

The Clatterbridge Clinic

Quality Report

Clatterbridge Road
Bebington
Wirral
CH63 4JY

Tel: 0151 482 7863







Website: www.clatterbridgeclinic.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

The Clatterbridge clinic is part of the Mater Private Healthcare Group and provides independent care and treatment for patients with a cancer diagnosis. The clinic opened in 2013 and is located on the site of the Clatterbridge Cancer Centre NHS Foundation Trust. There is a joint-venture partnership agreement with the trust. The clinic provides out – patient treatment for adults requiring chemotherapy and radiotherapy during week days. Other therapies including brachytherapy, proton and papillon are available privately using the trust facilities. The clinic utilises some services and processes from the trust and income generated from the clinic is re – invested into the NHS trust. The inspection was carried out as part of our comprehensive inspection programme on 13 and 14 July 2016.

Overall we rated Clatterbridge clinic as good.

Are services safe at this hospital/service

- There were processes in place for the reporting and investigating of incidents. Lessons were shared and learned at governance and staff meetings. Staff understood ‘duty of candour’ (the 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).
- There were policies and procedures in place for infection control and medicines management as part of the agreement with the neighbouring integrated NHS trust.
- There were sufficient numbers of staff, nurses and radiographers, with appropriate skills to meet patient’s needs. Any shortfall was fulfilled with appropriately trained bank or agency staff. Staff had received mandatory training including safeguarding adults and children.
- There was a nominated safeguarding lead nurse in the clinic with staff aware of how to recognise and report safeguarding issues.
- The clinic was consultant led with practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient) that were monitored by the Medical Advisory Board (MAB) from the trust.
- There was appropriate medical cover and an agreement in place with a local acute NHS trust for any patient whose condition deteriorated in the clinic.

However;

- The compliance rates for medical training were below trust targets.

Are services effective at this hospital/service

- Policies and procedures were followed, as implemented by the neighbouring integrated trust with joint governance arrangements. However, when we reviewed 20 clinic policies, all had expired their review date or had no review date documented on them. Staff told us that policies were reviewed every three years unless a new development was introduced into practice.
- The service did not benchmark patient outcomes within the wider corporate group or externally.

However;

- Patients received care and treatment in line with national guidelines such as the National Institute for Health and Clinical Evidence (NICE).
- Performance in local audits, with the integrated trust was good.
- Patient’s nutritional; hydration and pain needs were managed well on an individual basis.
- Staff skills and competencies were assessed by a formal appraisal process. Consultant doctors were revalidated by the neighbouring integrated trust and treatment was provided under practising privileges.

Summary of findings

- There were processes in place for effective multi – disciplinary work between the clinic and services provided by the neighbouring integrated trust that included an ‘out of hours’ triage system for patients requiring support when the clinic was closed.
- Staff were aware of the legal requirements of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoL’s). Staff sought consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make an informed decision.

Are services caring at this hospital/service

- Staff treated patients with privacy, dignity and respect. Patients were treated by named staff with individualised care. Staff were observed providing kind and compassionate care and provided many stories of going the extra mile to support their patients. Feedback from patients, and those close to them, was very positive with 100% of patients reporting that they would recommend the service to friends and family. Further ways of obtaining feedback had been implemented recently using interactive technology.
- Patients, and friends / relatives could access specialist services, if required including counsellors or charitable organisations.

Are services responsive at this hospital/service

- The clinic was available for any individual who was able to access the service privately. Patients were seen from the local area but also came from other parts of the country as well as from outside of the United Kingdom. Appointments were made individually and flexibly for patients. The clinic was open during weekdays Monday to Friday (excluding bank holidays) 8.30am to 5pm although patients were seen outside these hours as requested.
- Improvements to signage to the clinic had been made and this was being monitored. Patients were routinely treated immediately in the clinic. There were processes in place, with the integrated neighbouring trust to identify and support patients who were vulnerable. A portable ‘loop’ system was available for patients with a hearing impairment. Information leaflets were available in a range of formats and interpreters were available for patients whose first language was not English. Patients’ spiritual needs were addressed by the provision of a multi – faith room in the trust.
- The clinic had recently introduced the ‘co – pay’ system which meant that some NHS patients accessed the clinic to pay for chemotherapy treatment that was unavailable to NHS patients. At quieter times, NHS patients accessed radiotherapy, in the clinic, including children, providing a calm environment with no waiting time.
- There had been no complaints and any minor concern or comment was dealt with in a prompt and timely manner.

Are services well led at this hospital/service

- The clinic’s vision and strategy were visible throughout the clinic and staff had a good understanding of these.
- There were clearly defined and visible leadership roles at corporate, clinic and with the neighbouring trust.
- A governance framework was in place with the neighbouring integrated trust with regular board meetings. A local risk register was in place that was regularly monitored and reviewed. Processes were in place for reviewing consultant practising privileges by the Medical Advisory Board. Staff were well supported by managers and attended weekly and monthly meetings where information was disseminated.
- Initiatives were in place to increase the numbers of patients through marketing of the clinic. These were in addition to the recent introduction of the ‘co – pay’ chemotherapy patients and radiotherapy NHS patients that had accessed the facilities.

Our key findings were as follows:

Overall service leadership

- There were clearly defined and visible leadership roles at corporate level, at the clinic and with the neighbouring trust.

Summary of findings

- Staff spoke positively about managers and were well supported.

Cleanliness and infection control

- There were no incidents of methicillin-resistant staphylococcus aureus(MRSA) or Clostridium-difficile (C.Diff.) in 2015/16.
- All areas of the clinic were visibly clean. All sinks were automatic, with non – touch operating systems and displayed the temperature of the water. There were ‘I am clean’ stickers attached to equipment.
- We observed that staff followed good practice in relation to the control and prevention of infection, including handwashing and disposal of offensive, general and confidential waste.
- There were cleaning schedules in place for clinical staff that were completed daily. Domestic cleaners had cleaning schedules that were monitored by supervisors. Daily documentation of cleaning of patient areas was evident.

Staffing levels

- The clinic had sufficient staff to care and treat patients. Any shortfalls in nursing staff were supplemented by appropriately skilled bank or agency staff
- Medical cover was consultant led, via a practising privileges arrangement with the neighbouring integrated trust, including a cover system for emergency situations.

However, there were also areas of where the provider needs to make improvements.

Importantly, the provider must:

- The clinic should ensure that staff have the necessary safeguarding training to support children.
- The clinic must ensure that all staff, including medical staff have completed mandatory training requirements.

In addition the provider should:

- The clinic should have robust systems in place to ensure that all equipment is checked as per policies including resuscitation equipment for both adults and children.

