

The Christie NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Outstanding 

Are services at this trust safe?

Good 

Are services at this trust effective?

Outstanding 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Outstanding 

Are services at this trust well-led?

Outstanding 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Christie NHS Foundation Trust is a 188 bed (including critical care) comprehensive cancer centre serving a population of 3.2million people across Greater Manchester and Cheshire, with 26% of patients being referred to us from across the UK.

NHS activity is commissioned by the specialist commissioners of NHS England with over 90% of activity being ambulatory care. There is an annual turnover of £230 million, operating with 2,500 staff, 350 volunteers, 27,500 public members and have one of the largest hospital charities.

The Christie NHS Foundation Trust has one of the largest clinical trials portfolios and are part of Manchester Cancer Research Centre working in partnership with the University of Manchester and Cancer Research UK. They are also one of seven partners in the Manchester Academic Health Science Centre.

The Networked Services division provides clinical and medical oncology services across Greater Manchester & Cheshire, clinical haematology and transplantation, teenage and young adult services and specialist endocrinology. The clinical and medical oncology services include the delivery of radiotherapy on the Withington site and at two satellite centres at local provider sites. The Cancer Centre Services Division includes surgery (including anaesthetics and theatres), the surgical day case unit, critical care, oncology assessment unit and outpatients and diagnostics.

There are currently 13 service linear accelerators providing service radiotherapy treatment, which includes external beam, brachytherapy, image guided radiotherapy and stereotactic radiotherapy. Chemotherapy treatment is delivered on the Withington site and through 9 outreach sites and a mobile unit across Greater Manchester and Cheshire. At the Withington site there are 50 chemotherapy treatment chairs and beds providing up to 135 treatments per day. The Christie Medical Physics and Engineering division provides expertise, local and national in medical physics which includes PET-CT scanning and nuclear medicine.

We visited the Christie main site, Oldham and Salford as part of our announced inspection during 10 to 13 May 2016 March 2016. We also carried out an unannounced inspection on 25 May 2016. During this inspection, the team inspected the following core services:

- Medical care services
- Surgery
- Critical care
- End of life
- Outpatients and diagnostic services
- Chemotherapy
- Radiotherapy

Our key findings were as follows

Leadership and Management

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.
- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of The Christie NHS Foundation Trust.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Both trust and local leadership sought continuous improvement and innovation and research in both services and procedures they delivered. There was significant involvement in research and clinical trials programmes in order to improve the care and treatment provided for patients.
- The NHS staff survey 2015 showed the trust performed better than the national average for 11 indicators. The overall staff engagement score for the trust was 4.03, which was better than the national average score of 4.01 for specialist acute trusts

Summary of findings

- Leaders worked closely with other directorates and departments, offering a truly joined up and integrated approach to the treatment of cancer. This achieved advances in the care and treatment, improved the patients journey and experience.

Culture

- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- Staff spoke positively about the organisational support they received. For example, services for patients such as 'look good, feel better' and complimentary therapies were also made available for staff at a discounted rate. We spoke with two volunteers and they spoke positively about the support they received from ward staff.
- We saw that a very positive culture across all wards and departments. Staff were very proud of their hospital and the work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.
- A 'freedom to speak up guardian' was in the process of being appointed as per national recommendations, this individual was to encourage staff to raise concerns where they something that concerns them. Staff told us they were supported and free to express their concerns and speak openly about issues that concerned them. Staff felt there was a supportive 'no blame culture'.

Equality and Diversity

- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic (BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- We analysed data from the NHS Staff survey regarding questions relating to the Workforce Race Equality Standard (WRES). The results for the trust were positive for the trust in most areas.
- Where the trust was performing worse in the standard of staff experiencing harassment, bullying or abuse from staff in the last 12 months, the trust had acted upon findings by introducing a range of interventions to strengthen mechanisms for staff to raise concerns at work, including any concerns of harassment or bullying. This included revised policies, guidance for staff and managers, films indicating good practice, new intranet page and staff newsletters.
- The trust had strong links within local communities, promoting employment opportunities. This included a new programme of work "Healthcare Horizons work experience programme" in partnership with local schools.
- There were programmes in place to support staff development, and there were procedures in place to ensure that this was fair and representative of all staff working at The Christie.
- In April 2016, 96% of staff employed by The Christie NHS Foundation trust self declared ethnicity, which supported equality and diversity monitoring.

Summary of findings

- The trust had introduced unconscious bias training as part recruitment training and key Skills for Managers, which staff said was helpful.

Governance and risk management

- Governance and risk management structures were embedded in the trust.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- The Board Assurance Framework (BAF) was aligned to strategic objectives and we saw evidence that it was linked appropriately to divisional risk registers that were regularly reviewed.
- There was evidence of effective clinical governance procedures and quality measurement processes, these enabled risks to be captured, identified and escalated through different committees and steering groups. This supported the dissemination of shared learning and service improvements and an avenue for escalation to the trust board.
- The trust used collaborative initiatives such as the “Christie Quality Standard” to provide assurance related to a standardised delivery of services.
- The directorate maintained and reviewed a risk register. Managers and staff were aware of departmental risks, performance results, serious incidents

Cleanliness and Infection control

- Clinical areas at the point of care were visibly clean.
- The trust had infection prevention and control policies in place, which were accessible to staff and staff were knowledgeable on preventing infection and minimising risks to patients, visitors and staff.
- There was enough personal protective equipment available, which was accessible for staff and staff used this appropriately, however we observed that local policy related to insertion of invasive lines and personal protective equipment was not always followed.

- Staff generally followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- There had been no MRSA bacteraemia infections and 17 Clostridium difficile (C.diff) infections relating to the hospital between April 2015 and March 2016. Of the 17 infections, all were classed as ‘unavoidable’ which meant they were not caused as a direct result of lapses in the care provided by the hospital.

Staffing

- Nurse staffing was calculated, reviewed and audited bi-annually using a recognised patient acuity and dependency tool the ‘safer nursing care tool (SNCT).
- The matrons and ward managers carried out daily staff monitoring and escalated staffing shortfalls due to unplanned sickness or leave. The ward managers told us staffing levels were based on the dependency of patients and this was reviewed daily.
- The wards we inspected had sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients were safe and received the right level of care.
- Records showed the average shift fill rates for nursing and care staff on the medical wards were consistently above 95% between January 2016 and April 2016.
- The nursing staff were supported by a number of advanced nurse practitioners (ANP’s) that worked across the medical services. For example, there were five ANP’s covering the oncology assessment unit (OAU).
- The proportion of consultants and registrars across the medical services at the hospital was greater than the England average. The proportion of middle career doctors was below the England average (4% compared with the England average of 6%). The proportion of junior doctors was also below the England average (1% compared with the England average of 22%).
- There were separate medical rotas in place to cover specific specialties, such as head and neck and gastroenterology, chest and gynaecology, and urology, lymphoma and melanoma.

Summary of findings

- There was sufficient on-site and on-call consultant cover over a 24-hour period including cover outside of normal working hours and at weekends. The on-call consultants were free from other
- Daily medical handovers took place during shift changes and these included discussions about specific patient needs.
- Whilst radiography staffing was good at Salford and Oldham radiotherapy services, staffing at the Christie site on the treatment floor was challenging and staff were working additional hours on a daily basis to ensure that all patients received their treatment and morale was low. Radiography staffing in other areas of the department was better. There were also problems with staffing on the reception areas, however the newly appointed manager of the service was aware of all the staffing issues and plans were in place to review departmental needs.
- The Christie stem cell transplant programme annual report for 2015 had not yet been published. Data from the 2014 annual report showed one-year survival rates for autologous (and allogeneic (other person's marrow or stem cells) transplants remained largely unchanged over the last decade. The one year survival rates were also equivalent or better than national figures from the British Society of Blood and Marrow Transplantation (BSBMT) 2013 report.
- The trusts major surgery 30 day survival rate from 1 January 2015 to 31 December 2015 was 100%.
- The national bowel cancer audit (2015) showed the trust performed better than the England average for adjusted 90 day mortality, adjusted two year mortality, adjusted 90 day readmission rates and data completeness; this is despite Christie patients being recorded as having more distant metastases. The Christie undertook less laparoscopic procedures 46% against an England average of 57% and 77% of Christie patients stayed in hospital longer than five days in comparison to 69% on average across England. The Christie excised 14 lymph nodes on average against an England average of 17.

Mortality rates

- The overall five-year survival rate for patients diagnosed with showed significant improvements for the majority of patients between 2005 and 2015.
- The overall survival rate for patients with brain and central nervous system (CNS) tumours varied by tumour type with patients with glioblastoma (GBM) showing the worst outcomes. GBM is the most common and aggressive primary malignant brain tumour in adults. A report from July 2015 showed the rate for patients with GBM was 27.4%, which was comparable to the England average of 28.4%.
- The head and neck cancer report from February 2015 showed one year survival from diagnosis for cancer of the larynx among patients who received their first treatment at the hospital was 88%, which was better than the estimated England average of 85%.
- One year survival for prostate cancer for all patients receiving primary treatment at the hospital was approximately 98%, compared to the estimated England average of 93.6%.
- Audit reports from 2015 and 2016 showed the overall survival rates for patients with skin melanomas; Hodgkin lymphoma and cancer of the bladder were also comparable to estimated England averages based on Cancer Research UK data.

