committee
Date & Decision:	17 July 2019

Purpose of the Paper/Key Points for Discussion:	This paper is to inform the Council of Governors of the initial findings of the adult inpatient survey results 2018. The findings have been benchmarked against our peers (The Christie and The Royal Marsden) The survey in the main demonstrates good patient experience but there are lessons to be learned and service improvement to be recognised in the feedback from patients in relation to 'leaving hospital section'. The full details of the report will be shared initially with the matrons to review and develop an improvement plan for CCC The survey findings and action plan will be managed through the new Patient Experience and Inclusion Group, a sub group of Integrated Governance Committee, with its inaugural meeting planned for 1st August 2019, and quarterly thereafter. The Council of Governors is asked to receive this report and attached survey results for information.

Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	

The paper links to the following strategic priorities (please tick)

Deliver **outstanding care locally**	X	Collaborative system **leadership** to **deliver better** patient **care**	X
Retain and **develop outstanding staff**	X	Be **enterprising**	
Invest in **research & innovation** to deliver **excellent** patient **care** in the future		Maintain **excellent** quality, operational and financial **performance**	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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

Adult Inpatient Survey 2018 – Overview of Results.

	No: questions in each section	CCC	Christie	Royal Marsden	Highest score in England
Response rate		**51%**	**54%**	**60%**	**45% (national Av)**
		Section score 1 -10 with 10 bring the highest			
Waiting list or planned admissions	3	9.7	9.5	9.4	9.7
Waiting to get to a bed on the ward	1	8.9	8.8	8.9	9.5
The hospital and ward	12	8.6	8.8	8.7	8.8
Doctors	3	9.3	9.4	9.4	9.5
Nurses	5	8.8	8.8	9.1	9.1
Your care and treatment	12	8.8	8.9	9.0	9.2
Operations and procedures	3	8.7	8.9	9.1	9.1
Leaving Hospital	17	7.9	8.3	8.3	8.4
Overall views of care and service	4	4.3	4.4	5	5.5
Overall experience	1	8.8	9.0	9.1	9.1

There is no significant change either 'better' or 'worse' from results in 2017.

Compared to our peers the main difference relates to feedback from patients in their experience when leaving / discharged from hospital. This section has the greatest number of questions relating to planning for home and being discharged. We anticipate that the introduction of the Patient Flow team in Nov 2018 (after the survey) will address some of the concerns. The Patient Flow Team assist discharge in times of complex discharges, they support the nursing staff by ensuring relevant documentation is completed to assist a seamless process for the patient and liaise with patients their relatives and carers and community based services.

The full results will be shared with the matrons and an action plan for improvement developed which will include a small local audit / feedback from patients following the introduction of the patient flow team.

This will be managed through the new patient experience and inclusion group with the first meeting planned **1st August 2019.**

The full survey is attached as Appendix 1.

Appendix 1

Care Quality Commission

Survey Coordination Centre

Patient survey report 2018

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

NHS Patient Survey Programme
Adult Inpatient Survey 2018

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

Adult Inpatient Survey 2018

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

The 2018 survey of adult inpatient (sixteenth iteration of the survey) involved 144 acute and specialist NHS trusts. 76,668 people responded to the survey, yielding an adjusted response rate of 45%.

Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2018[1]. Trusts counted back from the last day of July 2018, including every consecutive discharge, until they had selected 1,250 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2018). Fieldwork took place between August 2018 and January 2019.

Surveys of adult inpatients were also carried out in 2002 and annually from 2004 to 2018. Although questionnaire redevelopments took place over the years, the survey results for this year are largely comparable to those from previous iterations.

The Adult Inpatient Survey is part of a wider programme of NHS patient surveys which covers a range of topics, including children and young people's services, community mental health services, urgent and emergency care services and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold providers to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for the NHS.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Interpreting the report

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

[1] 39 trusts sampled additional months because of small patient throughputs.

This report shows the same data as published on the CQC website (http://www.cqc.org.uk/surveys/inpatient). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

Standardisation

People's characteristics, such as age and gender, can influence their experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people. Since trusts have differing profiles of people who use their services, this could potentially affect their results and make trust comparisons difficult. A trust's results could appear better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data, which means we apply a weight to individual responses to account for differences in demographic profile between trusts. For each trust, results have been standardised by age, gender and method of admission (emergency or elective) of respondents to reflect the 'national' age-gender-admission type distribution (based on all respondents to the survey). This helps to ensure that no trust will appear better or worse than another because of its respondent profile. It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trust. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency; or they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question would be Q44 "During your stay in hospital, did you have an operation or procedure?" For full details of the scoring please see the technical document (see 'Further information' section).

Section scoring is computed as the arithmetic mean of questions' score after weighting is applied.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts. If there is no text, the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'Methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it

performs significantly above or below what would be expected. If it is within this range, we say that its performance is ‘about the same’. Where a trust is identified as performing ‘better’ or ‘worse’ than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases, there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (and the corresponding section[2]). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see ‘Further information’ section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'Change from 2017' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2017. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Where a result for 2017 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2017 survey, or if a trust committed a sampling error in 2017.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to some trusts.

All trusts

Q50 and Q51: The information collected by Q50 “On the day you left hospital, was your discharge delayed for any reason?” and Q51 “What was the main reason for the delay?” are presented together to show whether a patient's discharge was delayed by reasons attributable to the hospital.

The combined question in this report is labelled as Q51 and is worded as: “Discharge delayed due to wait for medicines/to see doctor/for ambulance.”

Q52: Information from Q50 and Q51 has been used to score Q52 “How long was the delay?” This assesses the length of a delay to discharge for reasons attributable to the hospital.

Q53 and Q56: Respondents who answered Q53 “Where did you go after leaving hospital?” as “I was transferred to another hospital” were not scored for Q56 (“Before you left hospital, were you given any written or printed information about what you should or should not do after leaving

[2]The section score is not displayed as it would include fewer questions compared with other trusts hence it is not a fair comparison.

hospital?"). This decision was taken as there is not a requirement for hospital transfers.

Trusts with female patients only

Q11: If your trust offers services to women only, the score for Q11 "While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?" is not shown.

Trusts with no A&E Department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E department.

Notes on question comparability

The following questions were new questions for 2018, and it is therefore not possible to compare with previous years:

Q66. *Was the care and support you expected available when you needed it?* (section 9 "Leaving hospital")

Q69. *During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?* (section 10 "Overall views of care and services")

The following question was removed from the 2018 questionnaire (2017 numbering):

Q59. *Were you told how to take your medication in a way you could understand?*

For more information on questionnaire redevelopment and the rationale behind adding or removing individual questions please refer to the Survey Development Report, available here:
http://nhssurveys.org/survey/2117

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):
http://www.cqc.org.uk/inpatientsurvey

The results for England, and trust level results, can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:
http://www.cqc.org.uk/inpatientsurvey

The results for the adult inpatient surveys from 2002 to 2017 can be found at:
http://www.nhssurveys.org/surveys/425

Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:
http://www.nhssurveys.org/surveys/1203

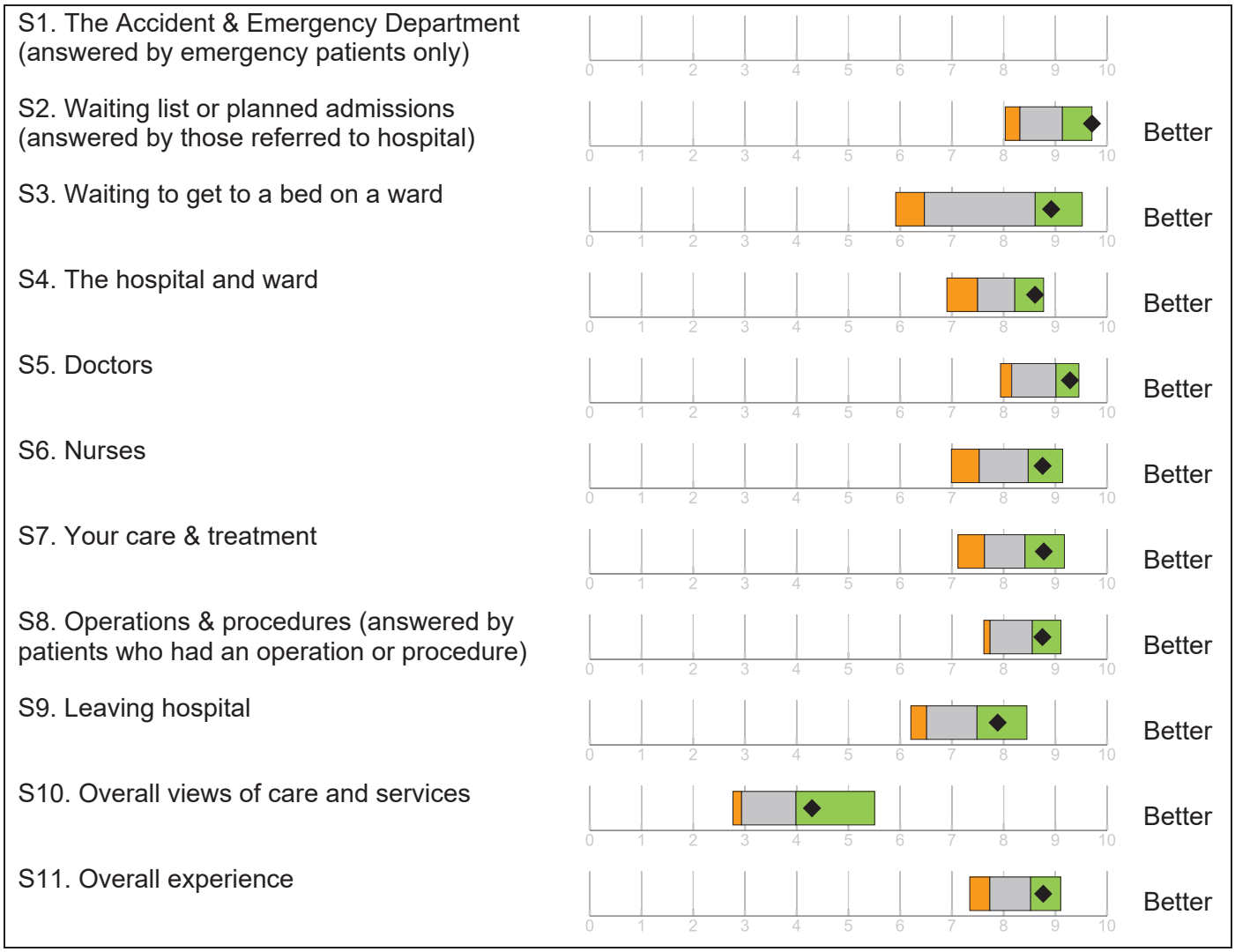
More information on the NHS Patient Survey Programme, including results from other surveys and a schedule of current and forthcoming surveys can be found at:
http://www.cqc.org.uk/content/surveys

More information about how CQC monitors hospitals is available on the CQC website at:
http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Section scores



Best performing trusts

About the same

Worst performing trusts

'Better/Worse' Only displayed when this trust is better/worse than most other trusts

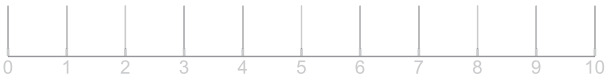
◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)

Adult Inpatient Survey 2018

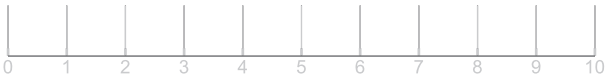
The Clatterbridge Cancer Centre NHS Foundation Trust

The Accident & Emergency Department (answered by emergency patients only)

Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?