The clinic should have systems in place to monitor outcomes independent of the neighbouring integrated trust.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

- There were processes in place for equipment, infection control and the reporting of incidents.
- Patient records were stored securely, legible, completed and reviewed appropriately.
- Staff had received training, including specialist skills and regular staff were supported by appropriately trained bank or agency nurses.
- Medical cover was consultant – led, including on – call arrangements.
- Care and treatment followed evidence – based practice, followed national guidelines.
- Patient’s pain, nutritional, hydration and pain needs were managed well with a ‘triage’ system available out of hours.
- Patients, and those close to them, were very positive about the care provided by all the staff in the clinic.
- All staff treated patients, and those close to them, with privacy, dignity and respect. We saw that staff were kind and compassionate whilst delivering care and treatment.
- Appointments were made individually and flexibly including out of hours if required.
- There were good systems in place to support patients who were vulnerable

Summary of findings

- There had been no complaints; concerns were dealt with promptly.
- There was a clear vision and strategy in place that all staff were aware of.
- The clinic was well – led with a clear management structure in place.
- A governance framework was in place that was integrated with the neighbouring trust.
- Staff attended weekly and monthly meetings where information was shared and learned.

However;

- Policies and procedures followed, had expired their review dates. .
- The service did not benchmark patient outcomes.

Summary of findings

Our judgements about each of the main services

Service

Medical care

Rating Summary of each main service

Good



Overall we found the clinic service as good because:

- There were processes in place for equipment, infection control and the reporting of incidents.
- Patient records were stored securely, legible, completed and reviewed appropriately.
- Staff had received training, including specialist skills and regular staff were supported by appropriately trained bank or agency nurses.
- Medical cover was consultant – led, including on – call arrangements.
- Care and treatment followed evidence – based practice, followed national guidelines.
- Patient’s pain, nutritional, hydration and pain needs were managed well with a ‘triage’ system available out of hours.
- Patients, and those close to them, were very positive about the care provided by all the staff in the clinic.
- All staff treated patients, and those close to them, with privacy, dignity and respect. We saw that staff were kind and compassionate whilst delivering care and treatment.
- Appointments were made individually and flexibly including out of hours if required.
- There were good systems in place to support patients who were vulnerable
- There had been no complaints; concerns were dealt with promptly.
- There was a clear vision and strategy in place that all staff were aware of.
- The clinic was well – led with a clear management structure in place.
- A governance framework was in place that was integrated with the neighbouring trust.
- Staff attended weekly and monthly meetings where information was shared and learned.

However;

Summary of findings

- Compliance training rates for consultants in adult basic life support resuscitation was 33%, safeguarding adults level two was 29% and safeguarding children level two was 54%.
 - Policies and procedures followed, had expired their review dates. .
 - The service did not benchmark patient outcomes within the wider corporate group or externally.
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Summary of findings

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Good 

Clatterbridge Clinic

Services we looked at

Medical care

Summary of this inspection

Background to The Clatterbridge Clinic

The clinic is part of the Mater Private Healthcare Group and provides out – patient cancer treatment for patients who are self – funding their care. Patients are referred from the local area, nationally and internationally. The registered manager has been in post since 6 January 2014.

The clinic is located on the site of a NHS trust cancer centre. The clinic provides care and treatment for

patients that is integrated with the neighbouring trust. There are four chemotherapy chairs and a radiotherapy area. Other therapies that include brachytherapy, papillon therapy and proton therapy can be accessed in the trust. The clinic is open Monday to Friday between 8.30am and 5pm.

Our inspection team

Our inspection team was led by:

Inspection Lead: Bridget Lees, Care Quality Commission Inspection Manager

The team included two CQC inspectors and a specialist out – patient nurse

Why we carried out this inspection

The service was previously inspected on 28 January 2014. Following previous methodologies, all standards inspected were met. The current inspection was part of a scheduled programme of inspecting acute independent health services.

How we carried out this inspection

1. Before visiting the clinic, we reviewed a range of information we held about Clatterbridge Clinic.
2. The announced inspection took place on 13 and 14 July 2016
3. During the inspection we spoke to 14 staff members that included the manager, nurses, administrative staff, consultant oncology doctors, pharmacist and radiographers. We also spoke to eight patients and their families
4. During the inspection we observed care and viewed records of 12 patients.

Information about The Clatterbridge Clinic

The Clatterbridge Clinic is a purpose-built specialist cancer clinic for private patients. It is co-located on the site of the neighbouring integrated NHS Foundation

Trust. It is a joint venture partnership between the trust and the Mater Private Healthcare Group serving a population of 2.3 million people across Merseyside, Cheshire, North Wales, Lancashire and the Isle of Man.

Summary of this inspection

Income from the Clatterbridge clinic is reinvested back into the trust to support cancer care across the region. The clinic commenced operations in 2013 and offers a range of cancer services that includes radiotherapy, chemotherapy, brachytherapy, papillon therapy and proton therapy.

Patients are mainly funded by private insurance schemes or self – funded. In the year 2015/16 there were 49 chemotherapy patients and 76 radiotherapy newly referred patients. There were 450 chemotherapy follow-up attendances and 1,462 radiotherapy follow-up attendances.

Information provided by the trust showed that between April 2015 and March 2016, there were 125 patients who attended their first appointment and outpatients follow up attendance was 1,912.

Since April 2016 there has been a 'co-pay' system where funding is partly funded by the patient and partly by the NHS for chemotherapy services. In radiotherapy, NHS patients were also seen, when not in use for privately funded patients, including children.

All patients are seen as out – patients. The clinic includes a radiotherapy machine and four chemotherapy chairs. The clinic is open between 8.30am and 5pm, although there is flexibility for patients.

Patients can access private healthcare for brachytherapy, papillon therapy and proton therapy in the neighbouring integrated NHS cancer trust.

We spoke to 14 staff members that included the manager, nurses, administrative staff, consultant oncology doctors, pharmacist and radiographers. We also spoke to eight patients and their families. We observed care and viewed records of 12 patients.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as 'Good' because:

- Staff knew how to report incidents and lessons were learnt
- All areas were visibly clean and staff followed hygiene procedures.
- There were robust systems for the maintenance and checking of equipment.
- Checks of equipment, including emergency equipment and fridges were completed as per policies.
- Daily checks of medication were completed appropriately.
- Patient records were stored securely, legible, completed and reviewed appropriately.
- Staff knew how to recognise and report any safeguarding incident.
- All clinic staff had received mandatory training including resuscitation training.
- Staff knew how to recognise and manage deteriorating patients.
- Any shortfalls were fulfilled with appropriately trained bank / agency staff.
- Medical cover was consultant – led, including on – call arrangements.
- Staff were aware of major incident plans and responses.

However;

- Compliance training rates for consultants in adult basic life support resuscitation was 33%, safeguarding adults level two was 29% and safeguarding children level two was 54%.

Good



Are services effective?

We rated effective as requires improvement because:

- Policies and procedures were followed, as implemented by the neighbouring integrated trust with joint governance arrangements. When we reviewed 20 clinic policies, all had expired their review date or had no review date documented on them
- The service did not benchmark patient outcomes within the wider corporate group or externally.

However;

- Care and treatment followed evidence – based practice, followed national guidelines and local policies and procedures.

Requires improvement



Summary of this inspection

- Performance in local audits was good.
- Patient's nutritional; hydration and pain needs were managed individually by competent staff who worked as part of a multi – disciplinary team.
- There was a 'triage' system available out of hours.
- Staff sought consent from patients prior to delivering care and treatment..

Are services caring?