Nutrition and hydration

- Patient records included assessments of patients' nutritional requirements. Where patients were identified as at risk, there were fluid and food charts in place and these were reviewed and updated by the staff.
- Where patients did not eat enough, this was addressed by medical staff to ensure patient safety and comfort. Patient records also showed that there was regular dietician involvement with patients who were identified as being at risk.
- Patients with difficulties eating and drinking were placed on special diets or provided with 'finger foods' to facilitate their eating. We also saw that the wards used a 'red tray' system so patients living with dementia could be identified and supported by staff during mealtimes.
- Patients told us they were offered a choice of food and drink and spoke positively about the quality of the food offered.

Summary of findings

- Wards had access to a dietician with core hours who provided advice and input for those people who were highlighted to be at risk of dehydration or malnutrition. We saw evidence that this process was followed.
- The nutritional requirements of individual patients were highlighted during handovers, ward rounds and multi-disciplinary meetings to ensure a holistic approach to care. Those who were on fluid or food charts and those who needed assistance or encouragement with eating and drinking could be highlighted by notes above their bed.
- Wards had access to a diabetes specialist nurse who was available for advice for patients and staff.
- Patients told us they were happy with the quality and choice of food and that was provided.
- Guidelines were in place for initiating nutritional support for all patients on admission to ensure adequate nutrition and hydration.
- A nutritional screening tool was used to assess the needs of the patient.
- The trust had an extensive programme of alternative and complimentary therapies on offer to help patients with their holistic health and wellbeing which surgical patients and people close them could access.
- The surgery directorate and wider trust provided extensive support and engaged effectively with their staff. They used many different ways to engage with staff to keep them involved and included in decisions, changes and improvements within the trust. This in turn motivated and encouraged staff to improve their skills, qualifications and experience and become invested in the success of their organisation about which they were very proud.
- The surgery directorate uses the very latest state of the art surgical robots which allows surgeons to work with greater vision, precision, dexterity and control and which provides many positive outcomes and less complications for patients.

We saw several areas of outstanding practice including:

Medical care services

- The availability and accessibility of services for patients and their relatives, such as the complimentary therapies, food voucher service and were identified as outstanding practice.
- The trust was named, by the National Institute for Health Research (NIHR), as one of the best hospitals providing opportunities for patients to take part in clinical research studies. The Christie School of Oncology was established to provide undergraduate education, clinical professional and medical education and this was one of the first its kind nationally.

Surgical services

- The surgical division demonstrated an outstanding approach to treatment by the multidisciplinary cancer team who offered bespoke multi-speciality treatments, together with multi-modality therapy to patients, which improved survival rates, outcomes and quality of life for those patients.
- The SCT team used an innovative approach to their structure, which was recognised by NHS England and is now being rolled out across cancer centres throughout the country.
- GPs within Greater Manchester could access their patients' information electronically. Other GPs had to access the Christie Portal to view their patient's information.
- The service was initiating the 'goals of care' approach to help ensure that clinicians and patients truly understood each other's expectations regarding treatment and outcomes. At the time of our inspection, a small number of conversations had been trialled with patients. Clinicians told us that they found the approach ensured that conversations were easier to have and that they truly understood what their patients expected from them in their patient journey. Service leads were preparing to present this to the Cancer Vanguard for consideration for 'goals of care' being rolled out across the country.
- The team had worked to develop the 'Enhanced Supportive Care' initiative. This is a new initiative aimed at addressing more fully the needs of cancer

Summary of findings

patients. The doctor is the national lead for this initiative, which is now being rolled out by NHS England. The service received a national QiC (Quality in Care) patient care pathway award in February 2016 for this service.

Chemotherapy

- With the increase of outreach services highlighted in the five year strategy, quality was seen as paramount. To ensure standards did not fall, the Christie Quality Standard was introduced in 2014. With representatives from governance, nurses, governors, consultants and managers from the Christie and other trusts locally formed a working group to ensure consistency in standards was maintained.

Radiotherapy

- The opt-in physiotherapy lymphoedema service at Salford for patients who had breast cancer was extremely good practice to address the needs of patients who were unaware if they would develop lymphedema following treatment.
- The world class research in radiotherapy and the development of the proton beam service.

Professor Sir Mike Richards Chief Inspector of Hospitals

Summary of findings

Background to The Christie NHS Foundation Trust

The Christie NHS Foundation Trust is a 188 bed (including critical care) comprehensive cancer centre serving a population of 3.2million people across Greater Manchester and Cheshire, with 26% of patients being referred to us from across the UK.

NHS activity is commissioned by the specialist commissioners of NHS England with over 90% of activity being ambulatory care. We have an annual turnover of £230 million, operating with 2,500 staff, 350 volunteers, 27,500 public members and have one of the largest hospital charities.

The Networked Services division provides clinical and medical oncology services across Greater Manchester & Cheshire, clinical haematology and transplantation, teenage and young adult services and specialist endocrinology. The clinical and medical oncology services include the delivery of radiotherapy on the Withington site and at two satellite centres at local provider sites.

Our inspection team

Our inspection team was led by:

Chair: Mr Leslie Hamilton

Inspection Manager : Bridget Lees, Care Quality Commission

The team included an inspection manager, 7 CQC inspectors, 2 radiology CQC specialists, a CQC pharmacist, inspection planner, an assistant planner, a senior analyst and a variety of specialists including :

a clinical oncologist, a palliative nurse specialist, consultant urologist surgeon, an operating theatre practitioner, a consultant anaesthetist, a nurse consultant critical care, a paediatric oncology nurse, a consultant in clinical oncology, a cancer nurse specialist, a consultant in clinical oncology/radiotherapy, a radiographer, a director of nursing, a safeguarding specialist, an equality and diversity specialist and a pharmacist.

How we carried out this inspection

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

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

Before visiting the hospital, we reviewed a range of information we held about The Christie NHS Foundation Trust and asked other organisations to share what they knew about it. These included the Clinical

Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Health watch.

We held a listening event for people who had experienced care at The Christie NHS Foundation Trust on the 4th May 2016 in The Christie hospital. The event was designed to take into account people's views about care and treatment received at the hospital. Some people also shared their experiences by email and telephone. The announced inspection of The Christie NHS Foundation Trust 10th – 13th May 2016. We undertook an unannounced inspection between 12pm and 5pm on

Summary of findings

25th May 2016 at The Christie hospital and The Christie Mobile Chemotherapy Unit. As part of the unannounced inspection, we looked at medicine, chemotherapy and radiotherapy

The inspection team inspected the following core services at The Christie NHS Foundation Trust

- Medical care
- Surgery
- Intensive/critical care
- Outpatients and Diagnostic Imaging
- Chemotherapy
- End of life care
- Radiotherapy

As part of the inspection, we held focus groups and drop-in sessions with a range of staff in the hospital, including

nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters.

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

We undertook an unannounced inspection between 12pm and 5pm on 25th May 2016 at The Christie hospital. As part of the unannounced inspection, we looked at medicine and radiotherapy. We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Christie NHS Foundation Trust.

What people who use the trust's services say

Trust scores from the PLACE audit are consistently higher than the England average.

The trust was one of the better performing trusts for five of the 12 questions on the CQC inpatient survey.

Between August 2014 and January 2016, the trust has scored higher than the England average for the majority of the time on the FFT. In January 2016, 98% of patients responded that they would recommend the trust.

The trust had good performance in the Cancer Patient Experience Survey, with nine of the 34 questions rating in the top 20% of trusts.

The number of written complaints has decreased each year between 2010/11 and 2014/15 from 182 to 65, a decrease of 64%.

Facts and data about this trust

The trust serves a population of 3.2million people across Greater Manchester and Cheshire. In addition, 26% of the patients referred to the trust are from across the UK.

Across the three local authorities spanned by the trust, the majority of indicators in the local health profile are below the England average, particularly on the mortality indicators.

Manchester local authority has an average deprivation score of 40, putting them in the most deprived quintile when compared to other local authorities in England.

Around 40% of LSOAs in this Local Authority are in the most deprived 10%.


There are 188 oncology beds including 8 critical care beds.

In 2014/15 there were 10,827 inpatient admissions and 335,002 outpatient (total attendances).

