

The Christie NHS Foundation Trust

Inspection report

550 Wilmslow Road
Withington
Manchester
Lancashire
M20 4BX
Tel: 01614463000
www.christie.nhs.uk

Date of inspection visit: 3 to 26 July 2018
Date of publication: 12/10/2018

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

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 Christie NHS Foundation Trust is a large national specialist cancer centre, treating over 40,000 patients a year.

The main hospital is in Manchester, and there are radiotherapy centres in Oldham and Salford.

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

In total, the trust has 187 hospital beds over eight in-patient wards, 169 outpatient clinics per week and 22 day case beds.

The trust was last inspected in 2016 and rated as outstanding overall. At that inspection safe was rated as good and effective, caring, responsive and well-led were rated as outstanding.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Outstanding   

What this trust does

The Christie NHS Foundation Trust is a large national specialist cancer centre based in Manchester. It provides cancer treatments including medical care, surgery, radiotherapy and chemotherapy. Radiotherapy is provided at the Christie hospital and at Christie at Oldham hospital and Christie at Salford hospital. Chemotherapy is provided at the Christie hospital, at a mobile unit and in people's homes.

There is a large outpatient's department. A new outpatient's department was due to open in Autumn 2018.

The trust offers proton beam therapy and the UK's first NHS high energy proton beam therapy centre will open at the Christie hospital in 2018.

The trust has a significant research programme and infrastructure with approximately 19% of patients on clinical trials.

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.

Summary of findings

We inspected the Christie NHS Foundation Trust as part of our planned inspection programme. We undertook an unannounced inspection of surgery, outpatients and chemotherapy. We chose these core services as at the last inspection there had been areas identified in surgery that required improvement, the trust considered there were currently areas for improvement in outpatients and we inspected chemotherapy as it is a significant part of the service.

We also undertook an announced inspection of how well led the trust was overall.

What we found

Overall trust

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

We rated effective, caring, responsive and well-led as outstanding, and safe as good. We rated four of the trust's seven services as outstanding and three as good. In rating the trust, we took into account the current ratings of the four services not inspected this time.

We rated well-led for the trust overall as outstanding.

- The culture across all the services we inspected was extremely positive. Staff at all levels were very proud of their organisation and the work they did.
- The trust ensured that there were sufficient numbers of staff who possessed the right skills and experience deployed at all times.
- The trust valued patients consistently as individuals; we saw and heard examples of staff going the extra mile to meet the needs of patients and their families.
- The services provided care and treatment in line with national guidance and evidence based practice. The hospital was a leader in the field of cancer care and pioneered new initiatives and procedures.
- The trust services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.
- The trust leaders were prominent and respected in cancer treatment and procedures. The trust provided expertise and guidance for other members of the healthcare economy. They worked in collaboration with leaders of cancer care locally and nationally.
- The trust engaged with people well. There were many engagement opportunities for staff and the public. These opportunities were varied and substantial. There was evidence of consistently high levels of constructive engagement with staff and people who use services.

However:

- The processes for ensuring effective learning from incidents was not always robust.
- Some audit systems within the surgical directorate were not robust enough to identify potential safety issues.

Are services safe?

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

- The trust had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff had received up-to-date training in safety systems, processes and practices.

Summary of findings

- Risks to people who used services were assessed, monitored and managed. These included signs of deteriorating health and medical emergencies.
- The service controlled infection risk well. All environments we saw were visibly clean and tidy.
- Staff kept appropriate records of patients' care and treatment.
- The service managed patient safety incidents well in most areas.
- Medicines were managed appropriately in most instances.

However:

- The processes for ensuring effective learning from incidents was not always robust.
- Some audit systems within the surgical directorate were not robust enough to identify potential safety issues.
- The management team had not fully implemented the Local Safety Standards for Invasive Procedures (LocSSIPs) based on the National Safety Standards for Invasive Procedures (NatSSIPs) as recommended by the National Patient Safety Agency.

Are services effective?

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

- Care and treatment was provided in line with national guidance and evidence based practice. The trust was a leader in cancer care and pioneered new initiatives and procedures which were later adopted as best practice elsewhere.
- The trust reported positive outcomes and reduced complications.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- There was evidence of effective multi-disciplinary working. Teams from different disciplines worked together to create bespoke tailor made surgical and treatment plans for patients. This reduced complications and multiple surgeries and treatments and increased survival rates and quality of life measures.

Are services caring?

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

- Staff were exceptionally kind and caring and provided holistic patient centred care.
- We saw and heard about examples when staff had gone the extra mile to ensure their patients felt their experience was the best they could provide and the patient was at the centre of care.
- Feedback from people who used the service was continuously positive. Patients felt their care was delivered with exceptional kindness and patience.
- Patients, their relatives and carers opinions, needs and involvement was highly valued by staff and all were included and considered in the planning and delivering of care.
- Patients told us they felt they were partners in the planning and delivery of care rather than having decisions and plans imposed on them. They felt empowered to contribute to decisions based on the attitudes and inclusivity of the staff they came into contact with.
- The trust provided a substantial and effective network of emotional support for patients.