We rated caring as 'Outstanding' for because:

- Patients, and those close to them, were very positive about the care provided by all the staff in the clinic.
- Patients told us that staff were brilliant, supportive, caring and that patients received good continuity of care.
- Staff provided many examples of providing care above and beyond expectations.
- Patient feedback results showed that 100% of patients would recommend the service to friends and family.
- All staff treated patients, and those close to them, with privacy, dignity and respect.
- We saw that staff were kind, compassionate and committed to providing high quality care and treatment.
- Specialist support was available including access to other specialists, counselling and charitable organisations.

Outstanding



Are services responsive?

We rated responsive as 'Good' for because:

- The clinic was available locally, nationally and internationally.
- Appointments were made individually and flexibly including out of hours if required.
- Patients were seen immediately on arrival.
- There were good systems in place to support patients who were vulnerable.
- Information was available in a variety of formats, dependent on individual need.
- There was a portable hearing loop for patients with a hearing impairment. There was a multi – faith room available if required. There had been no complaints; concerns were dealt with promptly.

Good



Are services well-led?

We rated well – led as 'Good' because:

- There was a clear vision and strategy in place that all staff were aware of.

Good





Summary of this inspection

- The clinic was well – led with a clear management structure in place.
- Board meetings and medical advisory board meetings were held in conjunction with the neighbouring trust.
- A governance framework was in place that was integrated with the neighbouring trust.
- There was a local risk register in place that was regularly monitored and reviewed.
- Staff were very positive about supportive management that was very visible. Staff attended weekly and monthly meetings where information was shared and learned.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Medical care

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

Are medical care services safe?

Good 

Incidents

- Staff knew how to report Incidents via an electronic record via the integrated trust system.
- There were no never events or serious incidents. Never events are very serious, largely preventable safety incidents that should not occur if the available preventative measures are in place. There were no Ionising Radiation Medical Exposure Regulations (IRMER) notifications reported for 2015/16. (The ionising radiation (medical exposure) regulations (IR (MER) R) 2000 is legislation intended to protect a patient from the hazards associated with ionising radiation).
- There were a total of nine incidents reported from April 2015 to April 2016; these were not graded according to severity. The clinic had introduced a system of investigating a more in-depth root cause analysis ahead of investigation by the neighbouring integrated trust. This meant the clinic could implement any changes, if needed, immediately. Examples were shown.
- Information provided by the clinic in their clinical governance report, January and April 2016, showed that reported patient safety incidents were managed and reviewed within the clinic and the integrated neighbouring trust. One incident related to radiotherapy was reviewed by the Quality management system (QART) which aims to ensure safe delivery of radiotherapy. The outcome did not interfere with treatment without any gaps. There were no trends identified or no harm to patients during this period.

- Staff were given feedback from incidents and shared at weekly team meetings, several examples of lessons learned, from incidents, were provided.
- Staff were familiar with duty of candour (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).

Cleanliness, infection control and hygiene

- All areas of the clinic were visibly clean. All sinks were automatic, with non – touch operating systems and displayed the temperature of the water. There were 'I am clean' stickers attached to equipment.
- There were cleaning schedules in place for clinical staff that were completed daily. Domestic cleaners had cleaning schedules that were monitored by supervisors. Daily documentation of cleaning of patient areas was evident.
- A routine deep clean took place in the clinic every six months but staff could arrange a deep clean anytime if required.
- We observed that staff followed good practice in relation to the control and prevention of infection, including handwashing and disposal of offensive, general and confidential waste.
- Staff were 'bare below the elbow' in clinical areas as per the trust policy on infection control. There were wall - mounted hand gel dispensers visible in all areas that included hand washing instructions.
- Staff wore personal protective equipment (PPE) when treating patients during invasive procedures. Gloves and aprons were available in all areas.

Medical care

- There were no incidents of methicillin-resistant staphylococcus aureus(MRSA) or Clostridium-difficile (C.Diff.) in 2015/16.
- For a series of hand hygiene audits (18 in total) between November 2014 and March 2016, the clinic scored 100% compliance in all audits.
- In an audit of infection control and prevention, in November 2015, the clinic scored 93% (the trust target was 90%). A plan was put in place with all actions completed by the deadline date.
- A 'high impact intervention audit' (HII – infection control), was carried out between 1/03/2016 and 1/04/2016. The clinic scored 99.1% compliance overall.

Environment and equipment

- The clinic is located at the rear of the hospital site. There had been occasions when patients had been unable to locate the clinic easily. There has been some increased signage put in place to guide patients and families.
- The clinic included a reception, two consulting rooms, four chemotherapy chairs in the chemotherapy room and the radiotherapy area (with additional seating area).
- Consultations rooms had "do not disturb" signs and the name of the professional seeing the patient on the door.
- The clinic was accessed by 'swipe cards' for staff. There were video screens, at reception to monitor the arrival of non-staff members. Patients were personally welcomed into the building, on arrival.
- The clinic was accessible for all, it was light and bright and free from clutter.
- There was a medical services provisions agreement (MSPA) for estates management, with the neighbouring integrated trust. There was a robust maintenance schedule in place that indicated dates when equipment had been serviced; all within the last 12 months.
- Mandatory training included annual medical devices training.
- There was a resuscitation trolley that was checked as per clinic policy. Oxygen and suction were available, if required, in the chemotherapy bays.
- In the chemotherapy bay and consulting rooms, disposable curtains were used. There were dates annotated on each curtain identifying that they had been recently changed.
- Fridges temperatures were checked daily, including ranges. The fridge temperature where chemotherapy drugs were stored, were also checked by the pharmacy

department every day. The store room temperature, where chemotherapy drugs were stored was also checked daily in order for drugs and equipment to be stored in the correct environment.

- In the radiotherapy department, there was an oxygen cylinder that was secured appropriately and checked daily. There was also an emergency paediatric 'grab bag' that was available when children attended. This was checked monthly and secured with a 'red tag' when checked. It was usually checked on the first day of the month, as seen on the record sheet, however; it was checked on the day of inspection (14th) when paediatric patients were expected.
- There were clear signs, in radiotherapy, to indicate a 'controlled area' and access to the unit was secure by a 'swipe card' system. Staff wore radiation badges to monitor safe levels of exposure. In addition, there were additional safety features that included an 'invisible door'. This worked by 'cutting off' power to the 'Linear Accelerator' (LINAC) radiotherapy machine if accessed accidentally during a treatment. There were processes in place, electronically, for the checking of all equipment in radiotherapy daily.
- There were two additional machines available, in the neighbouring integrated trust (same building) that were available in case of mechanical failure.
- A Health and safety inspection audit was carried out in July 2015 with no major issues highlighted or action plan produced.
- As part of the Clinical Governance Report, April 2016, a sharps compliance audit was completed. The clinic was 95.83% compliant

Medicines

- There were processes in place for managing and storage of medication in the outpatient and diagnostic departments.
- Daily checks of medication were completed and stored securely. During our inspection, drugs and intravenous fluids were checked and in date.
- The clinic had a colour coded system with regards to non-medicine stock supplies getting low and expiry dates. There was regular stock ordering.
- Medication for chemotherapy was prescribed electronically for all medication included in the NHS

Medical care

formulary. Other medications not in the formulary were prescribed on paper – based prescriptions. This included NHS patients, who accessed the ‘co pay’ service.