Q4. Were you given enough privacy when being examined or treated in the A&E Department?



Waiting list or planned admissions (answered by those referred to hospital)

Q6. How do you feel about the length of time you were on the waiting list?

Better

Q7. Was your admission date changed by the hospital?

Better

Q8. Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?

Better

Waiting to get to a bed on a ward

Q9. From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?

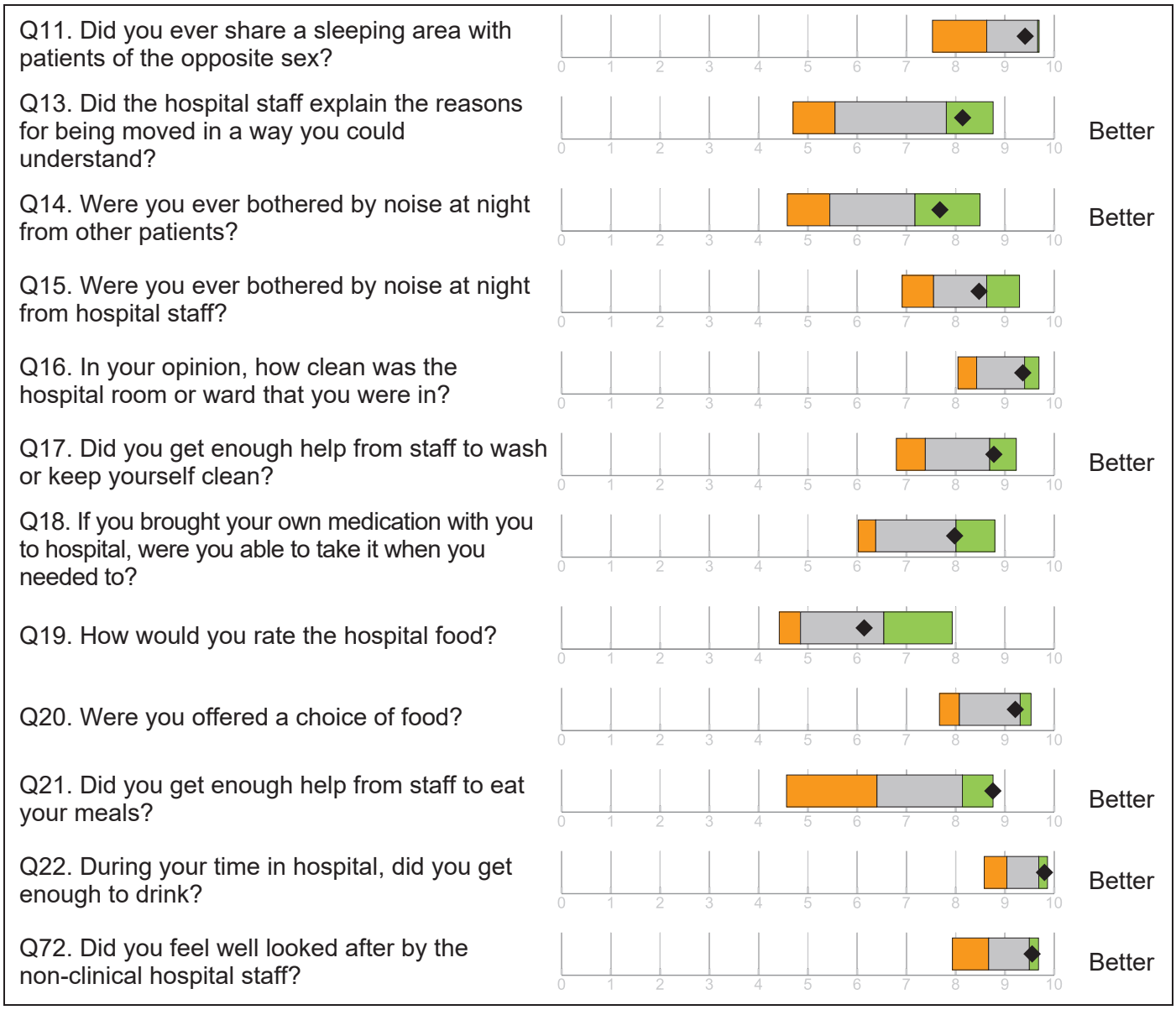
Better

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

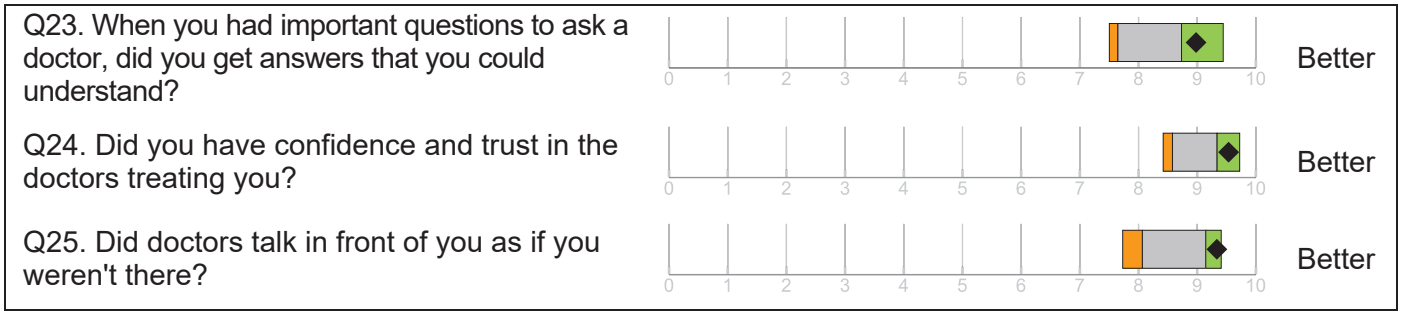
Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

The hospital and ward



Doctors

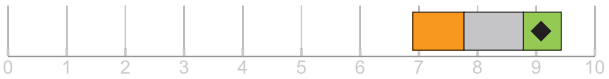
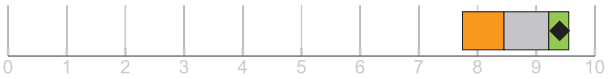
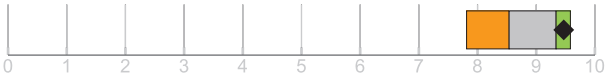
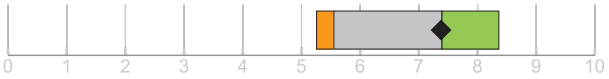


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Nurses

Q26. When you had important questions to ask a nurse, did you get answers that you could understand?		Better
Q27. Did you have confidence and trust in the nurses treating you?		Better
Q28. Did nurses talk in front of you as if you weren't there?		Better
Q29. In your opinion, were there enough nurses on duty to care for you in hospital?		Better
Q30. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)		

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
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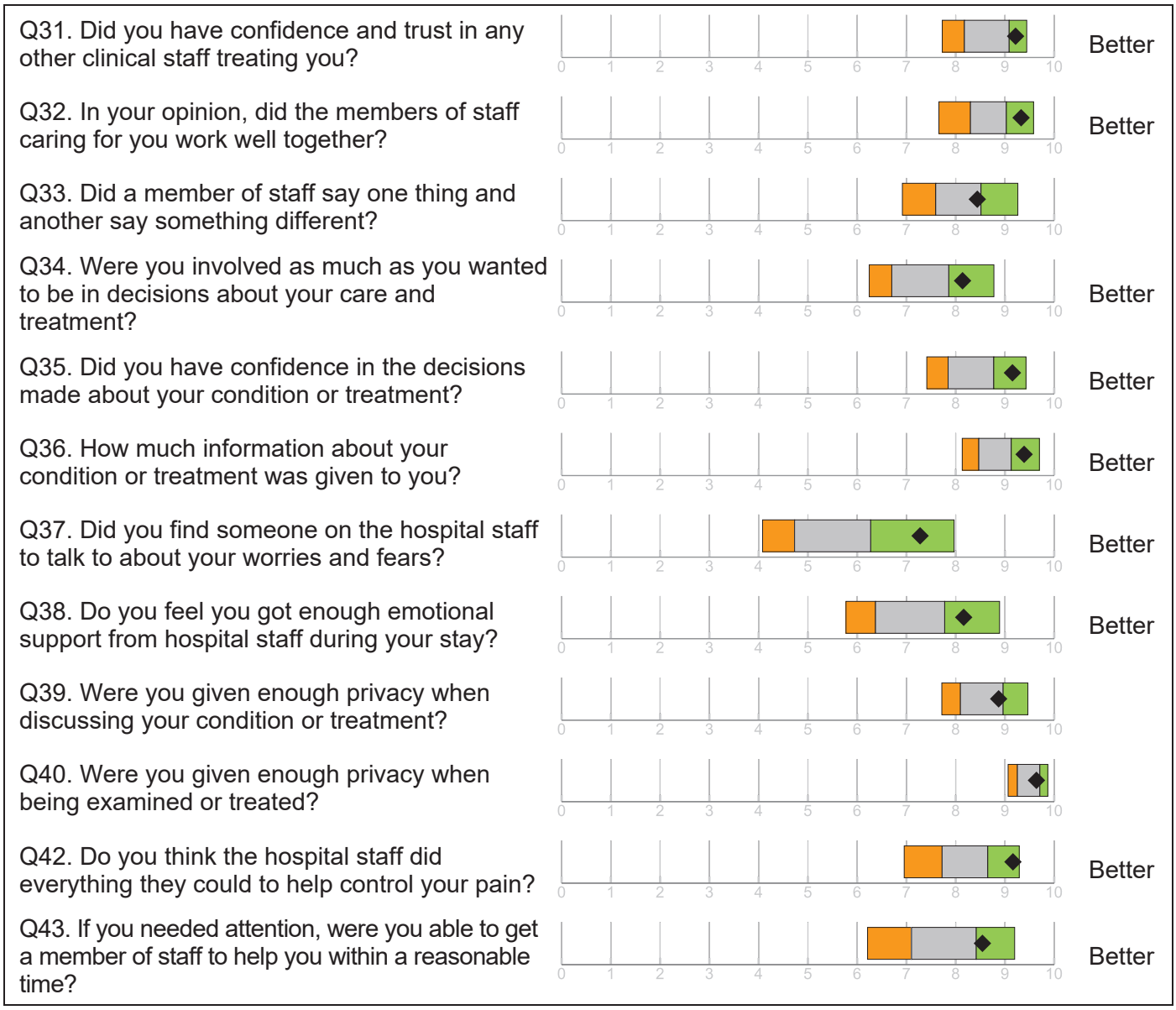
Worst performing trusts		