At the time of inspection there were 2436 whole time equivalent (wte) staff, of which 242 wte were medical staff, 554 wte nursing and 1640 wte other staff disciplines.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated the trust as ‘good’ for safe because;</p> <ul style="list-style-type: none">• There were systems in place for reporting and acting upon incidents. Staff were supported and confident when reporting incidents. Staff understood policies and procedures, and followed them.• Incidents were managed pro-actively in the trust. Any incidents were cascaded through the organisation to key individuals for action automatically.• Staff were aware of how to identify abuse and report safeguarding concerns. Information on how to report adult and children’s safeguarding concerns was displayed in the areas we inspected. Each area also had safeguarding link nurses in place. Staff were aware they could seek advice and support from the hospital-wide safeguarding team.• Staff across all disciplines were aware of their responsibilities regarding duty of candour legislation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of ‘certain notifiable safety incidents’ and provide reasonable support to that person.• The wards and clinical areas we inspected had sufficient numbers of medical staff with an appropriate skills mix to ensure that patients were safe and received the right level of care.• The wards we inspected had sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients were safe and received the right level of care. <p>However,</p> <ul style="list-style-type: none">• Radiography staffing of the treatment floor at the Christie hospital site was challenging and staff were working additional hours on a daily basis to ensure that all patients received their treatment appropriately. <p>Duty of Candour</p> <ul style="list-style-type: none">• Staff across all disciplines were aware of their responsibilities regarding duty of candour legislation. The duty of candour is a	<p>Good </p>

Summary of findings

regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

- The duty of candour is a regulation introduced for all NHS bodies in November 2014; it encourages hospitals to act in an open and transparent way when things go wrong and sets out what a hospital must do if harm has been caused to a patient. We found that the 'duty of candour' regulations were being implemented appropriately following patient harm. We saw examples of this process and were satisfied that the process was in line with trust policy and national guidance. Patients were invited to discuss issues with senior staff, they were kept updated on investigations and received an apology for the harm caused.

Safeguarding

- Staff in all service areas was able to identify and escalate issues of abuse and neglect. Practice was supported by regular and ongoing staff training. Compliance for level 2 training was 96% and level 3 was 86% against a trust target of 95%. We found that there were clear plans in place to address this at the time of inspection.
- Staff had access to specialist advice and guidance from a dedicated team so that safeguarding issues were escalated and managed appropriately and promptly. Out of hours, staff had support from on-call management teams and on-call services from local social service teams. In addition to this, there were a number of safeguarding link staff in post to provide support and sign posting.
- Staff were aware of how to identify abuse and report safeguarding concerns. Information on how to report adult and children's safeguarding concerns was displayed in the areas we inspected.
- Staff had access to a named doctor and named nurse.
- There were monitoring and reporting processes in place to review safeguarding incidents and trends through the hospital's .
- Ward staff told us they received individual feedback from safeguarding referrals that they had made.
- Staff also received collective feedback about safeguarding incidents through routine meetings and in daily safety huddles.

Incidents

- Learning from incidents was captured, shared and applied to support improvement and prevent reoccurrence.

Summary of findings

- The majority of NRLS incidents reported were either low or no harm.
- The trust had a slightly higher rate of incident reporting than the England average.
- The trust had no MRSA cases between August 2014 and August 2015. The number of *Clostridium difficile* cases has been mixed with nine out of the 13 months showing as above the England average, however when investigated they were all determined as unavoidable.
- The Patient Safety Thermometer reported 11 Pressure Ulcers, 10 Falls and no CUTIs during the reporting period. There are no discernible trends over time.

Nurse staffing

- There were processes in place to monitor staffing levels on a daily basis. There were escalation procedures in place and there was evidence the process was effective, concerns were escalated promptly and management action taken.
- Nurse staffing levels were reviewed every six months against minimum compliance standards, based on national NHS safe staffing guidelines. The expected and actual staffing levels were displayed on notice boards in each area we inspected and these were updated on a daily basis.
- Records showed the average shift fill rates for nursing and care staff on the medical wards were consistently above 95% between January 2016 and April 2016.
- Where there were staff vacancies and short-term shortfalls, staffing levels were maintained by staff working additional shifts and the use of bank and agency staff.
- Agency staff were subject to local an induction and checks were made to ensure they had the relevant knowledge and skills to care for patients.

Medical staff

- The wards and clinical areas we inspected had sufficient numbers of medical staff with an appropriate skills mix to ensure that patients were safe and received the right level of care.
- The proportion of consultants and registrars across services was greater than the England average. The proportion of middle career doctors was below the England average (4% compared with the England average of 6%). The proportion of junior doctors was also below the England average (1% compared with the England average of 22%).

Summary of findings

- There were separate medical rotas in place to cover specific specialties, such as head and neck and gastroenterology, chest and gynaecology, and urology, lymphoma and melanoma.
- There was sufficient on-site and on-call consultant cover over a 24-hour period including cover outside of normal working hours and at weekends. The on-call consultants were free from other clinical duties to ensure they were available when needed.
- It had been identified that there were shortages in the surgical junior doctors to run a surgical out of hours rota. This issue was highlighted on the surgery risk register and there were plans in place
- Junior surgical doctors and middle grade surgeons told us they felt supported by their consultants and they always had access to the advice and support they required. They said they had teaching and supervision sessions weekly and were encouraged and given an opportunity to develop their skills.

Radiotherapy/ medical physics staffing

- At the Christie there were 19 band 5 radiographers, 37.5 (full time equivalent) FTE band 6 radiographers, 13 band 7's, superintendents and specialist radiographers, four principal radiographers and the service manager.
- While the staffing in pre-treatment of radiotherapy was sufficient, staffing to cover services provided by the treatment radiographers was challenging. Staff worked either 8am to 4pm or 10am to 6pm and the last appointment should have been 4.30pm. There needed to be at least two radiographers on each linac at any one time to ensure patient safety and during the busy times there were four radiographers who worked as a team. Due to increasing demands on the service, staff on the later shift had to work additional hours every evening to ensure that all patients were seen and although staff were paid for this work morale was low.

Are services at this trust effective?

We rated services as “Outstanding” for effective because,

- Staff followed policies and procedures based on national guidelines, such as the National Institute for Health and Care Excellence (NICE) as well as guidance published by the relevant medical bodies such as the Royal Colleges.

Outstanding



Summary of findings

- Records showed guidelines were reviewed by the trust's clinical research and effectiveness committee to ensure practice remained in line with guidance. The latest review took place in March 2016. Out of 152 guidelines used by the trust, practice was found to be compliant with 149.
- During 2015/16 the hospital participated in 100% national clinical audits and national confidential enquiries which it was eligible to participate in.
- Findings from clinical audits were reviewed during monthly quality and audit meetings and any changes to guidance and the impact that it would have on their practice was discussed.
- The critical care unit demonstrated continuous patient data contributions to the ICNARC. This meant the care delivered and mortality outcomes for patients were benchmarked against similar units nationally.
- The end of life service was compliant with NICE guidance. The compliance documentation shows 69/71 recommendations were fully met.
- 99% of patients were seen by the specialist palliative care team (SCT) within 24 hours of referral.
- The SCT used an innovative approach to their structure, which was recognised by NHS England and is now being rolled out across cancer centres throughout the country.
- The stereotactic service (SRS) at Salford was internationally recognised for the standard of care that was provided to patients and the commitment to patient safety. The Christie was one of the first centres in Europe to have certified accreditation for the treatment and was working with the Greater Manchester neurosciences centre. The satellite centre had been part of a national tendering exercise with another local trust to provide stereotactic radiosurgery (SRS); they had been successful in the tender and were working with the other trust to combine protocols and joint data collection for outcomes with the other centre.

Evidence based care and treatment

- Staff followed policies and procedures based on national guidelines, such as the National Institute for Health and Care Excellence (NICE) as well as guidance published by the relevant medical bodies such as the Royal Colleges.
- Staff used care pathways that were based on national best practice guidelines.
- During 2015/16 the hospital participated in 100% national clinical audits and national confidential enquiries which it was eligible to participate in.