- Any unlicensed medication needed to be assessed on an individual basis and would be reviewed by the clinics Medical Advisory Board.
- Staff informed us that according to their Medicine Optimisation Policy, there was single nurse checking for chemotherapy drugs (the nurse must be chemotherapy trained and up to date with their chemotherapy competencies.)
- Chemotherapy medication was delivered by pharmacy daily, stored and administered as per pharmacy instructions. Administration guidelines were attached to each individual drug.
- For support about extravasation, the clinic followed the “Guidance for the prevention and management of extravasation injuries” (Extravasation is the leakage of fluid from the blood system into the surrounding tissue) as outlined by the Cheshire and Merseyside strategic clinical networks (a group of neighbouring trusts)
- There were patient group directives (PGD’s) in place for nurses to administer some analgesia in chemotherapy and topical creams in radiotherapy.
- Mandatory training included medicines management training every two years for doctors, nurses and pharmacists. Syringe driver and introduction to palliative care training was annual for nurses including bank nurses.
- There had been two medication errors since April 2016.
- An audit of medication security was carried out with the neighbouring integrated trust in March 2016. Results were improved from previous audits with 87% compliance. An action plan is currently in place.
- A medicine security spot check audit was conducted on 5 April 2016. Medicines security was found to be fully compliant.
- There were medical services provisions agreements (MSPA) for pharmacy, chemotherapy and radiotherapy treatment with the neighbouring integrated trust.

Records

- Patient records were paper – based and then inputted into a recently introduced electronic system. They were stored securely and a tracker ensured that notes were accessible if required for other services, outside of the clinic.

- The Clinic used the integrated neighbouring trust’s electronic patient record system, which was protected via an independent log on systems and was covered by the Trusts IT Department. All Staff were trained and adhered to the Confidentiality Policy and had signed a declaration of confidence.
- We reviewed care records for 12 patients. They were all complete, legible, including risk assessments (such as falls and pressure ulcers), consent forms, blood results, reviews, and input from a multi – disciplinary teams. Each patient’s notes included an individualised cancer therapy pre assessment and treatment plan and record.
- Venous thromboembolism (VTE) training was available two yearly, however; assessments were not completed as out – patients.
- A systemic anti-cancer therapy assessment and treatment record was completed at the first patient appointment and updated at follow up appointments.
- A “your chemotherapy record” was given to all patients and asked to bring it to all hospital, pharmacy and GP appointments. This included patient personnel and emergency contact details, diagnosis and treatment details and record, treatment regimens, symptom assessment charts, educational advice and dates for appointments.
- Drug manufactures guide booklets were also provided to patients, explaining what to expect from the drug during treatment.

Safeguarding

- There was a safeguarding policy for adults and children, for the neighbouring integrated trust. This included reporting of abuse such as exploitation or female genital mutilation. The policy had been reviewed in March 2016, however; there was no reference to the “Working together to safeguard children” document published in March 2015.
- Staff were aware of their roles and responsibilities in safeguarding and knew how to raise matters of concern appropriately.
- There was controlled access to the clinic, by a ‘swipe card’ system.
- All staff, in the clinic, were trained in level two safeguarding for adults and children in addition to the senior nurse who was trained to safeguarding level three.

Medical care

- In radiotherapy, where children treated, via the NHS, all staff were trained to level 2 (both in the clinic and in the neighbouring integrated trust). There were plans to train staff with direct contact, with treating children, to attend level three training.
- Staff had good, direct links with the integrating trust safeguarding lead and social worker.
- Consultants training was monitored by the neighbouring integrated trust. Records showed compliance of 33% (eight out of 24 doctors) for level two safeguarding of adults and 54% (13 out of 24 doctors) for level two safeguarding of children.

Mandatory training

- Mandatory training was delivered using face-to-face training, e learning and workbooks.
- The training matrix covered an extensive programme that included health and safety, infection control, fire safety awareness, Information governance, conflict resolution, prevent and manual handling.
- Information provided in the clinical governance report, April 2016, stated that 100% of staff had completed their mandatory training. However, senior staff told us that there were some staff, who were overdue training, but had been booked onto dates in the near future. Staff reported that some issues were with the lack of training facilitators from the neighbouring integrated trust training provider.
- The neighbouring trust used a colour – coded rag rating system for monitoring training compliance.

Assessing and responding to patient risk

- We observed reception staff confirming the identity of patients on arrival to the departments.
- Staff received training in resuscitation as a requirement of mandatory training. Basic life support resuscitation training was updated annually for all staff with nurses trained in Immediate Life Support Training (ILS). In addition, the paediatric radiographer, from the neighbouring integrated trust was trained in ILS (adults and children).
- As part of the pre-assessment process and treatment plan, the National Cancer Institute (2009) common toxicity criteria was completed, to aid the recognition and grading severity of adverse effects of chemotherapy.

A list of side effects commonly encountered in oncology accompanied by an associated grading (severity) scale for each side effect was discussed and scored at each visit for treatment.

- Patients were monitored using the National Early Warning Scoring System (NEWS) (a monitoring system to facilitate early detection of deterioration of a patient and prompting nursing staff to request a medical review at specific trigger points). NEWS training was included in mandatory training for doctors and nurses every three year.
- There was also the ‘consultant of the moment’ who could be called to assess a patient if required.
- There were staff members trained to provide antibiotics in cases of suspected sepsis and fulfilled the ‘magic hour’ requirements.
- There was a clear policy and process in place for escalation of a deteriorating patient as part of the neighbouring integrated service with the neighbouring trust. An incident occurred where the emergency call bell was not heard in the radiotherapy area, however; changes were made to ensure the process was robust. New external signage to the clinic was put up to direct the cardiac arrest team to the location of the clinic. All new doctors were given a tour of the clinic. The clinic emergency call system now transmitted directly to the emergency bleep of the cardiac arrest team. All emergency alarms were followed up with a telephone call to the 2222 trust switchboard.
- There were two patients that had been transferred, as an emergency, to the neighbouring trust, in the last 12 months.
- There was an emergency call bell in the radiotherapy clinical area for staff and in the treatment area for patients.
- There were emergency call bells in all the toilets rooms.
- An anaphylaxis treatment box, a drug spillage kit and extravasation kit were all available.
- Electronic identification name bands were given to all chemotherapy patients.
- Identification of radiotherapy patients were verbally checked and the patients photograph was available on screen during their procedure.
- Consultant compliance for adult basic life support resuscitation training was 33% (eight out of 24 doctors). Training was provided and monitored by the neighbouring integrated trust.

Medical care

Staffing

- Staffing included a clinic manager, two chemotherapy nurses and two radiographers as well as one clinic administrator and two patient services coordinators who were involved with financial support.
- Staff were employed either by the company or were seconded from the neighbouring integrated trust.
- There was no acuity tool used to assess staffing levels.
- NHS patients had also accessed the clinic facilities during quieter periods. Support from neighbouring trusts varied. If a child required treatment whilst receiving care at a local NHS Children's hospital; they were accompanied by a staff member from that trust. Alternatively, out – patients were supported by a dedicated paediatric specialist radiographer from the neighbouring integrated trust.
- On the local risk register: "Chemotherapy staff sickness and A/L could result in unsafe staffing" was highlighted as a moderate risk. Shortfalls in staffing due to leave or sickness were supplemented by regular bank or agency staff.
- Agency staff are used to cover chemotherapy nurses when required. The agency staff are booked from one, regularly used recruitment company and the clinic tended to have the same staff returning. Agency staff are all chemotherapy trained and competent. Clinic managers can review agency staff information and training record and competencies when they log onto the recruitment company's secure website. Records showed that from 3/05/2016 to 15/07/2016, agency staff were used four times.