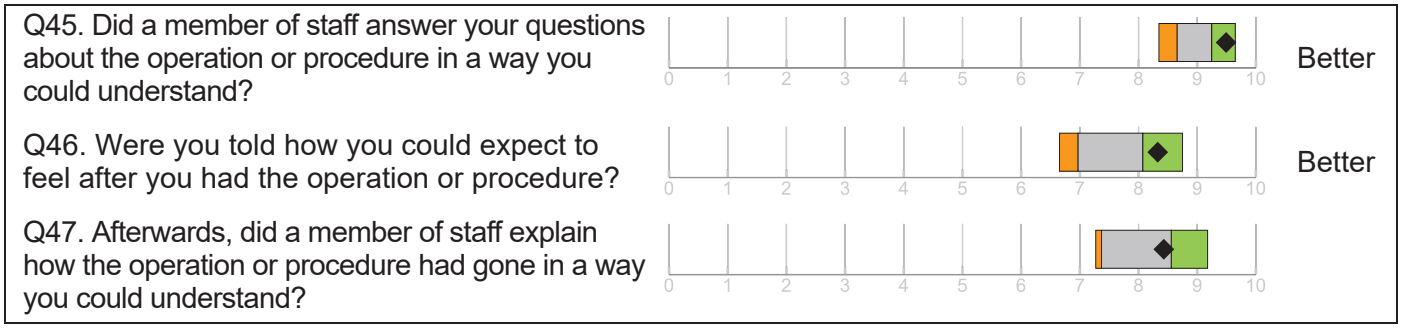
Adult Inpatient Survey 2018

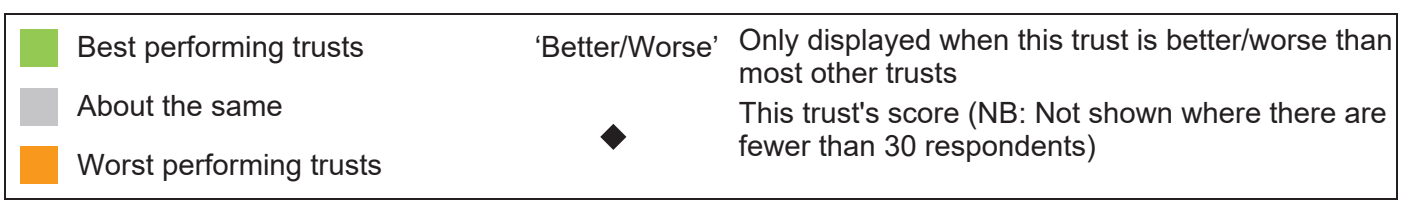
The Clatterbridge Cancer Centre NHS Foundation Trust

Your care & treatment



Operations & procedures (answered by patients who had an operation or procedure)

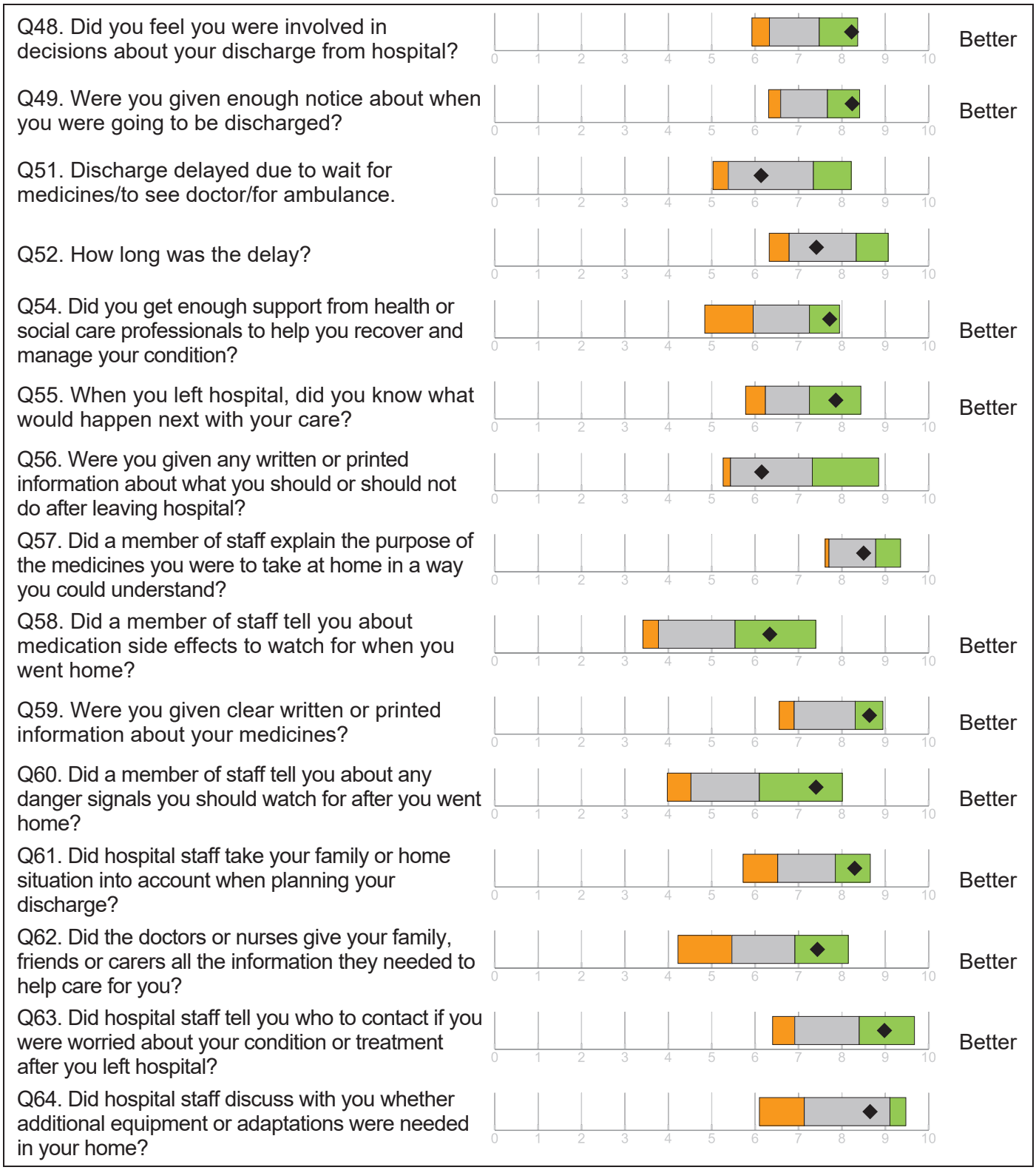




Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Leaving hospital

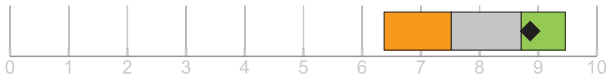


Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Adult Inpatient Survey 2018

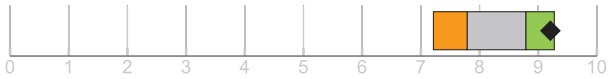
The Clatterbridge Cancer Centre NHS Foundation Trust

Q65. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?



Better

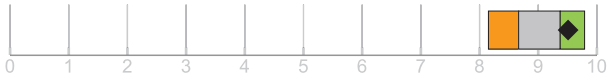
Q66. Was the care and support you expected available when you needed it?



Better

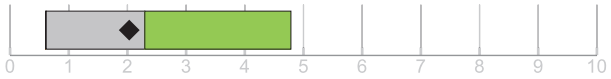
Overall views of care and services

Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

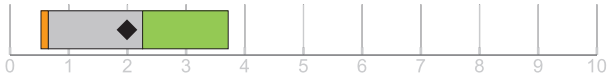


Better

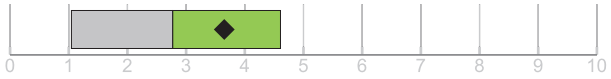
Q69. During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?



Q70. During your hospital stay, were you ever asked to give your views on the quality of your care?



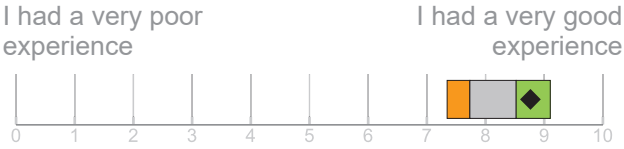
Q71. Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?



Better

Overall experience

Q68. Overall...