Summary of findings

- Findings from clinical audits were reviewed during monthly quality and audit meetings and any changes to guidance and the impact that it would have on their practice was discussed.
- Enhanced recovery practices were used for a number of surgical procedures. Enhanced recovery is an evidence-based approach to surgery, which has been shown to help people recover more quickly after having surgery. The directorate had a dedicated enhanced recovery nurse and had relevant pathways and care plans in place.
- The directorate was one of only two sites in England who undertook cytoreduction surgery combined with hyperthermic intraoperative peritoneal chemotherapy; this was done in line with NICE interventional procedure guidance IPG331.
- The directorate used technology and equipment to enhance the delivery of effective care and treatment. They used robots for surgical procedures which were shown to be more precise, less invasive, result in smaller wounds, decreased blood loss and pain and lead to a quicker healing and recovery time.
- The critical care unit demonstrated continuous patient data contributions to the ICNARC. This meant the care delivered and mortality outcomes for patients were benchmarked against similar units nationally. The leads did tell us that they had spoken with ICNARC and had discussed adjusting comparisons with other hospitals so that the figures were more meaningful, as 'Similar units' were not specialist hospitals like the Christie.
- The end of life service was compliant with NICE guidance. The compliance documentation shows 69/71 recommendations were fully met. The remaining two recommendations related to advanced care planning and evidence of this within records. We discussed this with the trust at the time of our inspection. We saw evidence of the introduction of 'goals of care', a tool that should help to address the areas for development.
- 99% of patients were seen by the SCT within 24 hours of referral.
- The SPC team used an innovative approach to their structure, which was recognised by NHS England and is now being rolled out across cancer centres throughout the country.
- Diagnostic imaging staff used policies and procedures required by law under IR(ME)R and IRR99. These were available on a shared computer drive.
- Reporting standards for radiologists was high. All examinations were reported to local standards where measurements were taken under a range of cancer markers.
- As part of a rolling audit programme, the imaging department obtained annual referrer feedback. Referrers rated areas such as timeliness of investigation and reports, quality of reports and

Summary of findings

approachability of staff. The 2016 results showed positive results with 92% being rated excellent or good for timeliness of reports and the overall department being rated excellent by 53% and good by 42% of referrers.

- Records showed guidelines were reviewed by the trust's clinical research and effectiveness committee to ensure practice remained in line with guidance. The latest review took place in March 2016. Out of 152 guidelines used by the trust, practice was found to be compliant with 149.
- There was a Christie Radiotherapy Related Research (RRR) team and many members were academics or honorary academics in the RRR centre of the Institute of Cancer Sciences. The University of Manchester, Christie and Institute of Cancer of Sciences researchers had combined with academics in the School of Pharmacy at the University of Manchester to form the Manchester Cancer Research Centre (MCRC) RRR group in 2007; the group which met monthly as a collaborative and collegiate group and had a strong national presence. They were one of three centres of excellence for radiotherapy research in the UK.
- Two world leading academics had been appointed as part of the expansion plan for radiotherapy research; one was for the magnetic resonance imaging linear accelerator (MR linac) for research into lung treatments and the other was leading on the national proton research agenda. The Christie is one of ten units in the world to have access to the magnetic resonance linear accelerator (MR linac)
- The Christie had the largest brachytherapy practice in the UK, they treated 330 patients a year with gynaecological cancers, the minimum requirement for treatment numbers was 30. They used state of the art image guided brachytherapy (IGBT) with MRI scanning to plan the procedure; the lead clinical oncologist for radiotherapy had been to Vienna to train with world experts in this technique. Brachytherapy was also used the treatment for prostate cancers and some skin cancers and the trust were planning to offer treatments for larger and more aggressive tumours.
- The stereotactic service (SRS) at Salford was internationally recognised for the standard of care that was provided to patients and the commitment to patient safety. The Christie was one of the first centres in Europe to have certified accreditation for the treatment and was working with the Greater Manchester neurosciences centre. The satellite centre had been part of a national tendering exercise with another

Summary of findings

local trust to provide stereotactic radiosurgery (SRS); they had been successful in the tender and were working with the other trust to combine protocols and joint data collection for outcomes with the other centre.

- The Christie participated in large numbers of clinical trials and there was training for radiotherapists taking part in trials. There were 3.8 full time equivalent (FTE) radiographers involved in research and two funded medical physics staff though the lead oncologist for radiotherapy felt that this was not enough if the trust wanted to be in the top flight of research in the world. Following approval for research and clinical trials there was a delay in the implementation because of this shortage of staffing.

Patient outcomes

- The overall five-year survival rate for patients diagnosed with showed significant improvements for the majority of patients between 2005 and 2015.
- The overall survival rate for patients with brain and central nervous system (CNS) tumours varied by tumour type with patients with glioblastoma (GBM) showing the worst outcomes. GBM is the most common and aggressive primary malignant brain tumour in adults. A report from July 2015 showed the rate for patients with GBM was 27.4%, which was comparable to the England average of 28.4%.
- The head and neck cancer report from February 2015 showed one year survival from diagnosis for cancer of the larynx among patients who received their first treatment at the hospital was 88%, which was better than the estimated England average of 85%.
- One year survival for prostate cancer for all patients receiving primary treatment at the hospital was approximately 98%, compared to the estimated England average of 93.6%.
- Audit reports from 2015 and 2016 showed the overall survival rates for patients with skin melanomas; Hodgkin lymphoma and cancer of the bladder were also comparable to estimated England averages based on Cancer Research UK data.
- The Christie stem cell transplant programme annual report for 2015 had not yet been published. Data from the 2014 annual report showed one-year survival rates for autologous (and allogeneic (other person's marrow or stem cells) transplants remained largely unchanged over the last decade. The one year survival rates were also equivalent or better than national figures from the British Society of Blood and Marrow Transplantation (BSBMT) 2013 report.

Summary of findings

- The stem cell transplant report also showed that over the last decade (2004 – 2013), 100 day non-relapse mortality for both autologous and allogeneic transplants had decreased. The improvement was likely due to improved supportive care and increased numbers of myeloablative) procedures undertaken.
- The systemic anti-cancer therapy (SACT) data completeness report showed the trust performed better than the England average for 24 out of the 47 measures and worse than England average for eight measures. Performance against SACT standards was monitored through monthly SACT delivery group meetings.
- < > overall treatment related mortality for patients receiving SACT was less than 1%. Records showed the overall mortality rate had improved from 0.47% in 2009/10 to 0.36% during 2014/15.
Hospital episode statistics data (July 2014 to June 2015) showed 4,219 patients were admitted for surgery at the hospital of which 63% had day case procedures, 34% had elective surgery and 3% were emergency surgical patients.
- The trusts major surgery 30 day survival rate from 1 January 2015 to 31 December 2015 was 100%.
- 17% of patients of the Christie were on a range of clinical trials. Patients who were on 'first human trials' were assessed and monitored by the critical care outreach team, who followed the patient through their inpatient stay.
- The critical care outreach team were available to review any patient on standard treatment or clinical trial, based on clinical need.
- The national bowel cancer audit (2015) showed the trust performed better than the England average for adjusted 90 day mortality, adjusted two year mortality, adjusted 90 day readmission rates and data completeness; this is despite Christie patients being recorded as having more distant metastases. The Christie undertook less laparoscopic procedures 46% against an England average of 57% and 77% of Christie patients stayed in hospital longer than five days in comparison to 69% on average across England. The Christie excised 14 lymph nodes on average against an England average of 17.
- The national prostate cancer audit (2015) showed the trust achieved 100% for case ascertainment against an England average of 56% and performed better for Classification of Malignant Tumours (TNM) completion, but worse for ASA, PSA and Gleason score completion.
- The national emergency laparotomy audit 2015 showed that the trust achieved good compliance with best practice for final

Summary of findings

case ascertainment, CT scan before surgery, pre-operative review by consultant and anaesthetist, consultant and anaesthetist present in theatre. However, they performed less well regarding patients having a consultant surgeon review within 12 hours of emergency admission; risk being documented pre-operatively and assessments by specialist in older persons medicine.

- Theatre utilisation was 80.8% as at January 2016. This indicates that they used their operating theatre time effectively.
- A United Kingdom gynaecological oncology surgical outcomes and complications(UKGOSOC) audit of 1669 gynaecological cancer procedures undertaken at 10 centres across the UK produced outcome data which provided a baseline average for such procedures. When compared to the Christie outcomes data this showed that the Christie had 45% less intra-operative complications, 57% less post-operative complications, 70% less returns to theatre and 12% less readmissions to hospital and whereas the audit found an average mortality rate of 1.9%, the Christies mortality rate was zero.
- The Christie has recorded at 50% survival rate at five years for their anal cancer patients, whereas the largest recorded study data of these patients recorded that zero percent (i.e. no patients) survived beyond 3 years in published data.
- Patients who had a radical cystectomy at the Christie have lower mortality rates than the England average and across many other treatment centres internationally.
- The use of state of the art surgical robots at the Christie have shown to improve outcome through lower surgical margins for patients undergoing robot-assisted laparoscopic prostatectomy.
- The directorate has been instrumental in initiating changes to diagnosis and treatment of penile cancers, which has led to improvements in outcomes and reductions in complications.
- 99% of patients were seen by the specialist palliative care team (SCT) within 24 hours of referral.
- The SPC team used an innovative approach to their structure, which was recognised by NHS England and is now being rolled out across cancer centres throughout the country.
- The service scored above national average in the 2016 NCDAH for the five clinical indicators.
- The proton beam therapy team were looking at outcomes collection from patients and how this could be done with the referring hospital. The treatment allows a higher dose of radiation to a tumour but there is a reduction in late effects

Summary of findings

which makes it the treatment of choice for children and young people. It would be used to treat paediatric patients, head and neck cancers, sarcoma and tumours of the central nervous system and is complimentary to other treatments.