Medical staffing

- Medical staffing was provided to the clinic by 26 specialist medical and clinical oncology consultants.
- A full induction was provided to all new doctors.
- There was a medical services provision agreement (MSPA) for the provision of clinical staff. Consultants provided treatment via a practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient) that were monitored by the Medical Advisory Board (MAB) arrangement with the neighbouring integrated trust.
- All consultants had annual appraisals completed.

- There were no locums used in the clinic, although if a consultant was unable to visit a patient, there was a 'consultant of the moment'. This was a consultant, on a rota system, allocated to be available if needed.

Major incident awareness and training

- There was a business continuity plan, as part of the neighbouring integrated trust, in place, which included back – up generators in the event of a power failure. Staff were aware of how to respond to different situations.

A major incident policy was available..

Are medical care services effective?

Requires improvement 

Evidence-based care and treatment

- Care and treatment was evidence-based and provided in line with local policies and procedures as part of the neighbouring integrated trust.
- Standard operating procedures (SOP's) were in place to support staff and there was a process in place to review and update these based on latest national guidance.
- The clinic underwent its quarterly Quality review at Clatterbridge Cancer Centre inspection on the 7 April 2016. The clinic maintained 100% compliance.
- There was an audit programme in place with monitoring arrangements though the governance committee where action plans were reported and actioned.
- Policies were based on NICE and Royal College of Radiologists guidance. All policies were in conjunction with the integrating trust. Twenty policies were reviewed, the majority had expired their reviewable date, some dating back as far as 2009. Staff informed us that policies were reviewed every three years or before that if new developments such as new drugs, procedures or nursing practice had had changed.
- Evidence of good practice was observed with the National Cancer Institute toxicity scoring (2009).
- An audit of out – patient discharge medication showed that pharmacy times were consistently greater than the target level of 95% between January 2015 and January 2016.

Pain relief

Medical care

- Pain scores were accessed by staff. Nurses were able to administer analgesia such as paracetamol, ibuprofen or codeine as part of a patient group direction (PGD). This meant that nurses could administer this medication without prescription from a doctor.
- If very strong analgesia was required, for example a controlled drug such morphine, a consultant provided a prescription that the patient self – administered on discharge.
- The palliative care team were also available, via the neighbouring integrated trust, if needed.

Nutrition and hydration

- Staff managed the nutrition and hydration needs of patients well.
- As part of the pre-assessment process, the 'malnutrition universal screening tool (MUST) score was calculated. MUST is a five step screening tool to identify adults, dietary needs and guidance to develop an appropriate plan of care for nutritional needs.
- There were water dispensers available in both reception areas. Staff provided patients, and those in attendance with them, a choice of cafetieres filter coffee or teapots of tea as well as cups and saucers.
- Meals were provided for all patients in catered individual lunch boxes, from an external catering company. Any special diets for medical or religious beliefs were accommodated.

Patient outcomes

- Written information provided by the clinic pre inspection, showed that they participated in a number of nation audits such as infection control, hand hygiene, governance, root cause analysis for pressure ulcers, falls, incident reporting, medication errors and extravasation injuries. However, these were done in conjunction with the integrated neighbouring trust. We requested clinical audit outcome data, specific to the clinic during our inspection and post inspection; however the clinic did not provide us with this data. During our inspection the chair of the Medical Advisory Board informed us that the clinic did not separate outcome data between the integrated trust and the clinic but he would look into this for us. This data was not provided post inspection. This did not assure us that systems and processes were in place to assess, monitor, mitigate risks or improve quality and safety of services provided.

- The Clinic did not participate in any PLACE (Patient-led assessments of the care environment) audits.
- Information provided by the clinic in two governance reports, January 2016 and April 2016, showed that a quality audit had taken place. This was a joint audit with the integrated neighbouring trust. The clinic had 100% compliance throughout all aspects of these audits.
- A medicines security spot check audit also took place in April 2016, which found the clinic to be fully compliant.
- The clinic had a 100% complaint rate on the completion of the monthly high impact intervention (HII) audit. This monitored environment, equipment, policies and procedures, handling of waste and linen and safe practice. From January 2015 to December 2015, 30 day chemotherapy mortality was recorded. Twenty patients received radical treatment during this period, there was no recorded mortality. For the same period, 14 patients received palliative treatment, there were two recorded mortality. No further information was provided about mortality rates.

Competent staff

- Newly appointed staff had an induction and their competency assessed before working unsupervised. Bank and agency staff also had inductions before starting work and robust policies and processes to ensure staff with the necessary skills and competencies were employed.
- All staff had received an annual appraisal and supervision via a 'buddy' system as needed.
- Medical staff received appraisals and revalidation with their responsible officer in the neighbouring integrated trust as part of their practising privileges.
- Specialist training such as chemotherapy skills was peer - assessed annually and blood transfusion skills were assessed every two years.
- End of life care training was renewed every three years for doctors (including consultants, registered nurses, health care assistants, physiotherapists, occupational therapists, dieticians, social workers, counsellors, radiographers, pharmacists, domestic staff, chaplains or any other patient-facing roles.
- All staff were trained to take blood samples. Venepuncture assessments were completed in March 2016.
- Therapy counselling training for therapeutic Radiographers was completed in June 2016.

Medical care

- Some nursing staff had been appropriately trained to prescribe, by PGD, medication for sepsis (blood poisoning or septicaemia). This reduced the time taken for doctors to prescribe treatment and increased immediate treatment times for patients.

Multidisciplinary working (in relation to this core service)

- There was effective internal multidisciplinary team (MDT) working between specialist nurses, radiographers and integrated trust consultant oncologists.
- There was good external MDT working with the neighbouring integrated trust for services such as pharmacy, dietetics, palliative care, mental health, pastoral care and counselling. This joint venture was well received and staff enjoyed working together.
- Clinic patients accessed treatments such as brachytherapy, proton and papillon in the main neighbouring integrated trust. Some NHS patients were treated in the clinic as there was an agreement that a certain number of patients per year could use the clinic facilities. At times, additional staff from the trust would accompany the patients.
- Records indicated that a range of professionals and family involvement were consulted in all care and treatment. There was also effective MDT working with patient G.P.'s and other neighbouring trusts such as when patients required a procedure to administer the chemotherapy treatment, via the bloodstream. Dependent on the procedure required this was carried out either in the clinic, at the neighbouring integrated trust or at another neighbouring trust.
- The Clinic was linked into the Macmillan Programme Lead for Living with and beyond cancer, for the regional Cancer Network. This was to ensure that private patient has better links into existing support structures and the clinic maintained good communication channels to ensure that their patients were not omitted due to their private patient status.

Seven-day services

- The clinic was open weekdays between 8.30am and 5pm, although patients were seen flexibly to meet individual needs outside of these times if requested.
- All patients were provided with a chemotherapy alert card and directed to the 'triage service' if out of hours medical attention and support was needed from the neighbouring integrated trust.