Better

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
The Accident & Emergency Department (answered by emergency patients only)							
S1	Section score	-	7.7	9.1			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	-	7.4	9.0			
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	-	7.7	9.5			
Waiting list or planned admissions (answered by those referred to hospital)							
S2	Section score	9.7	8.0	9.7			
Q6	How do you feel about the length of time you were on the waiting list?	9.7	6.1	9.7	198		
Q7	Was your admission date changed by the hospital?	9.9	8.3	9.9	206		
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.5	7.9	9.6	209		
Waiting to get to a bed on a ward							
S3	Section score	8.9	5.9	9.5			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.9	5.9	9.5	331		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

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The hospital and ward							
S4	Section score	8.6	6.9	8.8			
Q11	Did you ever share a sleeping area with patients of the opposite sex?	9.4	7.5	9.7	329		
Q13	Did the hospital staff explain the reasons for being moved in a way you could understand?	8.1	4.7	8.8	35		
Q14	Were you ever bothered by noise at night from other patients?	7.7	4.6	8.5	329		
Q15	Were you ever bothered by noise at night from hospital staff?	8.5	6.9	9.3	328		
Q16	In your opinion, how clean was the hospital room or ward that you were in?	9.4	8.0	9.7	331		
Q17	Did you get enough help from staff to wash or keep yourself clean?	8.8	6.8	9.2	145		
Q18	If you brought your own medication with you to hospital, were you able to take it when you needed to?	8.0	6.0	8.8	196		
Q19	How would you rate the hospital food?	6.1	4.4	7.9	312		
Q20	Were you offered a choice of food?	9.2	7.7	9.5	325		
Q21	Did you get enough help from staff to eat your meals?	8.8	4.6	8.8	64		
Q22	During your time in hospital, did you get enough to drink?	9.8	8.6	9.9	325		
Q72	Did you feel well looked after by the non-clinical hospital staff?	9.6	7.9	9.7	311		
Doctors							
S5	Section score	9.3	7.9	9.5			
Q23	When you had important questions to ask a doctor, did you get answers that you could understand?	9.0	7.5	9.4	307		
Q24	Did you have confidence and trust in the doctors treating you?	9.5	8.4	9.7	330		
Q25	Did doctors talk in front of you as if you weren't there?	9.3	7.7	9.4	330		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

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The Clatterbridge Cancer Centre NHS Foundation Trust

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Nurses							
S6	Section score	8.8	7.0	9.1			
Q26	When you had important questions to ask a nurse, did you get answers that you could understand?	9.1	6.9	9.4	304		
Q27	Did you have confidence and trust in the nurses treating you?	9.4	7.7	9.6	331		
Q28	Did nurses talk in front of you as if you weren't there?	9.5	7.8	9.6	329		
Q29	In your opinion, were there enough nurses on duty to care for you in hospital?	8.4	6.1	9.1	331		
Q30	Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	7.4	5.3	8.4	330		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

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The Clatterbridge Cancer Centre NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Your care & treatment							
S7	Section score	8.8	7.1	9.2			
Q31	Did you have confidence and trust in any other clinical staff treating you?	9.2	7.7	9.4	229		
Q32	In your opinion, did the members of staff caring for you work well together?	9.3	7.7	9.6	319		
Q33	Did a member of staff say one thing and another say something different?	8.4	6.9	9.3	328		
Q34	Were you involved as much as you wanted to be in decisions about your care and treatment?	8.1	6.2	8.8	329		
Q35	Did you have confidence in the decisions made about your condition or treatment?	9.2	7.4	9.4	331		
Q36	How much information about your condition or treatment was given to you?	9.4	8.1	9.7	320		
Q37	Did you find someone on the hospital staff to talk to about your worries and fears?	7.3	4.1	8.0	216		
Q38	Do you feel you got enough emotional support from hospital staff during your stay?	8.2	5.8	8.9	220		
Q39	Were you given enough privacy when discussing your condition or treatment?	8.9	7.7	9.5	325		
Q40	Were you given enough privacy when being examined or treated?	9.6	9.1	9.9	329		
Q42	Do you think the hospital staff did everything they could to help control your pain?	9.2	7.0	9.3	156		
Q43	If you needed attention, were you able to get a member of staff to help you within a reasonable time?	8.5	6.2	9.2	313		
Operations & procedures (answered by patients who had an operation or procedure)							
S8	Section score	8.7	7.6	9.1			
Q45	Did a member of staff answer your questions about the operation or procedure in a way you could understand?	9.5	8.3	9.6	154		
Q46	Were you told how you could expect to feel after you had the operation or procedure?	8.3	6.7	8.7	164		
Q47	Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.4	7.3	9.2	163		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Leaving hospital							
S9	Section score	7.9	6.2	8.4			
Q48	Did you feel you were involved in decisions about your discharge from hospital?	8.2	5.9	8.4	320		
Q49	Were you given enough notice about when you were going to be discharged?	8.2	6.3	8.4	328		
Q51	Discharge delayed due to wait for medicines/to see doctor/for ambulance.	6.1	5.0	8.2	317		
Q52	How long was the delay?	7.4	6.3	9.1	316		
Q54	Did you get enough support from health or social care professionals to help you recover and manage your condition?	7.7	4.8	7.9	185		
Q55	When you left hospital, did you know what would happen next with your care?	7.9	5.8	8.4	306		
Q56	Were you given any written or printed information about what you should or should not do after leaving hospital?	6.2	5.3	8.8	314		
Q57	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.5	7.6	9.4	255		
Q58	Did a member of staff tell you about medication side effects to watch for when you went home?	6.3	3.4	7.4	220		
Q59	Were you given clear written or printed information about your medicines?	8.6	6.6	8.9	239		
Q60	Did a member of staff tell you about any danger signals you should watch for after you went home?	7.4	4.0	8.0	261		
Q61	Did hospital staff take your family or home situation into account when planning your discharge?	8.3	5.7	8.7	208		
Q62	Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	7.4	4.2	8.1	224		
Q63	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	9.0	6.4	9.7	315		
Q64	Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.6	6.1	9.5	88		
Q65	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.9	6.4	9.5	159		
Q66	Was the care and support you expected available when you needed it?	9.2	7.2	9.3	235		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

		Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Overall views of care and services							
S10	Section score	4.3	2.8	5.5			
Q67	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.5	8.2	9.8	331		
Q69	During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	2.0	0.6	4.8	286		
Q70	During your hospital stay, were you ever asked to give your views on the quality of your care?	2.0	0.5	3.7	266		
Q71	Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	3.6	1.1	4.6	243		
Overall experience							
S11	Section score	8.8	7.3	9.1			
Q68	Overall...	8.8	7.3	9.1	322		

↑ or ↓	Indicates where 2018 score is significantly higher or lower than 2017 score (NB: No arrow reflects no statistically significant change) Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018
The Clatterbridge Cancer Centre NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	335	76668
Response Rate (percentage)	51	45

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	53	48
Female	47	52
Age group (percentage)	(%)	(%)
Aged 16-35	4	5
Aged 36-50	10	8
Aged 51-65	32	23
Aged 66 and older	54	64
Ethnic group (percentage)	(%)	(%)
White	92	89
Multiple ethnic group	0	1
Asian or Asian British	2	3
Black or Black British	1	1
Arab or other ethnic group	1	0
Not known	5	5
Religion (percentage)	(%)	(%)
No religion	18	18
Buddhist	0	0
Christian	76	75
Hindu	1	1
Jewish	0	0
Muslim	1	2
Sikh	0	1
Other religion	1	1
Prefer not to say	3	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	97	94
Gay/lesbian	1	1
Bisexual	0	0
Other	0	1
Prefer not to say	2	4

The Clatterbridge Cancer Centre
NHS Foundation Trust

2019 to 2021

Staff Engagement and External Marketing Plan

Introduction

The Clatterbridge Cancer Centre is currently in the middle of huge organisational change; developments which change the fundamental nature and identity of the organisation and provide a new requirement for a staff engagement and external marketing plan to ensure maximum impact.

Key Drivers

Internal Communications

- Response to CQC rating moving from outstanding to good.
- Response to decrease in staff engagement score in 2018 NHS staff survey and reduction in staff recommending CCC as a good place to work in staff Friends and Family Test.
- Achieving high levels of staff and stakeholder engagement as we move towards the successful opening of new Liverpool Hospital and implementation of new models of care
- Raise staff awareness and engagement with Charity and Clatterbridge Private Clinic.
- Raise staff awareness about system leadership and the Trusts role in the Cheshire and Merseyside Cancer Alliance

External Communications

- The need to significantly raise the profile of the Trust and charity within the region, but particularly in Liverpool.
- Achieving remaining £5m public appeal target
- Increase awareness of the new hospital in Liverpool
- Increase awareness of CCC brand, service quality and research levels for system leaders

This plan describes how we will plan and prioritise our efforts to address the key drivers and support what the Trust is aspiring to achieve through delivery of its strategic goals.

Strategic Objectives

The objective of this strategy is to position CCC as:

A leading provider of cutting edge cancer treatment and exceptional care

In order to:

Gain widespread awareness, understanding and support for our ambition to transform cancer care

By:

- **Informing, listening to and motivating our staff**
- **Building brand recognition regionally, nationally and internationally**
- **Protecting our reputation and maintaining stakeholder confidence**

Internal – Staff Engagement Objectives

- Give staff the opportunity to have their say, feed into organisation-wide decisions and raise concerns
- Promote a happy, healthy work environment
- Recognise and reward staff achievement and celebrate success
- Support leaders to communicate with their teams
- Create high visibility of and accessibility to Executive Team
- Support increased levels of staff support for and involvement in achieving remaining £5m appeal target
- Ensure staff can see that feedback has been heard and acted upon.
- Support our governors to engage effectively within the organisation, with patients, staff and members.

External - Marketing Objectives

- Further develop and raise the profile of the Trust brand
- Raise public awareness of remaining £5m appeal target and its importance
- Provide patients and visitors with the information they need to make their experience as positive and easy as it can be
- Support our commercial enterprises in developing marketing plans, supporting business aims and objectives
- As lead of Cheshire & Merseyside Cancer Alliance, collaborate with stakeholders to ensure continued provision of high quality, sustainable cancer care in the region

Brand Approach

Strapline

Expert staff, leading edge treatment, exceptional care

Positioning Statement

Our expert staff deliver the latest cancer treatment, progressive research and specialist care as close to our patients as we can. We lead cancer developments in the region to achieve world class cancer outcomes across Cheshire and Merseyside.