Multidisciplinary working

- The trust adopted a multidisciplinary approach to living with and beyond cancer, this involved a wide range of professionals and partners and took a wider and holistic of patients, their carer's and families such as the emotional, psychological, aesthetical, social, financial, spiritual effects of cancer.
- There was effective communication between multidisciplinary teams within wards, clinical areas, satellite units, specialist services and other care providers.
- Representatives from charities worked collaboratively with the trust to support patients and their families, for example 'CLIC Sargent' (a charity providing emotional, practical and financial support for children and families affected by cancer) worked with staff to enhance care for children being treated at the Palatine centre.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had knowledge and understanding of the procedures relating to the Deprivation of Liberty Safeguards (DOLS). DOLS are part of the Mental Capacity Act (2005). They aim to make sure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only done when it is in the best interest of the person and there is no other way to look after them. This includes people who may lack capacity.
- Staff understood how to obtain informed verbal and written consent from patients before providing care or treatment. Patient records showed that consent had been obtained from patients or their representatives and that planned care was delivered with their agreement, however we observed that some consent forms were illegible.
- Patient records showed that staff carried out mental capacity assessments for patients that lacked capacity to make an informed decision about their treatment. We looked at three patient records where a DoLS application had been made and the records for this had been completed correctly.
- Most staff were aware of policies and procedures relating to obtaining consent and the processes related to best interest decision making

Summary of findings

Are services at this trust caring?

We rated “caring” as outstanding because,

- There were numerous positive examples across all services, of staff displaying a caring and compassionate approach to patients, with examples of outstanding practice and staff going above and beyond what was expected of them.
- Staff provided holistic care for patients including their social, mental, emotional and physical needs. There were a wide range of services and support in place to ensure that people’s holistic needs were met.
- Patients had access to a range of services to support their needs including complimentary therapies offering a range of therapies such as hypnosis, massage and reflexology to assist patients and their emotional needs. Patients could gain support from the ‘look good, feel better’, ‘colour me beautiful’ services that give advice and support on appearance, clothes and makeup.
- The hospital had an advice centre which provided patients, their children, parents, partners and carers and with an extensive range of leaflets and advice on various aspects of cancer treatment including emotional support.
- The hospital provided a wig fitting service and a free wig voucher for those whose treatment caused hair loss, this could be used at several outlets in the area or at the wig fitting service at the Christie. This supported patients to deal with the emotional effects of cancer treatment as well as dealing with practical support.
- Feedback from patients and people close to them was overwhelmingly positive. Patients said: “staff have made things as easy as possible”, “fantastic, treated with compassion, nothing too much trouble for the staff” and “couldn’t have been treated any better from the porters to the top consultants everyone is phenomenal”, treated “like royalty”.
- During our inspection, we made observations about the care people received and carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to talk with us. Throughout our observation we saw excellent interactions between staff and patients.
- In Friends and family test results, the trust was consistently higher than the England average for those who would recommend services. Between April 2015 and April 2016, 97.36% of inpatients recommended the service and 95% of patients receiving outpatient care.

Outstanding



Summary of findings

- A review of data from the CQC's adult inpatient survey 2015 showed that the trust was rated as 'better' when compared with other trusts for nine out of the 10 questions and 'about the same' for one of the questions. The results were on 676 responses received from patients.

Compassionate care

- We saw that patients were treated with dignity, compassion and empathy. We observed staff providing care in a respectful manner.
- Feedback from patients and people close to them was overwhelmingly positive. Patients said: "staff have made things as easy as possible", "fantastic, treated with compassion, nothing too much trouble for the staff" and "couldn't have been treated any better from the porters to the top consultants everyone is phenomenal", treated "like royalty".
- During our inspection, we made observations about the care people received and carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to talk with us. Throughout our observation we saw excellent interactions between staff and patients. Staff interaction was kind, compassionate and very caring.
- The cancer patient experience survey (CPES) 2013/14 showed the trust was rated in the top 20% of trusts for nine of the 34 questions. This included patient's rating of care 'excellent' / 'very good', always treated with respect and dignity by staff, patient given a choice of different types of treatment, nurses did not talk in front of patient as if they were not there and the patient had confidence and trust in all ward nurses.
- In Friends and family test results, the trust was consistently higher than the England average for those who would recommend services. Between April 2015 and April 2016, 97.36% of inpatients recommended the service and 95% of patients receiving outpatient care.
- A review of data from the CQC's adult inpatient survey 2015 showed that the trust was rated as 'better' when compared with other trusts for nine out of the 10 questions and 'about the same' for one of the questions. The results were on 676 responses received from patients.

Understanding and involvement of patients and those close to them

- The patients and relatives we spoke with told us they found all members of staff respectful, responsive and approachable.

Summary of findings

They reported that staff of all levels listened to what they had to say, acted upon their concerns and addressed any issues. Patients said they felt they had sufficient time to ask their questions and had all their questions answered.

- Patients said they received clear and comprehensive information about their care and treatment in a way they understood. They felt this enabled them to make informed choices about treatment options. This is supported by what we saw during our visit.
- Patient and relatives told us they not only felt included in the decision making process, they were active and equal partners in their care. They said their individual needs were valued and taken into account during the planning and delivery of their care and treatment and treatment plans were not imposed on them but decided upon through discussion and agreement.
- Staff respected patients' rights to make choices about their care. We observed staff speaking with patients clearly in a way they could understand. Staff were respectful and sought permission from patients before they delivered care or treatment.
- Patients and their relatives spoke positively about the information they received verbally and also in the form of written materials, such as information leaflets specific to their treatment.
- Most wards had a ward hostess in place that routinely went around to each patient and offered drinks and snacks to them and their relatives. One patient described their hospital experience as "like a hotel".
- We saw that staff acted upon the individual preferences that were expressed to them and communicated these sensitively to other departments in the patient's journey. Records were updated to include individual preferences and staff actively solicited the views of the patient and family to proactively tailor the service provided.
- There was a service for young people whose parents had cancer and there were days out every three months. There was also a one to one service with support from a psychologist or a cancer support specialist for children and young people who had cancer.
- There was a managing stress course for people who had cancer and their families and friends. There were also relaxation courses for patients.
- We observed staff being sensitive to patients' needs and the amount of information that they wanted sharing with their relatives.

Summary of findings

- The service included patients and their families in decisions about treatment and care to the extent the person wanted. Documented evidence of care and support of the patient's family and those important to them during the end of life.

Emotional support

- The staff we spoke with understood the importance of providing patients with emotional support. We observed staff providing reassurance and comfort, and patients gave overwhelmingly positive examples of how staff supported their emotional needs.
- Wards had notice boards displaying photographs of the staff working that particular shift so patients and relatives could identify staff when needed.
- Each area had relative's rooms where discussions could take place in private.
- The complimentary therapy department offered a range of therapies such as hypnosis, massage and reflexology to assist patients and their emotional needs. These were offered on wards for patients but there was also a therapy room at the pre-operative clinic which patients could drop in to on an ad-hoc basis or through pre-arranged appointment.
- Patients could gain support from the 'look good, feel better' and 'colour me beautiful' services that give advice and support on appearance, clothes and makeup.
- The hospital had an advice centre which provided patients, their children, parents, partners and carers and with an extensive range of leaflets and advice on various aspects of cancer treatment including emotional support.
- The hospital provided a wig fitting service and a free wig voucher for those whose treatment caused hair loss, this could be used at several outlets in the area or at the wig fitting service at the Christie. This supported patients to deal with the emotional effects of cancer treatment as well as dealing with practical support.
- Assessments for anxiety and depression were undertaken at pre-operative clinic and during the patient's stay in hospital, if any needs were identified they were referred to psychology oncology service for an assessment, treatment, therapy, counselling and any reasonable adjustment arrangement that may be of help to the patient.
- Bereavement and counselling services were available to relatives and carers.

Summary of findings

- Clinical nurse specialists were available to provide condition specific emotional support for patients with specific needs such as the colorectal and stoma nurse specialists who offered support for those who would required a stoma formation or those who already had a stoma.
- The chaplaincy and spiritual service was available for spiritual, religious or pastoral support to those of all faiths and beliefs. There was a multi-faith prayer room in the hospital.
- Maggie's centre ran support services at the centre but also online, these included bereavement services.
- The 'hotline' service enabled patients to ring at any time for support with immediate concerns. We heard staff giving advice to the parent of a child receiving treatment which was informative and delivered with a polite manner.
- At both the main trust site and satellite units, patients and people close to them were able to visit the place they would be receiving treatment and meet with staff in order to support patients emotional needs.

Are services at this trust responsive?