Access to information

- Patient information that was required to deliver care and treatment was readily available with processes in place to ensure that staff from the clinic or neighbouring trusts could access records in an emergency situation.
- Staff could access patient paper records easily as they were stored in the clinic during care and treatment. Any removal of patient notes was tracked.
- Results of investigations and prescriptions were accessed electronically.
- The clinic risk register included: "The trusts IT systems fail resulting in a compromise in patient treatments" was highlighted as a moderate risk.
- All notice boards throughout the clinic were glass fronted locked cabinets.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients or those close to them. Staff were clear about how they sought informed verbal consent and written consent before providing care or treatment.
- Patient's records confirmed that verbal or written consent had been obtained from patients before planned care was delivered.
- Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and deprivation of liberties safeguards (DOL's).
- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals (including staff from the neighbouring integrated trust) appropriately.
- Capacity, consent and DOL's were considered and adjustments, such as access to specialist support and environmental considerations were applied for patients living with a cognitive impairment, such as dementia, or for those living with a learning disability.
- The consent to treatment policy was integrated with the neighbouring trust.
- MCA and DOL's training was included in safeguarding level two training and also consent to treat training was every two years.
- Interpreters were available and pre booked if a patient's first language was not English required consent for a procedure.

Medical care

- We reviewed documentation for a patient that included a record for 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR). Documents for recording the decision were visible in the front of the patient's notes and was dated correctly.

Are medical care services caring?

Outstanding



Compassionate care

- We observed compassionate care and very positive interactions by all staff in all areas.
- Staff treated patients, and those close to them, with respect and dignity. They were aware of patients care needs and communicated in an appropriate and professional manner.
- We spoke to eight patients (including their relatives). They described care as being exemplary with excellent care from all staff. This included nurses, doctors and administrative staff.
- In the clinical governance report, April 2016, patient feedback included: "Everything was professional and staff are really nice", "Everything has been very good and all expectations met or exceeded" and "I am really happy with all areas; the staff are very approachable and swift to allay fears at a misfortunate time".
- All staff introduced themselves and communicated well to ensure patients fully understood. Some patients reported that they appreciated the way staff spoke to them directly instead of addressing their family members. This increased the relationship and trust between patients and staff.
- Side effects of treatment drugs were discussed openly, honestly and sensitively with patients.
- Patients were encouraged to ask questions and were given time to ensure they understood what was being said to them.
- Patient feedback results for 2015/16 showed that 100% of patients would recommend the service to friends and family with a response rate of 53%. The feedback focused on the care, facilities and hospitality.
- In the radiotherapy area, privacy was maintained by a one – way (Jack and Jill) changing room from the waiting area to treatment room.
- Patients reported receiving excellent care and said communication from staff was very good.
- Patients also told us that staff of different grades, roles and responsibilities provided superb care. This was repeated many times by both patients, family members and staff of all levels.
- Other comments from patients and their families we spoke to, included "phenomenal, first class treatment, no parking problems, care is over and above excellent".
- Staff were keen and proud to share individual examples of providing care above and beyond their daily duties to ensure that high standards of care were provided in times of death, celebrations, routine regular treatments and directing patients and family to other services in order to reduce patient anxiety and improve outcomes.
- At times, staff were visibly emotional when speaking to us as they had developed strong relationships with their patients that they had provided care to for a long period of time.
- Staff provided a number of examples of providing care above and beyond including allowing a patients to be accompanied by their dog companion and providing care in a local hospice for continuity of care.
- Staff gave us many stories of sharing and celebrating patient birthdays, anniversaries and civil partnerships.

Understanding and involvement of patients and those close to them

- Patients and families were encouraged to provide feedback, about the clinic. We saw how this feedback was monitored and acted on promptly.
- We observed staff interacting positively with patients and those close throughout the clinic. Staff spoke to patients sensitively and appropriately dependent on individual need.
- Staff respected patients choices and delivered their care with an individualised person-centred approach. Patient care records were individualised to take into account personal wishes.
- Each patient had individualised care by named nurses and consultants.
- There was a selection of leaflets and patient information available to support families if required.
- Family members were encouraged to attend with patients and were provided with the choice of refreshments available to patients.

Emotional support

Medical care

- We observed staff providing reassurance and comfort to patients.
- There were counselling services available for both patients and staff with the neighbouring integrated trust.
- There were specialist staff available such as mental health professionals; palliative care team, breast nurse specialist, clinical psychologist team and chaplain from the neighbouring integrated trust as well as charity support were available if and when required.
- Patients were asked about what support they had at home.
- Multifaith patients were supported by staff and examples of treatments and meals being provided around special requirements were given to us during our visit.
- Patients also reported building up friendships with other patients who sit together and provide each other with support.

Are medical care services responsive?

Good 

Service planning and delivery to meet the needs of local people

- The clinic was independent, although; there were strong links with the neighbouring integrated trust.
- The clinic was accessed by patients locally, nationally and internationally.
- The clinic was based in the same grounds as the trust and could be assessed if needed.
- The clinic had recently introduced the delivery of co-payment or “top-up” treatments on behalf of the neighbouring trust. The clinic treated NHS patients who wished to pay the trust for additional treatments that were not funded by the NHS.
- There was an agreement with the neighbouring trust, for the trust to access the use of the clinics radiotherapy service for NHS patients, including children. The capacity on the clinic radiotherapy machines allowed for a calm environment with no waiting times. Between June 2015 and May 2016, eight children up to the age of 16 years old had received treatment. In addition, during the same time period, four patients, classed as teenagers and young adults (aged 16 to 25 years) were

treated. The clinic was very much integrated with the neighbouring trust with a proportion of the funds generated from the clinic provided to the trust for care and treatment of NHS patients across the region.

Access and flow

- Patient referrals to the clinic were by internal and external consultants or by the GP. There was no self-referral system. Staff told us that once a referral was received by the clinic, an introductory phone call was made to the patient to explain where to find the clinic and what to expect at the first visit. Any patient additional test or scans necessary prior to the first clinic appointment was arranged by clinic staff. Staff also told us that obtained any health insurance details from the patient during this introductory call as the clinic worked directly with insurance companies. Self-funded patients were required to pay the total cost of their treatment before commencing their treatment pathway.
- Pre-treatment planning to design an individual patient radiotherapy treatment therapy plan was performed in conjunction with the integrated neighbouring trust. Staff explained the “treatment map” process during our visit and showed us examples stored on their computer.
- Patients, who were accessing the clinic from the integrated neighbouring NHS site, had a short internal walk between the two areas. Patients were always accompanied by a member of the NHS staff.
- Percentage of patients arriving 30 minutes or less before first treatment was 93.5% for radiotherapy appointments in May 2016.
- During our inspection, there was observational evidence that patients were seen promptly once they arrived at the clinic for their appointment.
- Staff informed us that once the clinic had received an referral, patients were seen promptly, often within a week. This could often depend on pre consultation tests that were required prior to their first appointment. Staff informed us that there was no clinic target set for time of referral to time patient is seen by the consultant and the clinic did not audit this information.
- Patients were offered a one hour first consultation appointment and follow up consultant appointments were approximately 30 minutes but the clinic was relaxed so more time could be given to reduce patient anxiety if required.