Brand Voice

Characteristic	Description
Progressive	We are champions of innovation and progress We take the initiative and embrace change to ensure that we are offering the best service
Accomplished	We are leaders in our field and our people are some of the best and brightest at what they do. We are confident in our abilities, proud of our achievements and celebrate our successes. Safety and quality are our top priorities and we ensure compliance with all key indicators
Collaborative	We are a system leader but work in collaboration to share successes and challenges We focus on building relationships, work with integrity and lead by example
Responsive	We put the needs of our patients at the heart of what we do and lead the way in delivering

	personalised services Our specialist experience empowers us to evolve and adapt to offer the best care We are business like and professional to sustain and improve quality care for patients

Key Message Matrix - Internal

	Key Message 1 **We value our staff and support them to be the best they can be**	Key Message 2 **We will create a culture of listening to and involving staff**	Key Message 3 **Our wellbeing at work matters to all of us**	Key Message 4 **We can't build our new hospital without the help of our charity**	Key Message 5 **We provide excellent cancer care, treatment and research, no matter where patients come from or how they are funded**
Supporting message 1	We support staff to identify new opportunities for growth and development	We will ensure staff survey feedback is understood and acted on	We want you to be happy and healthy	We have £5m left to raise	We support private care at Clatterbridge, as part of our Joint Venture, for mutual benefit.
Supporting message 2	We will create clear symptoms and processes for staff to work with	We will be business-like and responsive	We want to be an outstanding place to work	This money goes towards the cost of the building and is vital	Additional income is re-invested back into NHS services ensuring they remain the best they can be
Supporting message 3	We support you through a programme of great staff benefits	We will promote engagement opportunities to ensure staff have a voice in proposed developments	Improving our health improves care outcomes	We need to build the best cancer hospital we can. With your help, we can make this happen	Flexible working across all services, whether NHS, private or research, is essential for the future sustainability of CCC

Key Message Matrix – External

	Key Message 1	Key Message 2	Key Message 3	Key Message 4	Key Message 5	Key Message 6	Key Message 7	Key Message 8
	We deliver a unique network of specialist cancer care across Cheshire and Merseyside	**We bring lifesaving cancer care, close to home**	**We drive forward advances in cancer treatment**	**We are shaping the cancer workforce of the future**	**We are working with our partners**	**We provide excellent cancer care no matter where patients come from or how they are funded**	**We can't build our new hospital without the help of the public**	**We support our sustainability by innovating within healthcare to invest profits back into NHS care**
Supporting message 1	We provide treatment to a population of 2.3m people	Our new Liverpool hospital brings care where it's needed most	We are based in a community of medical and scientific innovation	We value our staff and support them to be the best they can be	As host of the Cheshire & Merseyside Cancer Alliance we are transforming cancer diagnosis, treatment and care	Clatterbridge Private Clinic is part of The Clatterbridge Cancer Centre NHS Foundation Trust	The Clatterbridge Cancer Charity has £5m left to raise	PropCare our wholly-owned subsidiary delivers major projects, capital developments, estates and facilities contract management
Supporting message 2	We are the only UK cancer specialist located next to a general hospital and University	We treat patients' at home or work	Working with academic partners we are leading programmes of lifesaving research	We are creating innovative new roles and multi skilled teams	Cancer is the largest cause of death in Cheshire and Merseyside	Our private clinic provides outstanding private treatments and care	This money goes towards the cost of the building and is vital	PharmaC our specialist cancer dispensing services delivers a more personalised and efficient experience for our patients
Supporting message 3	We uniquely combine	We deliver exceptional	We give local access to the	We are attracting and	By working together we can	Additional income is re-invested	We need to build the best	Our expertise in programme and

	comprehensive care with leading edge research	personalised services	most advanced therapies, treatments and clinical trials	retaining the best in cancer expertise	boost early diagnosis and treatment success rates	back into NHS services ensuring they remain the best they can be	cancer hospital we can. With your help, we can make this happen.	project management helps others achieve their goals

Internal Engagement Action Plan

Deliver a culture which embeds two-way communication and engagement

- Introduce executive and non-executive walkabouts to increase visibility
- Re-establish bi-monthly Staff Engagement Steering Group ensuring timely feedback on a range of communication and engagement activities from staff across the Trust
- Review Honest Conversation Events and other approaches to staff engagement ensuring employee engagement is a top priority for Senior Leaders to offer regular effective two way communication
- Develop middle management skills to create a culture of managers who are engaging and involving their staff
- Develop new staff intranet site with improved accessibility and functionality

Involve and inform staff in the vision and direction of the organisation

- CEO to deliver 'Welcome to the Trust' at staff induction
- Support internal clinical engagement through the development of clinical model slide deck
- Update and communicate key TCC milestones visual internally to support mobilisation and transition
- Develop programme of TCC briefing packs to support senior leaders to effectively cascade key information
- Develop timetable for build site staff visits and use case studies and videography to support wider familiarisation
- Develop orientation pack for staff who will move to new hospital
- Use all available opportunities to promote staff involvement in achieving remaining £5m appeal and highlighting impact of charitable contributions on the Trust
- Integrate Cheshire & Merseyside Cancer Alliance news and updates into core communications channels
- Regularly highlighting private clinic contribution to CCC to increase staff engagement

Ensure staff feel that their contribution is recognised and they are valued

- Improve staff survey and staff Friends and family test results with a focus on a 'you said, we did' approach.
- Introduce #Thankyou Thursday to showcase positive feedback to staff
- Introduce virtual staff recognition as part of new staff intranet
- Increase use of social media to celebrate staff involvement and achievements.
- Deliver Party at the Farm staff event
- Work with W&OD to promote health and wellbeing services and support to staff on a regular basis

Engage staff in values and behaviours

- Complete staff engagement on values and behaviours to create and launch 'values in action' campaign to ensure staff understand and can effectively demonstrate.
- Tie-in monthly staff achievement award with promotion of Values and Behaviours
- Further embed Trust values through delivery of Trust electronic PADR
- Create 'community' areas on extranet based on CCC sites and hub staff to allow targeted comms and news exchange reinforcing CCC culture across all sites and locations
- Develop staff welcome pack

Ensure effective engagement and involvement with our governors to support them in fulfilling their role

- Engagement in the Patient Experience/quality agenda, including Patient-Led Assessments of the Care Environment (PLACE), Governor walkabouts and preparations for Care Quality Commission (CQC) inspections
- Governor representation at Trust Patient Experience and Inclusion Group (which will cover patient commuications.)
- Quarterly Governor Patient Experience Committee to oversee execution of patient experience and involvement strategy
- Quarterly Council of Governor Meetings
- Quarterly Governor Engagement sessions
- Quarterly NED/CoG electronic update
- Performance reports and presentations via Trust Board papers on corporate website
- Input into the development of the Quality Account priorities
- Support Membership Engagement via quarterly Membership and Communication Committee

External Marketing Action Plan

Build and promote a stronger Trust profile to raise our reputation

- Launch large scale marketing campaign approach to highlight new hospital and £5million remaining appeal campaign presence including digital content, press releases, videos, success stories, news and more.
- Develop and deliver annual proactive PR plan for TCC including development of suite of videography to support PR and social media
- Significantly increase coverage across social media and website
- Increase by 25% the number of high quality entries the Trust makes to national and regional Awards
- Roll out impactive, new build visual display materials to go up on CCC sites and off-site clinics
- Implement communications strategy for GDE
- Support Clatterbridge Private Clinic marketing activity through identifying and maximising opportunities for joint/cross promotion
- Work with comms team at Knowledge Quarter, local councils and other key stakeholders

Improve relationships with key stakeholders

- Increase the number of organisations and people with whom we communicate by at least 25% through developing schedule of engagement/briefing meetings with key partners and stakeholders to strengthen relationships
- Increase distribution of C3 to wider stakeholders as a marketing showcase
- Introduce regular programme of electronic stakeholder briefings
- Develop strategic marketing and communications programme for Cheshire & Merseyside Cancer Alliance

Support staff recruitment and retention

- Develop ‘employer of choice’ brand style,
- Launch new microsite for recruitment and
- Develop suite of professional, quality supporting materials to support key recruitment activity

Continue to raise the quality of communications, marketing and engagement to match the Trust's strategic ambitions

- Commission external support to increase capacity and enable in-house team to access the necessary specialist skills specifically targeted on design, digital and stakeholder marketing
- Expand use of social media channels, in particular making greater use of LinkedIn for profile raising and recruitment
- Modernise and professionalise existing core comms channels for internal communications including monthly Team Brief and weekly e-bulletin
- Redesign website homepage to ensure it effectively support the Trusts marketing approach
- Introduce additional core communications channels including Spotlight Briefings, #ThankyouThursday and quarterly Town Hall events to improve internal communications and engagement and set the tone from the top of the organisation
- Use digital technology to allow staff on all sites to access core communications and engagement events
- Increase quantity and improve management of Trust notice boards around key areas visible to staff to ensure no over reliance on digital communications
- Carry out annual communications survey and use insights from Staff Engagement Steering Group to support continuous improvement.
- Introduce pulse surveys to gauge progress against actions or views on topical areas. This will enable us to target hot spots and evaluate response to changes in a more timely manner.

Monitoring and Evaluation

Outcomes

External

- Positive stakeholder recognition
- Enhanced external profile
- Strong partnership relations
- Consistent positive presence in traditional and digital media platforms
- Increased opportunities to showcase the Trust on regional and national platforms
- External leadership – cancer alliance, set up of national rapid diagnostic centres

Internal

- High levels of staff morale
- Improved communications between teams and from floor to Board
- Promotion of healthy working relationships
- Effective recruitment strategies and quality inductions
- Improved staff survey
- Improved response to Staff Friends and Family test
- Improved CQC rating
- Reduced levels of staff sickness and turnover

Key Performance Indicators against Strategic Objectives

Gain widespread awareness, understanding and support for our TCC vision	Protect our reputation
• Feedback from staff and stakeholders – including formal surveys • Achieving £5m appeal target • TCC microsite analytics • Media evaluation • Numbers of key stakeholder contacts	• Patient feedback gathered and reported in the quarterly Patient Experience Report • Friends and family test results • Media evaluation (tone)
Build brand recognition	**Make CCC a good place to work**
• Level of Media Coverage • Social networking activity analysis • Conference attendance • Awards received • Website analytics	• NHS staff survey results/Staff Friends and Family results • Pulse surveys • Recruitment and retention data • Annual audit of internal communications • Feedback through Staff Engagement Steering group • Levels of participation in Town Hall Events and other staff engagement opportunities

Appendix One

Stakeholder Analysis

The stakeholder map identifies our stakeholders and their level of interest and influence so we can plan how to best engage and communicate with each group.

We will keep all stakeholders under review as their levels of interest or influence can change at any time based on individual experiences or interests and we need to assess each engagement in context to ensure relevance and effectiveness.

Manage: actively involve, gain understanding and support and work with them collaboratively.

Satisfy: keep informed and ensure their needs and interests are being considered and addressed.

Inform: kept well informed of developments and ensure they have the opportunity to be involved.