We rated responsive as outstanding because,

- The trust had a well developed approach to strategic planning. People's individual needs and preferences werere central to the planning and delivery of tailored services. The services were flexible, supporting patient choice and ensured continuity of care.
- Services were planned to meet the needs of the local population and included national cancer initiatives and priorities.
- The trust had implemented a range of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to care delivery.
- Key initiatives were in place for providing treatment for patients closer to home, for example chemotherapy and radiotherapy, meant that services were planned and delivered to meet the needs of local people which required a collaborative approach to service delivery with other providers.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets these needs and promotes equality. This included people who are in vulnerable circumstances or who have complex needs.
- The hospital had clear policies and protocols for the management of complaints and concerns.

Outstanding



Summary of findings

- Learning from complaints was shared, implemented and evaluated. We saw examples of changes made in response to learning from complaints.

Service planning and delivery to meet the needs of local people

- The trust was a registered Vanguard provider. Vanguard providers will take a lead on the development of new care models, which will act as the blueprints for the NHS. The NHS England vision for vanguard sites such as this is that they will make health services more accessible and more effective for patients, improving both their experiences and their outcomes.
- The strategic plan for the trust included the development of new models of care including a system wide redesign of completely patient pathways.
- The trust had a well-developed approach to service planning. Services were planned to meet the needs of the local and national population and included national cancer initiatives and priorities.
- Key initiatives for providing treatment for patients closer to home, for example chemotherapy and radiotherapy, meant that services were planned and delivered to meet the needs of local people which required a collaborative approach to service delivery with other providers.
- The trust had implemented a number of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to care delivery.
- The Christie was one of only three specialist cancer centres in England and one of only two that provided types of surgical procedures, for example peritoneal tumour abdominal surgery. They received referrals for specialist treatments from other NHS Trusts usually concerning cancers that are complex, rare and very advanced
- Many surgical patients had their surgeries planned specifically for their unique conditions, with surgery pioneered by the Christie, often using teams working together from different disciplines and surgical specialities.

Meeting people's individual needs

- Information was available in a range of accessible formats and languages for patients about services and the care they were receiving.
- Staff were also able to make reasonable adjustments for patients who had visual or hearing impairments.
- Staff could access a language interpreter if needed.

Summary of findings

- Staff could access appropriate equipment, such as specialist commodes, beds or chairs to support the moving and handling of bariatric patients (patients with obesity) admitted to the medical wards..
- Patients across services received daily support from a team of volunteers. The support included talking with patients, supplying newspapers and accompanying patients to other parts of the hospital.
- Patients across services were offered a food voucher to use in the hospital's canteen if they did not like the food offered on the regular ward menus. This voucher was also made available to relatives of patients that stayed in the hospital for extended periods of time. Patients and their relatives were also offered ready meals and snacks during out-of-hours service.
- The Palatine ward routinely carried out workshops with teenage and young adult patients. The Christie crew youth coordinators were involved in engagement activities and arranging activities and events (such as external trips) for teenage and young adult (TYA) patients.
- Patients with complex, unusual and advanced cancers were offered tailor made, often multi-speciality surgeries based on their individual presentations. The treatments may be curative or palliative but often produced improvements in quality of life and positive outcomes.
- There was a multi faith chaplaincy and spiritual care service team who were available on site at the hospital during core hours and available 365 days a year, 24 hours a day, seven days a week through an on call service. The team ensured that all patients and their carers of patients in the last days of life, received a spiritual assessment.
- Each ward had ward champion and link nurses including ones for learning disabilities, dementia, palliative care and stoma care. Every month there was focus on a different aspect of care and during the relevant link nurse presented teaching sessions displayed guidance and facts about their area on the notice board. This was to raise awareness and improve knowledge and competence in dealing with patients' individual needs and others aspects of care.
- The trust had a 'psycho-oncology' department who were available to provide psychiatric assessment and treatment, psychotherapy, cognitive behavioural therapy and counselling to patients with acute or chronic psychological problems. The team comprised of a consultant psychiatrist together with counsellors and therapists. They were also available for

Summary of findings

guidance and training for staff. During our inspection, we saw evidence of a staff using these services due to concerns over a patients' low mood and for those with known mental health problems and dementia.

Dementia

- The trust employed a Macmillan Dementia Nurse Consultant who worked in all areas of the hospital to provide care for patients living with dementia and won awards such as the Queens Nurse award and Nursing Time, Nurse of the Year 2014
- The areas we inspected had dementia link nurses in place. Staff also used a 'passport' document for patients admitted to the hospital with dementia. This was completed by the patient or their representatives and included key information such as the patient's likes and dislikes. The ward staff told us the additional records were designed to accompany the patients throughout their hospital stay. We saw evidence of this in the patient records we looked at.
- There were initiatives to assist people living with dementia. For example, diversional items such as 'twiddlemuffs' were available for patients to use whilst in hospital take home afterwards. These are knitted blankets with ribbons and buttons, to provide something to hold. There was also a dementia information board in the waiting area which listed key contact numbers, and special flooring which had been laid to help with visual perception.
- Ward 10 was the designated dementia friendly ward. They had undertaken a lot of work to improve awareness of dementia and improve the environment for patients living with dementia. They had painted each bays a different and distinctive colour and had named them that colour (i.e. red bay) in order for patients living with dementia to better find their way back to their bed. They had planned for changed in the signage as it currently did not comply with best practice guidance for dementia care. There were other aspects of the environment which did not met best practice such as the colour of toilet seats and door surrounds which guidance suggests assists patients living with dementia to navigate their surrounding better.
- The receptionist on ward 10 had received specialist dementia training at 'the house of memories centre' in Liverpool.

Summary of findings

- The trust had pledged to follow the Dementia Action Alliance's 'Dementia Friendly Hospital Charter' and produced a comprehensive 'dementia vision' strategy document and action plan to improve services for patients living with dementia over the next 4 years.
- Patients with difficulties eating and drinking were placed on special diets or provided with 'finger foods' to facilitate their eating. We also saw that the wards used a 'red tray' system so patients living with dementia could be identified and supported by staff during mealtimes.

Access and flow

- We did not highlight any concerns relating to the admission, transfer or discharge of patients from the medical wards. The patients we spoke with did not have any concerns in relation to their admission, waiting times or discharge arrangements.
- There was a 24-hour telephone helpline service (hotline) for patients and carers for advice on the side effects and complications of cancer treatments, such as chemotherapy. Advice was given by nurse practitioners with consultant and registrar support if needed.
- We did not see significant numbers of medical patients admitted to the surgical wards (medical outliers) during the inspection. We found that there were processes in place to ensure that patients who were not the right ward were seen by medical staff appropriately.
- Records between February 2015 and January 2016 showed 7,734 patients (95.3%) did not move wards during their hospital stay and 382 (4.6%) had one or more ward moves following their admission. The overall number of patients that had one or more ward moves during their admission (382) had improved from 493 during the previous 12 months. Ward staff told us they avoided moving patients once admitted and one of the main reasons for bed moves was ward refurbishment activities.
- The rate of delayed discharges based on the proportion of occupied bed days per month ranged between 0.3% and 1.8% from April 2015 to March 2016. This showed the majority of patients were discharged from wards in a timely manner.
- The referral to treatment (RTT) incomplete pathway standard is that at least 92% of patients should have to wait less than or equal to 18 weeks of referral for their treatment. Hospital records showed compliance against the incomplete pathway standard was 98.5% between April 2015 and March 2016 (i.e. 2015/16).

Summary of findings

- In June 2015, NHS England abolished the RTT standard that at least 90% of admitted and non-admitted patients should start treatment within 18 weeks of their referral. Records showed the hospital achieved 98.6% compliance for non-admitted patients and 96% compliance for admitted patients during 2015/16.
- The NHS 31-day cancer waiting time standard is for at least 96% of patients who are newly diagnosed with a cancer to receive their first treatment within 31 calendar days from the date of the decision to treat. Hospital records showed compliance against the 31-day standard was 98.4% during 2015/16.
- During this period, the hospital achieved 99.8% compliance against the standard for at least 98% patients to experience a maximum wait of 31 days for a second or subsequent anti-cancer drug treatment.
- The NHS 62-day cancer waiting time standard is for at least 85% of patients who are urgently referred by their GP with a suspicion of cancer and are subsequently diagnosed with cancer should wait no longer than 62 calendar days from the date the referral is received by the hospital to the date of their first treatment. Records showed compliance against the 62-day standard was 88.5% during 2015/16.
- During this period, the hospital achieved 88.0% compliance against the standard for at least 80% patients to experience a maximum wait of 62 days following a consultant's decision to upgrade a patient's priority.
- The hospital also achieved 97.6% compliance against the standard for at least 90% patients to experience a maximum wait of 62 days for first treatment following referral from an NHS cancer screening service during 2015/16.
- Referral to treatment times for surgical patients was consistently within 18 weeks for greater than 90% of patients. For urology patients this performance indicator was met for 92.4% of patients and in plastic surgery this was met for 96.4% of patients. .
- Only five patients operations were cancelled for non-clinical reasons in the six months from October 2015 to March 2016, of those all had their operations rescheduled and completed within 28 days.
- 53 operations were cancelled for clinical reasons in the six months from October 2015 to March 2016, this was mostly where patients were no longer fit for surgery.
- The Department of Health requires outpatient departments to achieve a number of targets. This ensures patients do not wait too long for appointments to review or treat cancer. They state that patients referred to hospital with suspected cancer should receive their first definitive treatment within 62 days of being

Summary of findings

referred (minimum 85% of patients or 90% if patients have been referred from a national cancer screening programme); and that patients should have their first definitive treatment following the decision about their treatment within 31 days (minimum 96%). Chemotherapy services were regularly meeting these targets.