Medical care

- Times patients arrived and booked into the clinic and the time of actual treatment was recorded and monitored. This initiative was relatively new so no audit outcome was available.

Meeting people's individual needs

- The clinic provided individualised care and treatment to all patients that attended.
- The clinic was open Monday to Friday between 8.30am and 5pm although consultants saw patients outside of these hours if requested.
- There were allocated car parking space outside the clinic that were free of charge to patients.
- A complimentary car transport service was available for patients.
- The clinic was located on one level, on the ground floor, and was accessible for all including patients with reduced mobility.
- There was a portable hearing loop available for patients with a hearing impairment and staff were able to demonstrate strategies to communicate effectively.
- Patients were greeted by staff on arrival, initially into the car park and then personally through the secure sliding door entrance.
- Patients, and those close to them, were offered hot or cold drinks from a menu and could accommodate special dietary requirements such as for health, religious reasons as well as personal choice.
- There was a choice of current newspapers and magazines available in the waiting area. Patients could listen to music or watch TV if preferred, although waiting time was minimal in that area.
- An outside water garden facility was also available to use for patients.
- The clinic staff and patients with special needs, for example people living with dementia or a learning disability, were well supported by the additional needs team from the integrated trust. The clinic provided a calm, quieter environment for these patients as well as flexibility of appointment times. Interpreters were available if required for patients whose first language was not English and information could be accessed, in a variety of languages, if needed.
- Prayer mats and a multi faith room were available if required. Staff provided examples of supporting individual spiritual needs were provided.
- 'Pets as therapy' dogs' service was also available, in the reception, as well as being able to accommodate patients pets if necessary during treatments.
- All chemotherapy bays had an individual TV, as well as the TV's in the waiting areas. The clinic also arranged accommodation locations to patients and their families if they have travelled long distances with a choice of rural or city locations. This was usually confirmed out of clinic hours, on a Sunday prior to treatment on a Monday. A scalp cooling cap was offered to patients to prevent or reduce hair loss. Each patient was offered a £150 wig voucher which could be used within the integrated trust or a list of external wig suppliers was also available. There were many examples of integrated service agreements with breast nurse specialists, urologist, lymphodema clinic, Macmillan nurses and the trust safeguarding team.
- Staff as well as patients could access the drop in centre at the integrated trust "Maggie Centre" for practical, emotional and social support from 9am to 5pm, Monday to Friday.
- Patient changing rooms were available in the radiotherapy area which provided privacy via a 'one-way' system meaning patients did not need to enter a public area once changed for treatment.
- In quieter times, NHS patients attended radiotherapy, that included children. This provided a calm environment with appointments flexible around school.
- In radiotherapy, patients could listen to their personal music choices, during treatment, via headphones if preferred. A giant 'loom band' had been created by staff, during break times, to connect patients to those close to them during treatments, to reassure them.
- Play therapists from the neighbouring children's hospital also came to the clinic to provide support to younger children receiving treatment. There was also a dedicated paediatric specialist radiographer, from the neighbouring integrated trust, to support children and their families. Children were also given individualised posters to 'count down' their treatments.
- Radiographers told us about new initiatives introduced to increase the comfort and wellbeing of their patients, such as "breath hold" (This inflates the lungs and pushes the heart away from the chest wall and away from the area being treated. This is important to

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minimise any potential radiation damage to the heart). They also provided some patients with a chin strap (this reduces therapy side-effects and protects the chin from receiving unnecessary radiation).

- In radiotherapy, when treatment was completed, a bell was rung and a poem read out, in collaboration with the neighbouring integrated trust. The clinic had introduced the 'co – pay' system which meant that NHS patients could pay for chemotherapy treatments not available with the NHS.
- An end of treatment patient satisfaction survey was sent out to 20 patients who had completed their treatment between September and December 2015. Three responses were returned. All three indicated a positive response. All three patients said care, hospitality and service was excellent. Two said the facilities were excellent. One reported facilities as very good. A similar survey was sent out to 17 patients who completed their treatment between January and March 2016. Nine responses were returned. Six patients reported their care as excellent, 5 reported facilities as excellent and 7 patients reported the hospitality and services as excellent. Remaining response were reported as very good.
- Direct patient feedback, at the time of treatment, were actioned quickly by the clinic staff. Examples included technical issues with the reception telephone answer machine and heating problems in the waiting room area.

Learning from complaints and concerns

- There have been no formal complaints reported.
- The clinic were collecting patient feedback from feedback cards that are available within the clinic. This was a new initiative but staff showed us some examples of prompt improvements following patient comments such as improving the voicemail system and installing coat stands in the clinical rooms.
- A hand held mobile device was also used to collect patient feedback but this had not been audited, as it was a relatively new initiative to the clinic.
- Between January and March 2016, 17 end of treatment satisfaction surveys were posted out to patients. Eight patients returned completed forms. Six reported care as excellent, one reported good care, one patient gave no

answer. Five patients thought the facilities were excellent, two reported very good, one patient gave no answer. Seven patients reported that hospitality and service was excellent.

Are medical care services well-led?

Good 

Vision and strategy for this this core service

- The clinic structure included the Mater Private Group (Ireland) chief executive office and board members, a clinic manager and the chairman of the Clatterbridge medical advisory board (MAB), who was also a Consultant in Clinical Oncology in the integrated neighbouring trust.
- The clinic had a clear vision and strategy to grow the clinic as a business that is acceptable to patients and staff.
- The team believed that the positive impact of the clinic benefited the local trust and NHS both financially and clinically. Staff felt they are “giving something back” to NHS.
- Staff were fully aware of the company vision and strategy.
- The clinic patient welcome pack included a patient charter and pledge explaining what is expected at the clinic and what the clinic asks of the patients should as participating in treatment decisions, providing feedback how to complain, confidentiality and duty of candour.

Governance, risk management and quality measurement for this core service

- A clinical governance system was in place that was integrated with the neighbouring trust. This allowed risks to be escalated to board level and managed appropriately.
- A clinical governance meeting took place within the neighbouring trust that senior clinic staff were invited to. The clinic produced a quarterly clinical governance report that included patient feedback, risk management, staff training and audits.
- Board meetings were held monthly. A sample of minutes provided showed that members of the neighbouring trust were included in the meetings.