Monitor: ensure easy access to information about the Trust and services should they want it

INFLUENCE

SATISFY	MANAGE
• Department of Health • Care Quality Commission • Auditors • Clinical Commissioning Groups • Overview and Scrutiny Committees • NHS England • Members of Parliament • Councillors • Council Leaders and cabinet members • Overview and Scrutiny Committees for Health • Macmillan • Teenage Cancer Trust • Maggie's • NHS Improvement	• The Board • Executive Leadership Team • Senior Managers • Clinical and non-clinical staff • Trade Union representatives • Governors • Members • Fundraisers • Volunteers • Partner hospitals • Cheshire and Merseyside Health and Care Partnership • Cheshire and Merseyside Cancer Alliance • University of Liverpool, Liverpool John Moores • University and University of Chester • Liverpool Health Partners
MONITOR	**INFORM**
• Voluntary, community and faith sector organisations • Communities of interest • BME and other communities • Vulnerable groups • General public • Information Commissioner • Health and Safety Executive • Equality and Human Rights Commission • Information websites (e.g. NHS Choices, NHS Direct)	• Existing patients and service users • Healthwatch • Patient Support Groups • Health Forums • Local newspapers and broadcast • Regional newspapers and broadcast • Social media • Trade journals • National media • GPs • Other NHS organisations

IMPACT

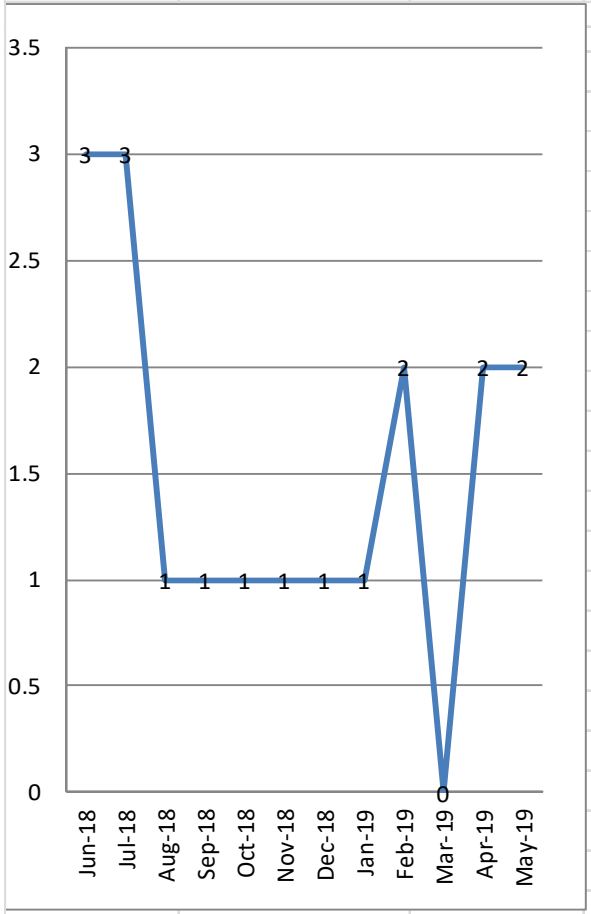
Appendix Two Swot Analysis

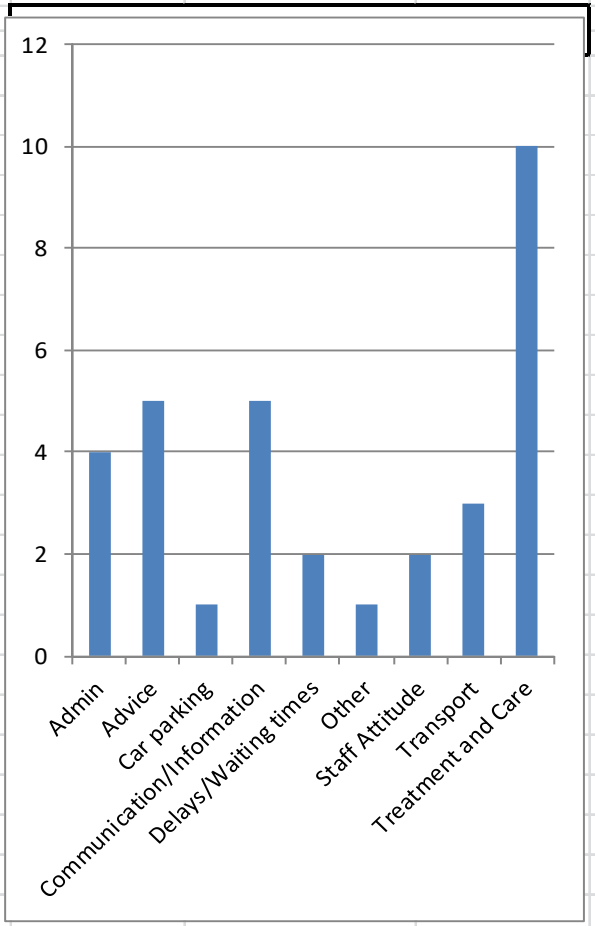
The SWOT analysis out CCC's current strengths and weaknesses in terms of how well-placed it is to deliver the communications, marketing and engagement plan.

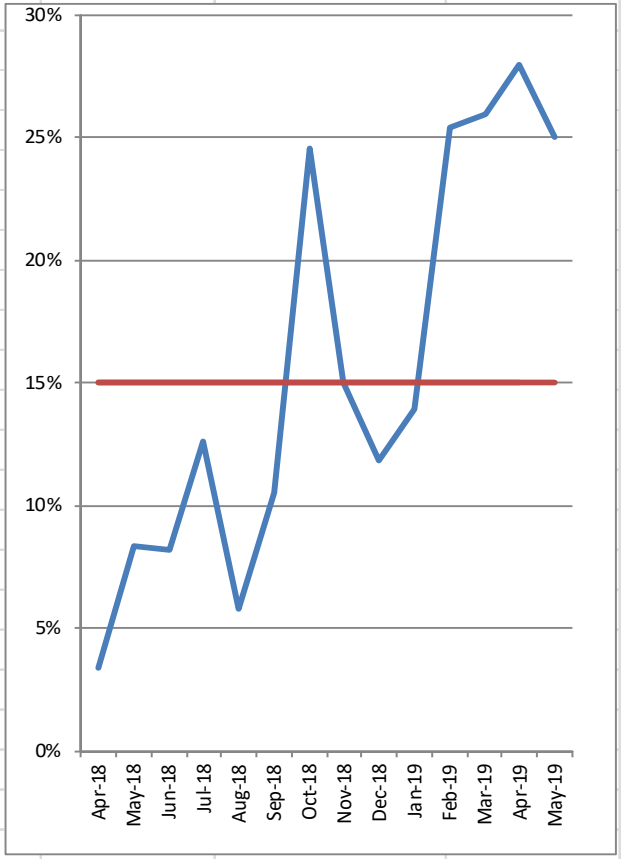
Strengths	Weaknesses
• Strong Clatterbridge brand among patients • Very high levels of staff and patient satisfaction • New leadership team • Move to Liverpool has united support from across the regional health system • Proactive and ambitious partner in the Clatterbridge Cancer Charity • Co-location with Royal Liverpool Hospital and University of Liverpool • Financial Stability • Track record of innovation e.g. PropCare, PharmaC, Clatterbridge in the community	• Low brand profile in Liverpool, inward focused and not proactive in gaining credit for its innovations • Communications team capacity is currently not sufficient to support it remaining a strategically driven proactive function • Inadequate delivery of 'staff and stories' to communications department to enable them to drive creative content • Internal confusion about impact of new model of cancer care • Extranet is underused and difficult to navigate • Low research output compared with other specialist cancer Trusts • Change in CQC rating • Staff survey feedback
Opportunities	**Threats**
• CCC has a USP in its model of care • Ground-breaking work in pancreatic, head and neck, breast, gynaecological, prostate cancers, and haemato-oncology will help support a clear narrative • Raising the research offering and subsequently its profile and that of the Trust • Supporting the Cancer Alliance to establish itself as the key driver for transforming regional cancer and the key role that CCC plays in this work. • Capitalising on national role	• Geography of regional media and limited local press • Ensuring narrative around Liverpool new hospital build and new clinical model as part of focus to 'bring care closer to you' is clear • Capacity and buy-in of consultants to support communication of new clinical model, and grow awareness of CCC's innovation and research • Achieving balance between strong employee pride and sense of identity in CCC (perceived as being due to previous organisational form and size) with external perception of CCC as 'an island' and expansion to Liverpool • Anxiety among staff about move to Liverpool, particularly with regard to practicalities such as parking Opening of Rutherford Private clinic in Liverpool Further delays to completion of the new Royal

Patient Experience Dashboard
May 2019

Complaints this year 19/20	PALS this year	Inpatient FFT
5	64	100%
Complaints this month	**PALS this month**	**Outpatient FFT**
3	33	99% (517 responses)
		I/P Response Rate (%) 28







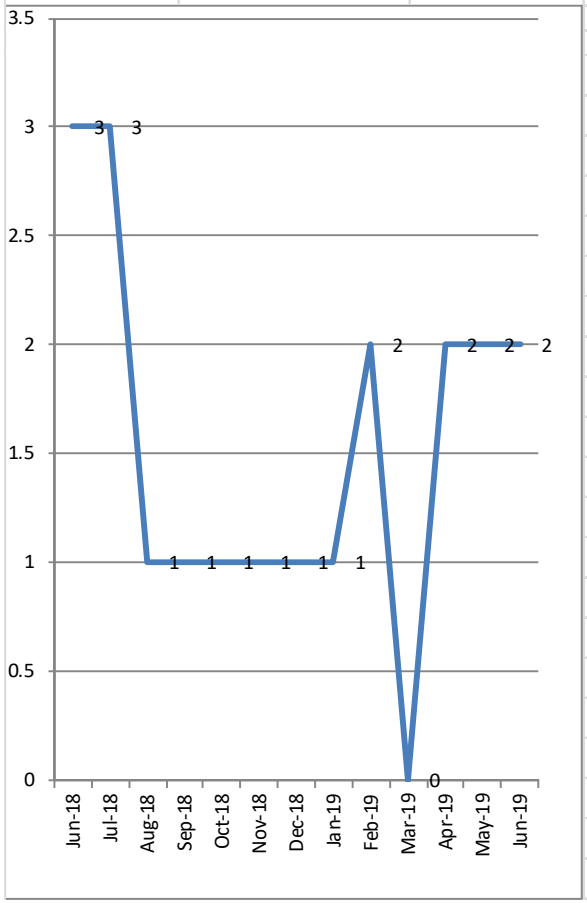
Learning from Complaints/Pals:

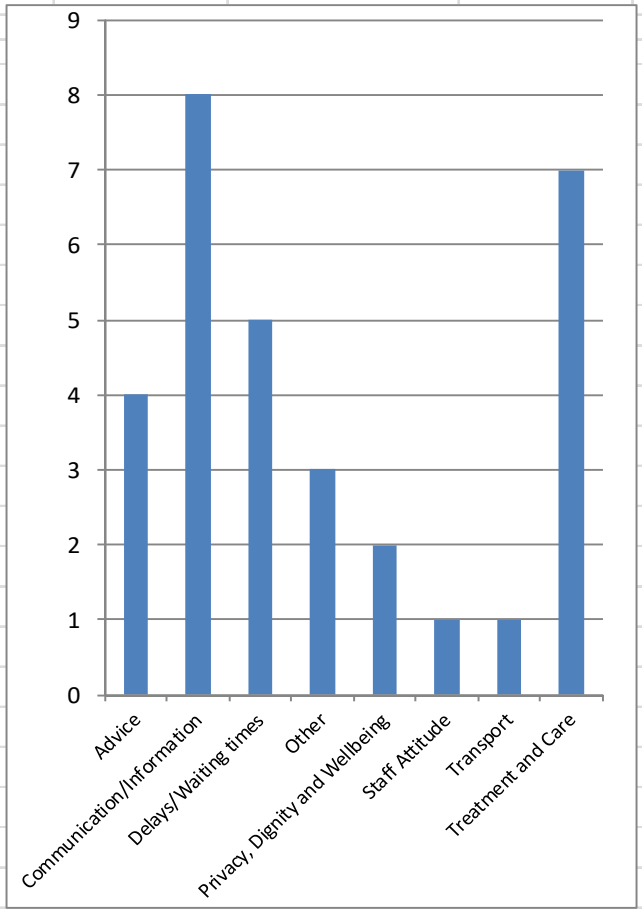
- Change to template in AUH lung clinic- improved communication between clerical and clinical staff
- Communication issues identified (Consultant)

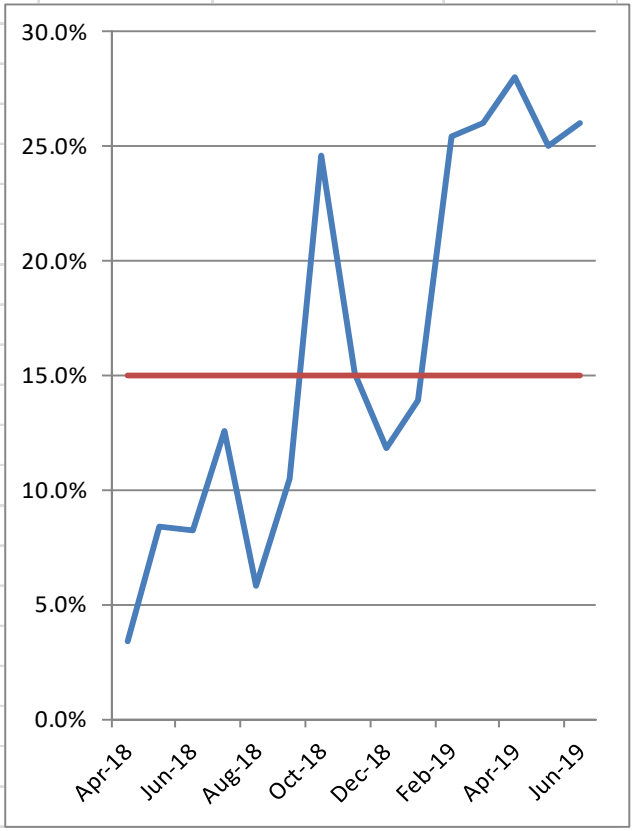
Patient Experience Dashboard
June 2019

Complaints this year 19/20	PALS this year	Inpatient FFT
7	95	100%
Complaints this month	**PALS this month**	**Outpatient FFT**
2	31	98% (592responses)