- Between October 2015 and March 2016, an average of 96% of patients received their first definitive treatment within 62 days of receipt of referral. 100% of patients referred through national screening programmes received their first definitive treatment within 62 days.
- Between October 2015 and March 2016, 100% of patients received their first definitive treatment following a decision about treatment, within 31 days.
- We asked the trust to confirm how many outpatient clinics had been cancelled in the last six months. They did not provide this but instead gave us the current cancellation rate which was 0.03%.
- The 31 day waiting times for radiotherapy treatment were consistently at 100% for both radical and palliative treatment. The trust target was 94%.

Learning from complaints and concerns

- Patients knew how to complain and raise concerns, there was information about the 'have your say' campaign on noticeboards and at various points around the hospital site. A 'Complaints, Concerns and Compliments' patient leaflet was available which provided information on how to complain and provide feedback on services received. Details were also available on the trust website, there was a 'webform' that could be completed electronically and submitted to the trust.
- The hospital had clear policies and protocols for the management of complaints and concerns.
- Learning from complaints was shared, implemented and evaluated. We saw examples of changes made in response to learning from complaints.
- There were processes in place to ensure that complaints were monitored at trust board level.
- Between April 2015 and March 2016, there had been 62 complaints. Over 95% of complaints were responded to within 25 working days.

Summary of findings

- The areas we inspected had information leaflets displayed for patients and their representatives on how to raise complaints. This included information about the Patient Advice and Liaison Service (PALS). The patients we spoke with were aware of the process for raising their concerns with the staff.
- The senior medical and nursing staff were responsible for investigating complaints in their areas. The timeliness of complaint responses was monitored by a centralised complaints team.
- Staff told us that information about complaints was discussed during daily 'safety huddles' and at routine staff meetings to aid future learning. We saw evidence of this in the meeting minutes we looked at.
- The details of all complaints received were presented to the trust board and management board each month within the performance report. Any similar themes from complaints were highlighted to identify trends or areas of concern. The patient experience committee (PEC) were responsible for circulating learning and any escalation was done through the risk and quality governance group.

Are services at this trust well-led?

We rated well-led as "outstanding" because,

- The trust had a vision and strategy with clear aims and objectives.
- The trust was part of a number of collaborative partnerships, which were underpinned by the strategy and forward plan.
- The vision, values and objectives had been cascaded to staff across the services and we saw evidence that staff "lived" the values in their everyday practice.
- The Board Assurance Framework (BAF) was aligned to strategic objectives and we saw evidence that it was linked appropriately to divisional risk registers that were regularly reviewed.
- Governance and risk management structures were embedded in the trust.
- Patient experience and learning from public engagement was used throughout the trust in order to support improvements. There was embedded approach to using learning from patient experience within both committee arrangements and divisional structures.
- Regular public engagement with the wider public was undertaken by governors and foundation trust members which was valued and used to co-design services and pathways.

Outstanding



Summary of findings

- Both trust and local leadership sought continuous improvement and innovation and research in both services and procedures they delivered. There was significant involvement in research and clinical trials programmes in order to improve the care and treatment provided for patients.
- The NHS staff survey 2015 showed the trust performed better than the national average for 11 indicators. The overall staff engagement score for the trust was 4.03, which was better than the national average score of 4.01 for specialist acute trusts
- Leaders worked closely with other directorates and departments, offering a truly joined up and integrated approach to the treatment of cancer. This achieved advances in the care and treatment, improved the patients journey and experience.
- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.

Vision and strategy

- The hospital's 20:20 vision was based on four principles: 'leading cancer care', 'the Christie experience', 'local and specialist care' and 'best outcomes'.
- The 'Christie Commitments' outlined the hospital's values and these were based on achievement and recognition, learning and development, healthy workplace, communication and engagement and being proud of the Christie
- The trust strategic plan 2014-19 listed specific objectives including demonstrating the best clinical outcomes and patient safety, patient experience and clinical effectiveness, to be an international leader in research and innovation, to maintain excellent operational and financial performance and to be an excellent place to work and attract the best staff.
- The vision, values and objectives had been cascaded to staff across the services and we saw evidence that staff "lived" the values in their everyday practice.
- The Christie was part of the national cancer vanguard and the Manchester cancer vanguard and saw this as an opportunity to become a world leader in cancer services. They worked in partnership with other organisations to shape the future of cancer treatments locally and nationally.

Summary of findings

- The trust was also involved in the 'healthier together' project and the 'devolution Manchester' strategy.

Governance, risk management and quality measurement

- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- The trust had a pro-active approach to risk management with clear roles and responsibilities and monitoring arrangements in place. Identified performance shortfalls were addressed by action planning and regular review and good practice was celebrated.
- There was evidence of effective clinical governance procedures and quality measurement processes, these enabled risks to be captured, identified and escalated through different committees and steering groups. This supported the dissemination of shared learning and service improvements and an avenue for escalation to the trust board.
- There was a range of innovative peer review processes in place, which supported risk management and quality indicators.
- The Board Assurance Framework (BAF) was aligned to strategic objectives and we saw evidence that it was linked appropriately to divisional risk registers that were regularly reviewed. Processes were in place to ensure that both operational and strategic risk and performance issues were reported and acted upon through monthly management meetings.
- Board assurance related to the BAF and strategic and operational objectives were reviewed through executive site visits by board members and governors. This was done through a formal programme of work, which was aligned to current themes, and risks which were reported at board level. Staff felt that the board understood operational issues and this approach created a collaborative approach in managing and mitigating risks.

Leadership of the trust

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.

Summary of findings

- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of The Christie NHS Foundation Trust.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Both trust and local leadership sought continuous improvement and innovation and research in both services and procedures they delivered. There was significant involvement in research and clinical trials programmes in order to improve the care and treatment provided for patients.
- The NHS staff survey 2015 showed the trust performed better than the national average for 11 indicators. The overall staff engagement score for the trust was 4.03, which was better than the national average score of 4.01 for specialist acute trusts
- Leaders worked closely with other directorates and departments, offering a truly joined up and integrated approach to the treatment of cancer. This achieved advances in the care and treatment, improved the patients journey and experience.

Culture within the trust

- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- Staff spoke positively about the organisational support they received. For example, services for patients such as 'look good, feel better' and complimentary therapies were also made available for staff at a discounted rate. We spoke with two volunteers and they spoke positively about the support they received from ward staff.
- We saw that a very positive culture across all wards and departments. Staff were very proud of their hospital and the

Summary of findings

work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.

- A 'freedom to speak up guardian' was in the process of being appointed as per national recommendations, this individual was to encourage staff to raise concerns where they something that concerns them. Staff told us they were supported and free to express their concerns and speak openly about issues that concerned them. Staff felt there was a supportive 'no blame culture'.

Equalities and Diversity – including Workforce Race Equality Standard

- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic (BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- We analysed data from the NHS Staff survey regarding questions relating to the Workforce Race Equality Standard (WRES). The results for the trust were positive for the trust in most areas.
- Where the trust was performing worse in the standard of staff experiencing harassment, bullying or abuse from staff in the last 12 months, the trust had acted upon findings by introducing a range of interventions to strengthen mechanisms for staff to raise concerns at work, including any concerns of harassment or bullying. This includes revised policies, guidance for staff and managers, films indicating good practice, new intranet page and staff newsletters.
- The trust had strong links within local communities, promoting employment opportunities. This included a new programme of work "Healthcare Horizons work experience programme" in partnership with local schools.

Summary of findings

- There were programmes in place to support staff development, and there were procedures in place to ensure that this was fair and representative of all staff working at The Christie.
- In April 2016, 96% of staff employed by The Christie NHS Foundation trust self-declared ethnicity, which supported equality and diversity monitoring.
- The trust had introduced unconscious bias training as part recruitment training and key Skills for Managers, which staff said was helpful.

Fit and Proper Persons

- The trust was appropriately prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- We reviewed a number of records relating to senior appointments and found that they were robust and included checks on applicants/appointees criminal record, financial background, identity, employment history, professional registration and qualification checks.
- It was part of the trust's approach to conduct a check with all relevant professional bodies and undertake due diligence checks for all senior appointments.