Medical care

- The clinic medical advisory board (MAB) meetings took place approximately every three months. Consultant doctors and clinic staff attended these meetings. Minutes for the last three meetings were provided. Items discussed included chemotherapy, radiotherapy and marketing.
- There were 28 doctors employed under the practicing privilege rule at the clinic. However, between April 2015 and March 2016, only 24 doctors had provided episodes of care to patients..
- Information provided by the clinic pre inspection, informed us that they used national benchmarks provided by the integrated neighbouring trust, for some key performance indicators such as infection control and aspects of governance reporting such as the 30 day mortality post treatment audit. However, data specific to the clinic was not available on request during or post inspection.
- Medical practitioners who met the criteria for practising privileges had to apply in writing to the Chairman of the Clatterbridge Private Clinic (CPC) Medical Advisory Board (MAB). For consultants holding contracts at integrated trust, privileges were granted on receipt of a letter from the neighbouring trusts Medical Director, stating that the eligibility criteria had been met, including the doctors participation in the GMC revalidation process and that there are no other outstanding concerns. Privileges were renewed every five years.
- Information provided by the clinic informed us that they used up-to date evidence based practice for the prescribing of anti-cancer treatments. All consultants who prescribed anti-cancer treatments attended one of the integrated neighbouring trusts' Specialist Reference Group (SRG) for the specific cancer they were treating. The SRG governs the use of anti-cancer treatments in line with current research and National Institute for Clinical Excellence (NICE). The Clinic also had an extra layer of protection for patients should a Consultant want to give a treatment that was outside of NICE guidance. The consultant had to submit a portfolio of evidence and a rational of the use to the clinics MAB via the Chair to be distributed around the 7 consultant MAB members for approval. To ensure that the wider clinic team were made aware of the MABs decision, the clinic manager also attended the MAB meetings.
- The clinic manager scheduled monthly meeting with the Chair of Medical Advisory Board to discuss governance matters. The clinic manager also conducted a weekly teleconference with the Head of services in Dublin, to discuss business activity, patient safety incidents, finance, and staffing.
- Information provided pre inspection by the clinic informed us that the clinic was benchmarked against a similar outpatients unit in Ireland (run by the same private group)
- Clinic activity and progress was monitored by the Joint-Venture-Board Meeting which was held monthly at the integrated neighbouring Trust. Both chief executive officers and executive Board members of the neighbouring trust and Mater Private held positions on this board and feed directly into the Executive Boards of respective hospitals
- Clinical governance reports, from January 2016 and April 2016, were provided by the clinic. Standard contents of the report included customer feedback, complaints, risk management and risk register, patient safety incidents, mandatory training and inspection and audit.
- There was a risk register in place that included 29 risks graded as low or very low risk. There were nine risks graded as moderate.
- Risks were reviewed at quarterly clinical governance meetings and updated as needed. The register showed that key risks were identified and control measures were put in place to mitigate risks.
- A weekly teleconference was held with the head of cancer services at the Mater Group in Ireland.
- Staff participated in the annual radiation safety committee meetings. Topics included radiation protection training, equipment updates and local rules.
- Local rules (Regulation 17(1) of IRR99) were available to staff, to ensure that the risk of radiation exposure in particular radiation work areas are restricted. Local Rules were written by the radiation protection supervisor with support from the radiation protection advisor and covered normal work and also details of any contingency plans in the event of a radiation accident. Local rules were accessible to staff and there was documented evidence that they have been read and signed by all staff.
- Radiation badges were rotated and monitored regularly and reports were available online and by paper. Badges, that were provided on lone to staff, were well monitored and any exposures were traceable to specific staff. The clinic provide us with paper copies of minutes from the

Medical care

annual Radiation Safety Committee meeting, which staff from the clinic attended. This was a joint meeting with the integrated neighbouring trust. Information on the meeting minutes did not separate clinic data from trust data, therefore it was difficult to interpret. Standard agenda items include annual report review, review of radiation incidents, radiation protection issues, legislation and guidance. We also received paper copies of minutes from the Radiotherapy Patient System (RPS). Similarly, this was a joint meeting with the integrated neighbouring trust and data was difficult to interpret as clinic data was not separated from trust data. These meetings occurred every second month. Agenda items included radiation protection training; Local Rules, New legislation, equipment update, radiation badges, and submitted items to the DGSA (Dangerous Goods Safety Advisor) report.

- Signage for “Controlled area”, in radiotherapy, was clearly visible. Services such as; building and estates, clinical staffing, cancer rehabilitation & support teams (psychological medicine, Physiotherapy, Occupational Therapy, Dietetics and Palliative Care Consultant and Clinical Nurse Specialists), laboratory, pharmacy, technical services, quality and information and support services were all outsourced to the integrated neighbouring trust.

Leadership and culture of service

- There was very visible leadership in the clinic. The manager had a weekly meeting, via teleconference, with the overseas provider for the clinic.
- Staff told us they felt supported by their manager.
- There was an open and transparent culture that encouraged the reporting of incidents in order to learn from them and improve quality for patients in the clinic.
- There was a positive attitude and culture within the clinic where staff valued and supported each other. Staff were very proud of the clinic and worked well as a team.
- Some consultants reported that the clinic complimented the trust, that it was patient centred and the success of the clinic attributed to the good leadership, hard work from all the staff and a good positive culture.

Public and staff engagement

- Staff participated in weekly team meetings – ‘the shout’ that included the “weekend warrior”

- There were also monthly staff meetings when more detailed information was cascaded from senior management meetings.
- Staff spoke about initiatives to increase public and professional awareness of the service such as marketing, easier internet and website access, mail shots to GPs and consultants and increasing the profile with the integrated trust such as posters in key places. The clinic plan to continue to increase the clinic signage from entering the grounds from the main road.

Innovation, improvement and sustainability

- The clinic risk register included: “Low patient numbers and acquisition resulting in activity being below budget” as a moderate risk. Management told us that they would like to increase patient numbers.
- Sustainability of the service was monitored through governance arrangements and initiatives such as co-payment for NHS patients that had been introduced in April 2016. This aimed to help NHS patients who were trying to access cancer drugs that are not available on the NHS. Since April, there were four patients who had accessed treatment under this scheme.
- The clinic finance team worked closely with the patients and worked directly with the patients’ insurance companies to insure payments were regular and complete. Self-funded patients were required to pay the whole treatment amount before treatment starts but individual discounts were considered by the clinic.
- The clinic had a reciprocal health care agreement (variations in the level of free treatment afforded to visitors travelling to the UK) with non-EEA countries.
- Finances were monitored, audited and reviewed regularly with an external accountancy firm. Re-charges from the integrated cancer centre was discussed with the integrated trust finance team.
- Some senior management felt the use of some of the oncology equipment and machines were under used and this needed to be addressed in the future.
- Staff told us a possible third chemotherapy nurse was to be employed to assist staffing and reduce the use of agency staff, in order to support continuity of care for patients.
- We were informed that the clinic would like to get more middle grade doctor cover for the clinic and that plans were being developed for oncology fellow posts to be created.

Medical care

- Plans were being discussed about opening a second similar integrated unit to increase the catchment area for patients. Information provided by the clinic informed us that a review was being undertaken to access and

measure business viability over next 5 years to ensure continued viability of the current strategy. The Joint Venture Board were also reviewing the potential to open a second unit in the neighbouring area.

Outstanding practice and areas for improvement

Outstanding practice

- Staff went above and beyond in their treatment of patients to provide outstanding care and told us many stories of going the extra mile for patients for both chemotherapy and radiotherapy
- All care was individualised, such as posters and 'loom bands' for children in the clinic.

Areas for improvement

Action the provider **MUST** take to improve

- The clinic should have systems in place to monitor outcomes independent of the neighbouring integrated trust
- The clinic must ensure that staff have the necessary safeguarding training to support children.

- The clinic must ensure that all staff, including medical staff have completed mandatory training requirements to provide safe care and treatment.

Action the provider **SHOULD** take to improve

- The clinic should have robust systems in place to ensure that all equipment is checked as per policies including resuscitation equipment for both adults and children.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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