I/P Response Rate (%)	26





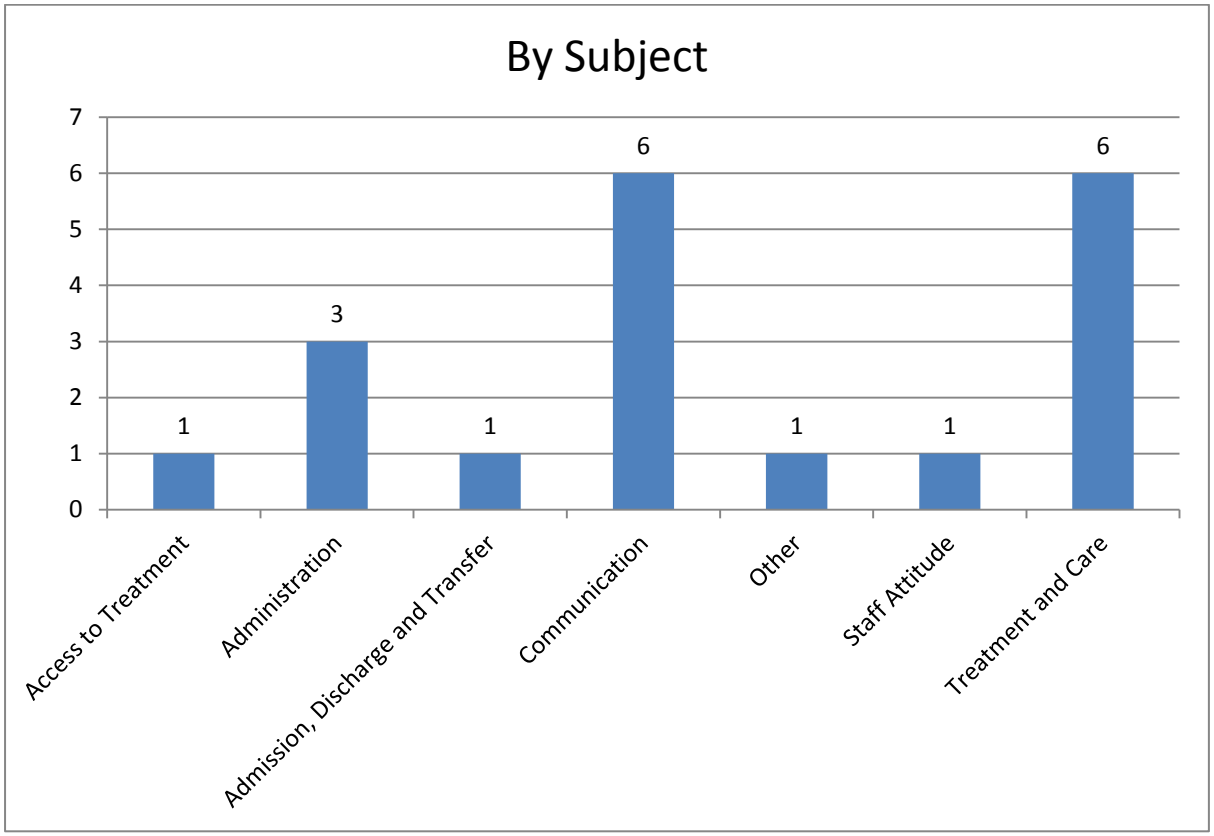


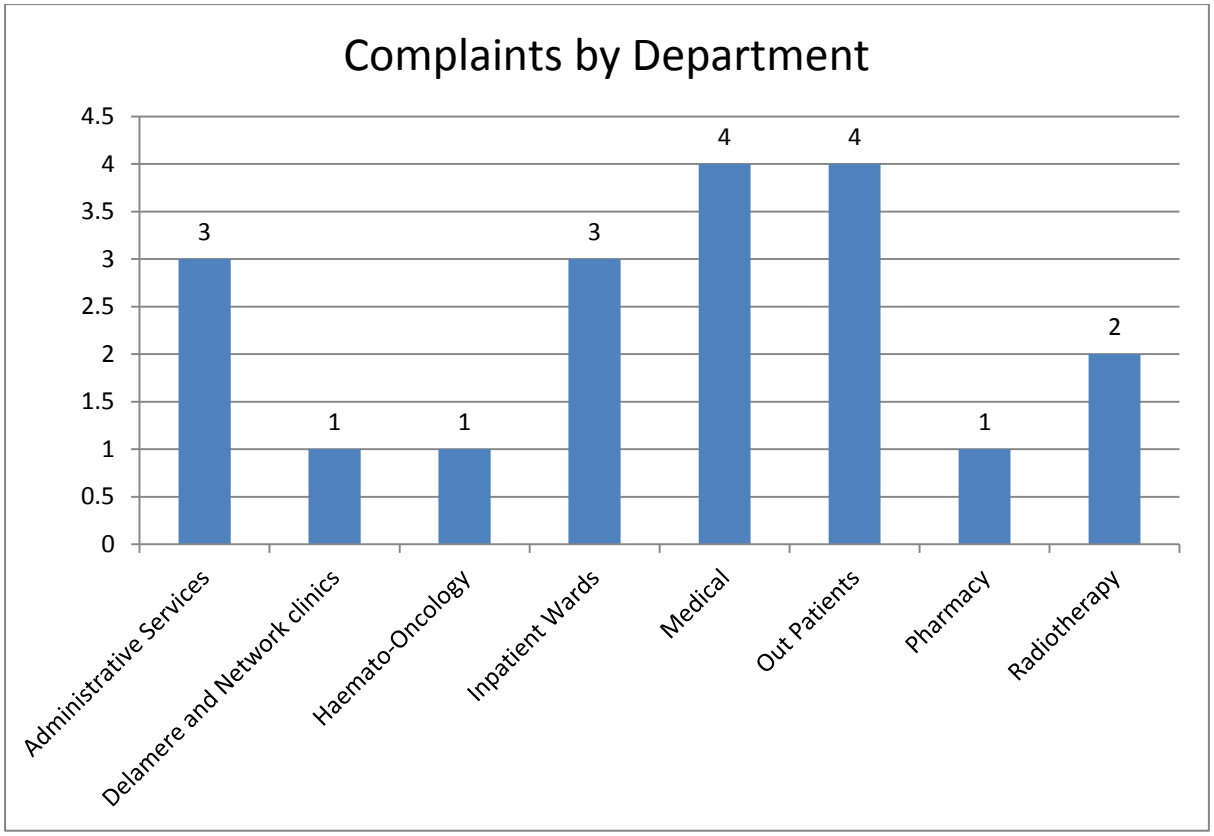
Learning from Complaints/Pals

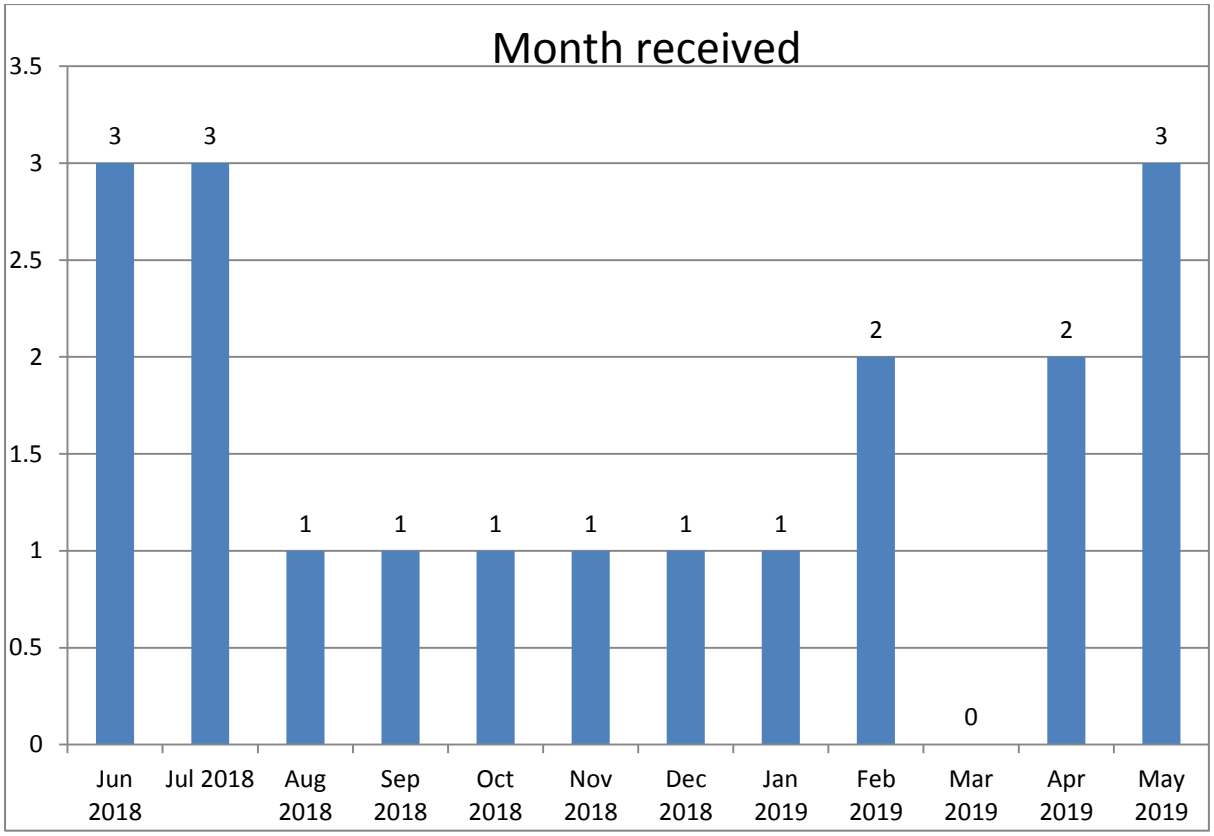
- Transport delays escalated
- Locks reinstated at CCCA changing rooms

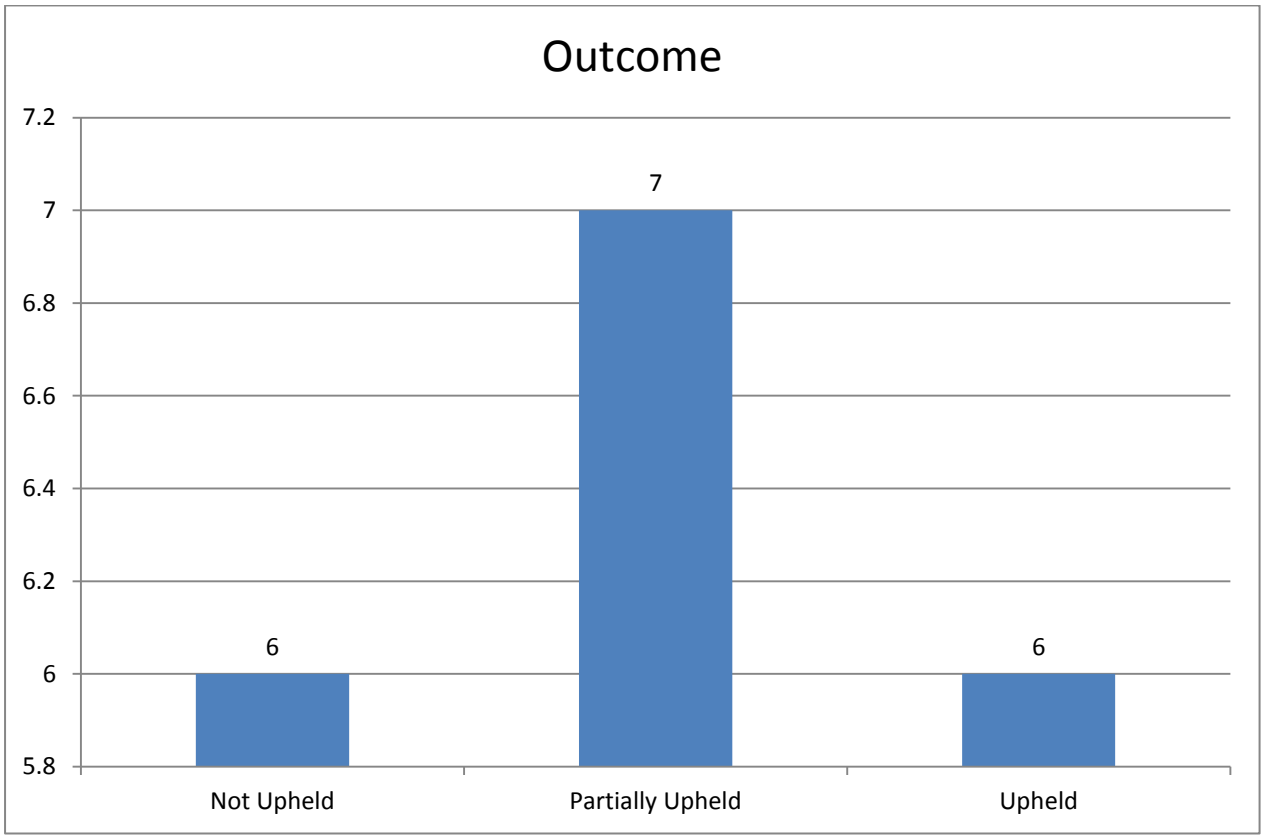
Complaint Trends

June 18 to June 19 (19 complaints in total)






Month received
3.5
3
2.5
2
1.5
1
0.5
0
3
3
1
1
1
1
1
1
2
0
2
3
Jun 2018
Jul 2018
Aug 2018
Sep 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019


Outcome
7.2
7
6.8
6.6
6.4
6.2
6
5.8
6
7
6
Not Upheld
Partially Upheld
Upheld

Communication Complaints

Department	Description	Action taken	Lessons learned	Complaint Outcome	Department Raised Against
Out Patients	Pt complained that the booked interpreter did not attend his appointment. He also requested his own interpreter for next appointment in November.	Email to patient confirming receipt of complaint and email to GM to investigate.	Translation process being reviewed	Not Upheld	Crest
Delamere and Network clinics	The patients daughter emailed with 3 separate issues concerning her mothers treatment at LMC (email attached)	Email to acknowledge complaint sent Email to LMC manager with questions Email sent to daughter with consent form for mother to complete.	appointments to be given before patients leave clinic	Partially Upheld	Delamere and Network clinics
Out Patients	patient feels we should have contacted her re late effects of treatment from 2001	approved by CE, NT, RL forwarded to MD for approval today		Not Upheld	Medical
Administrative Services	Patient attended CCCW with husband and daughter. Appointment letter stated appointment for Thursday 4.4.19 at 12noon with Dr Escrui and gave clinic location as Clatterbridge Cancer Centre-Wirral. Arrived in OPD and receptionist could not find appointment on the system so sent patient and family up to Radiotherapy Reception. Receptionist investigated further and discovered that appointment had been rearranged to Aintree but patient had not been informed. Further enquiries showed that the relevant doctor was not at Aintree today and there was no clinic.(Patient quite poorly and did not feel able to travel on to Aintree even if Dr had been there).Appointment today was to assess whether chemo could be restarted next week. Now assessment will be next week and restart of chemo, if appropriate, delayed by a week. Patient and family extremely upset at poor communication. Travelled from Formby (daughter travelled from Wigan)for no reason.	Immediate apology given. Lunch and drinks obtained. Advised will be passed to Admin Services manager to implement investigation. Confirmed that patient happy to have response sent to daughter. Confirmed that daughter would like initial answers by phone then full response by email. Does not require written copy of complaint. Happy to have questions repeated back to her as clarification that issues have been correctly identified.	the information and training provided for new starters in the department's local induction has been updated as a result of the gap highlighted during the investigation of the complaint. An email has been circulated to the department to remind staff of the need to check the clinic location given in the letter confirming an ad-hoc appointment, and it will be highlighted in the next monthly Team Meetings that will be held during the first week in May.	Upheld	Administrative Services
Pharmacy	patient's meds have not been sent to Lilac centre , patient missed flight back to France as could not locate meds Patient has requested refund of missed plane	GM etc informed of complaint, incident form completed, previous PALS.	Incident review taking place	Upheld	Pharmacy
Medical	via ST&K daughter of patient who is deceased is unhappy with CCC Consultant-part of a multi agency complaint.	contacted Consultant for response on behalf of CCC	response sent to ST & K for inclusion in their final response	Not Upheld	Medical

Treatment & Care Complaints

Department	Description	Action taken	Lessons learned	Complaint Outcome	Department Raised Against
Medical	patients wife and daughter emailed to raise a formal complaint concerning the lack of care the patient received.	Email sent to Dr concerned. Email confirming receipt of complaint to patients wife.	Meeting with family. Offered reassurance. Raise awareness of side effects with medics	Not Upheld	Medical
Medical	Unhappy with errors made by Consultant	meeting held with MD and CD (chemo). Happy with outcome	chemo prescribing support to be implemented	Upheld	Medical
Haemato-Oncology	Unhappy with care-disturbed at night- attitude of doctor. Patient had a fall	HO investigating to Ce 15/10	after fall medics did not review patient in timely manner. Senior staff reminded of escalation process. reminder to assess id patient's require bed rails. Audit to take place	Partially Upheld	Haemato-Oncology
Out Patients	relative unhappy with care of deceased patient	contacted consultant to ask if they wish to meet or responds in writing	Expectations around AO?	Not Upheld	Medical
Radiotherapy	relative believes that patient has passed away as a result of radiotherapy treatment given. Also believes that she should not have received her treatment on her last attendance due to being unwell. Relative does not feel she should have been discharged after being seen in CDU.	statements requested from CNS/Radiographers/CDU Timeline to be created	Internal Investigation held after MMR as ? As to why pt was discharged home-awaiting findings	Partially Upheld	Radiotherapy
Medical	received from Warrington concerns relating to Consultation	rquested further inf from WGH. Received info from WGH-CCC to respond directly to patient	? Consultant offer different meds	Partially Upheld	Medical