Public engagement

- Patients were encouraged and had access to a range of opportunities to give feedback about their care or experience including the NHS friends and family test, inpatient experience survey and via social media. All feedback mechanisms could be accessed via the trusts website.
- Regular public engagement with the wider public was undertaken by governors and foundation trust members which was valued and used to co-design services and pathways.
- The trust worked with local patient and carers groups, charities and community specialist interest groups. The trust engaged pro-actively with groups to improve services.
- Patient experience and learning from public engagement was used throughout the trust in order to support improvements. There was embedded approach to using learning from patient experience within both committee arrangements and divisional structures.

Summary of findings

- We saw good examples of local initiatives to support public engagement, such as an 'ideas tree' where patients and their relatives could make suggestions on how the services could be improved.
- The trust has various patient groups and patient support groups who are regularly consulted on relevant issues and plans in order to gain feedback.
- Feedback was sought from various sections of the population and equality groups such as young people, black or minority ethnic and lesbian, gay, bisexual and transgender groups.
- The Christie charity had a very large following, members of the public and staff regularly participated in fundraising and sponsorship events and initiatives.
- The trust has an information centre on site, which stocked an impressive range of literature, and leaflets. They also provide videos and audio recordings and other useful sources of help for patients, relatives and carers.
- The trust has a membership of 30,000 members, who were sent two issues of the membership magazine 'Headlines' each year along with an invitation to the annual members' meeting and any open days held through the year.
- As part of ensuring a representative membership, the trust has engaged with communities to reach under-represented groups such as black and minority ethnic (BME) and young people. The governors' activity and the Christie equality and diversity committee supported this.

Staff engagement

- The executive and non-executive directors were visible and staff felt listened to, engaged and able to influence decision-making. The trust had adopted a collaborative leadership approach to decision-making and we saw that staff delivering the service and leaders work together to drive improvements.
- The NHS staff survey 2015 showed the trust performed better than the national averages for 11 indicators. The overall staff engagement score for the trust was 4.03, which was better than the national average score of 4.01 for specialist acute trusts.
- Staff had access to a range of services, for example counselling, physiotherapy, complimentary therapies and mindfulness. Staff told us they found this supportive.
- The 'Christie commitment' was an initiative by managers to actively engage with staff and improve their working experience. They made a series of pledges of how they would improve communication, health and wellbeing, recognition, learning and development and pride.

Summary of findings

- Events such as ‘one week all staff’ took place twice a year that gave staff the opportunity to tell managers what it feels like to work at The Christie and what could be improved upon.
- The trust also provided a practical advice and welfare service for staff in areas such as legal, housing and financial matters.
- ‘You made a difference awards’ were awarded to staff who had achieved positive results or outcomes in their work. A member of the surgery directorate had won the award in April 2016.

Innovation, improvement and sustainability

- The trust was named, by the National Institute for Health Research (NIHR), as one of the best hospitals providing opportunities for patients to take part in clinical research studies.
- The trust had one of the largest trials portfolios in the country, with over 550 active clinical trials. The haematology research team ran four clinical trials with an investigational transplant regimen and a further eight trials with a transplant included as part of the protocol during 2014/15. The endocrine unit had 15 research trials on-going (involving 231 patients in open studies) and a further nine trials in set-up.
- The Christie School of Oncology was established to provide undergraduate education, clinical professional and medical education and this was one of the first its kind nationally.
- The European Society for Blood and Marrow Transplantation (EBMT) and the International Society for Cellular Therapy (ISCT) established the Joint Accreditation Committee - ISCT & EBMT (JACIE) in 1998 for the purposes of assessment and accreditation in the field of haematopoietic stem cell (HSC) transplantation. The hospital’s stem cell transplant programme achieved re-accreditation with JACIE standards during May 2016.
- The “Christie Quality Mark” accreditation scheme involved assessing wards, departments and satellite units against 14 standards of fundamental care, including infection control and environment, medicines management, leadership, privacy and dignity, safeguarding and nutrition and hydration.
- The Christie had been highlighted by the National Institute for Health Research (NIHR), as one of the best hospitals in the country for providing opportunities for patients to take part in clinical research studies. Approximately 17% of patients were taking part in a trial at the time of our visit.
- During a recent Research Assessment Exercise (RAE), an independent review of research activity, the Christie was rated first in the UK for cancer research initiatives.

Summary of findings

- The trust and directorate work with Cancer Research UK and are involved with their 'Beating Cancer Sooner' strategy. The work in collaboration to drive forward new initiatives such as the discovery and development of new therapeutics, new surgeries and radiotherapy treatments and use of precision medicine approaches.
- The Christie were seen as a Centre of excellence for cancer treatment and played a fundamental role in training and sharing expertise in cancer treatment and surgeries. They were a point of contact for cancer education and advice other provider locally and nationally.
- The Christie has an academic expansion plan in place in partnership with the University of Manchester to increase the number of surgeons and medical staff being trained in specialist cancer techniques.
- The surgery directorate undertook new, innovative and bespoke surgical interventions for patients with complex and advanced cancers offering patients opportunities for improved quality of life and longer survival prospects.
- The school of oncology ran courses four times a year on Allow a Natural Death (AaND) form completion and identifying the right time to do this.
- The specialist supportive care team lead had a Tomkins In-house bursary to visit palliative care services within international Cancer Centres went to two leading cancer specialist services in America to observe best practice. As a result she brought back ideas for improvements, some of which were being implemented at the time of our inspection.
- The service was initiating the 'goals of care' approach to help ensure that clinicians and patients truly understood each other's expectations regarding treatment and outcomes. At the time of our inspection, a small number of conversations had been trialled with patients. Clinicians told us that they found the approach ensured that conversations were easier to have and that they truly understood what their patients expected from them in their patient journey. Service leads were preparing to present this to the Cancer Vanguard for consideration for 'goals of care' being rolled out across the country.
- The team had worked to develop the 'Enhanced Supportive Care' initiative. This is a new initiative aimed at addressing more fully the needs of cancer patients. The doctor is the national lead for this initiative, which is now being rolled out by NHS England. The service received a national QiC (Quality in Care) patient care pathway award in February 2016 for this service.

Summary of findings

- The service participates in a number of clinical trials on palliative and supportive care measures including hydration in the last days of life.
- The charity funded complimentary therapies service provides a range of interventions for patients, carers and staff aimed at improving health and wellbeing. Over the last 15 years, the service had expanded across four sites and delivered over 13,000 interventions in the last 12 months. Work focussed on health and wellbeing; patients with anxieties panic and phobias associated with medical procedures.

Overview of ratings

Our ratings for

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

Our ratings for The Christie NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

Medical care services

- The availability and accessibility of services for patients and their relatives, such as the complimentary therapies, food voucher service and were identified as outstanding practice.
- The trust was named, by the National Institute for Health Research (NIHR), as one of the best hospitals providing opportunities for patients to take part in clinical research studies. The Christie School of Oncology was established to provide undergraduate education, clinical professional and medical education and this was one of the first its kind nationally.

Surgical services

- The surgical division demonstrated an outstanding approach to treatment by the multidisciplinary cancer team who offered bespoke multi-speciality treatments, together with multi-modality therapy to patients, which improved survival rates, outcomes and quality of life for those patients.
- The trust had an outstanding programme of alternative and complimentary therapies on offer to help patients with their holistic health and wellbeing which surgical patients and people close them could access.
- The surgery directorate and wider trust displayed outstanding support and engagement for their staff. They used many different ways to engage with staff to keep them involved and included in decisions, changes and improvements within the trust. This in turn motivated and encouraged staff to improve their skills, qualifications and experience and become invested in the success of their organisation about which they were very proud.
- The surgery directorate uses the very latest state of the art surgical robots which allows surgeons to work with greater vision, precision, dexterity and control and which provides many positive outcomes and less complications for patients.

End of life services

- The SPC team used an innovative approach to their structure, which was recognised by NHS England and is now being rolled out across cancer centres throughout the country.
- GPs within Greater Manchester could access their patients' information electronically. Other GPs had to access the Christie Portal to view their patient's information.
- The service was initiating the 'goals of care' approach to help ensure that clinicians and patients truly understood each other's expectations regarding treatment and outcomes. At the time of our inspection, a small number of conversations had been trialled with patients. Clinicians told us that they found the approach ensured that conversations were easier to have and that they truly understood what their patients expected from them in their patient journey. Service leads were preparing to present this to the Cancer Vanguard for consideration for 'goals of care' being rolled out across the country.
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Chemotherapy

- With the increase of outreach services highlighted in the five year strategy, quality was seen as paramount. To ensure standards did not fall, the Christie Quality Mark was introduced in 2014. With representatives from governance, nurses, governors, consultants and managers from the Christie and other trusts locally formed a working group to ensure consistency in standards was maintained.

Radiotherapy

Outstanding practice and areas for improvement

- The opt-in physiotherapy lymphedema service at Salford for patients who had breast cancer was extremely good practice to address the needs of patients who were unaware if they would develop lymphedema following treatment.
- The world class research in radiotherapy and the development of the proton beam service.