

The Clatterbridge Cancer Centre NHS Foundation Trust

Inspection report

Clatterbridge Road
Wirral
Merseyside
CH63 4JY
Tel: 0151 556 5000
www.clatterbridgecc.nhs.uk

Date of inspection visit: 10 Dec to 17 Jan 2019
Date of publication: 16/04/2019

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

Summary of findings

Background to the trust

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

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

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

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

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

Overall summary

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

What this trust does

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

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

The services include:

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

Summary of findings

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

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

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

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

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

Summary of findings

What we found

Overall trust

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

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

However:

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

Summary of findings

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

Are services safe?

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

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

However:

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

Are services effective?

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

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

Summary of findings

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

However:

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

Are services caring?

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

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

Are services responsive?

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

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

Summary of findings

Are services well-led?

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

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

However:

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

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

Ratings tables

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

Outstanding practice

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

Summary of findings

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

Areas for improvement

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

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

Action we have taken

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

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

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

What happens next

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

Outstanding practice

We found the following outstanding practice:

Trust-wide

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

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

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

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

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

Outpatients

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

Summary of findings

Areas for improvement

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

Action the trust **must** take to improve

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

Trust wide

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

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

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

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

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

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

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

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

Medicine

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

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

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

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

Diagnostics

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

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

Summary of findings

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

Trust wide

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

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

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

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

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

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

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

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

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

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

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

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

Medicine

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

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

Diagnostics

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

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

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

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

Outpatients

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

Summary of findings

Is this organisation well-led?

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

We rated this trust as requires improvement because:

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

However:

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

Summary of findings

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

Ratings tables

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

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

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

Ratings for the whole trust

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

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

Ratings for The Clatterbridge Cancer Centre

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

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

The Clatterbridge Cancer Centre

Clatterbridge Road
Wirral
Merseyside
CH63 4JY
Tel: 01513341155
www.clatterbridgecc.nhs.uk

Key facts and figures

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

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

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

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

During our inspection we:

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

Summary of services at The Clatterbridge Cancer Centre

Good  

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

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

Summary of findings

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

However:

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

Medical care (including older people's care)

Good   

Key facts and figures

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

We inspected six wards over two hospital locations:

At the Clatterbridge Cancer Centre Wirral site we inspected:

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

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

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

At the Clatterbridge Cancer Centre Royal Liverpool site we inspected:

7X, an inpatient ward for planned and emergency admissions providing step-down support for the transplant unit (10Z).

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

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

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

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

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

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

During our inspection we:

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

Medical care (including older people's care)

Summary of this service

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

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

However:

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

Is the service safe?

Good  

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

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

Medical care (including older people's care)

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

However:

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

Is the service effective?

Good   

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

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

Medical care (including older people's care)

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

However:

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

Is the service caring?

Outstanding   

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

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

Is the service responsive?

Good   

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

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

Medical care (including older people's care)

However:

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

Is the service well-led?

Requires improvement ● ↓

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

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

However:

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

Areas for improvement

Action the service MUST take to improve:

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

Medical care (including older people's care)

Action the service SHOULD take to improve:

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

Outpatients

Good ●

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

Key facts and figures

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

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

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

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

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

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

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

During our inspection we:

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

Summary of this service

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

We rated it as good because:

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

Outpatients

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

However:

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

Is the service safe?

Good ●

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

We rated safe as good because:

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

Outpatients

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

However:

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

Is the service effective?

Not sufficient evidence to rate ●

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

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

Outpatients

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

Is the service caring?

Outstanding 

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

We rated caring as outstanding because:

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

Is the service responsive?

Good 

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

We rated responsive as good because:

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

Outpatients

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

Is the service well-led?

Good ●

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

We rated well-led as good because:

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

Outpatients

Outstanding practice

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

Areas for improvement

Action the service SHOULD take to improve:

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

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

Diagnostic imaging

Good 

Key facts and figures

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

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

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

Summary of this service

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

We rated this service as good because:

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

However;

Diagnostic imaging

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

Is the service safe?

Requires improvement



We rated safe as requires improvement because:

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

However;

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

Diagnostic imaging

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

Is the service effective?

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

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

Is the service caring?

Good ●

We rated caring as good because:

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

Diagnostic imaging

Is the service responsive?

Good ●

We rated responsive as good because:

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

However;

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

Is the service well-led?

Good ●

We rated well-led as good because:

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

Diagnostic imaging

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

However;

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

Areas for improvement

Action the service **MUST** take to improve:

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

Action the service **SHOULD** take to improve:

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

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

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

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