Summary of findings

Are services responsive?

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

- The services were anticipated, planned and delivered in a way that met the needs of local people and the needs of those who used the service from the wider population.
- The facilities and processes were designed with the involvement of and with the needs of service users in mind. The way the services were delivered evolved and was adapted in response to the changing needs of patients and their relatives.
- Specialist bespoke surgical treatments were developed for patients with unusual, complex, advanced cancers. Tailor made treatment plans were developed in collaboration with other disciplines to increase efficacious outcome and survival rates, reduce complications and lengths of stay and the need for multiple interventions and improve quality of life.
- Access to the service was effective and timely. Access could be tailored to meet the needs of individual patients and their needs.
- Specialist nurses and complementary therapists created a personalised service for anxious or phobic patients and those with cognitive impairments or individual needs.
- There was an enhanced supportive care clinic (ESC) at the hospital that provided multi-disciplinary supportive care for the prevention and management of the adverse effects of cancer and its treatment.
- Spiritual support was available and staff were respectful of the cultural needs of families.

Are services well-led?

Our rating of well-led stayed the same. We rated it as outstanding because:

- We found compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- 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 all groups. The culture was extremely positive and staff were very proud of their organisation and the work they did.
- The trust and services had a vision 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. Strategies and plans were aligned with plans in the wider health economy and the direction of cancer services nationally.
- The engagement of staff and the public was varied and substantial.
- Leaders demonstrated a strong ethos of collaboration and working together for the needs of the patient.
- The services had many prominent and respected leaders in cancer treatment and care. They provided expertise and guidance for other members of the healthcare economy. They worked in collaboration with leaders of cancer care locally and nationally.
- Staff across the services were aware of risks and managed these well. Ward and departmental managers were responsible for managing, reviewing and updating risks using risk registers for clinical and non-clinical areas.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

Summary of findings

- Within the surgical directorate, learning from incidents was not always robust, audits and quality assurance processes were not always effective and the management team had not fully implemented the Local Safety Standards for Invasive Procedures (LocSSIPs).

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, the hospital and service type, 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 surgery, outpatients and chemotherapy.

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

Areas for improvement

We found areas for improvement including one breach of a legal requirement that the trust must put right. We found four 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 one requirement notice to the trust. Our action related to a breach of one legal requirement in one core service.

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

What happens next

We will check 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:

The trust had introduced enhanced supportive care; this is a new initiative aimed at addressing more fully the needs of cancer patients including preventing and managing the adverse physical and psychological effects of cancer and its treatment.

The trust continued set improvement targets. For example, the national target is for patients to receive treatment within 62 days of referral. The Christie NHS Foundation Trust has set an improvement plan for all patients referred to the Christie to be seen and receive treatment within 24 days.

The trust had its own school of oncology, the first of its kind in the UK. The Christie NHS Foundation Trust educated healthcare professionals from across the country.

The trust had introduced a dementia nurse consultant role.

Summary of findings

The trust will be one of two centres in the country to offer proton beam therapy and are pioneers in developing innovative solutions to cancer care. The UK's first NHS high energy proton beam therapy centre will open at The Christie in 2018.

The trust had been successful in obtaining joint-funding with another trust for a Darzi fellow to research E.coli related infections in patient with cancer.

The trust had expanded their chemotherapy service to deliver treatment through their chemotherapy unit, as well as via 10 other sites, a mobile chemotherapy unit and in patients' homes. They had exceeded their target of 80% of clinically appropriate patients receiving treatment within 30 minutes of their home.

The trust reported they had doubled the number of patients that could be treated by robotic surgery so patients had access to the latest minimally invasive surgical cancer treatments.

The trust had opened a new Integrated Procedures Unit (IPU) in April 2017 which brought several patient services into one unit. These services included interventional radiology, day case procedures, plastic surgery, pain control and endoscopy. This streamlined treatment sessions, eliminated transfers between departments and minimised need for overnight stays.

The multidisciplinary peritoneal surgery teams have undertaken pioneering surgeries for patients with complex, rare and late diagnosed patients. Many of these patients had been told there was no treatment available to them. The team devised tailor made bespoke surgical options based on individual patient need and the team had showed positive outcomes such as improved quality of life and increased survival rates.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, 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 one legal requirement. This action related to one service:

- The trust must ensure that incidents are identified, reported appropriately and investigated thoroughly.
- The trust must ensure that learning takes place following an incident which all staff are aware of.
- The trust must ensure that there are effective, robust audits in place within surgery, that provide assurance that risk is identified and mitigated and enables the service to improve.

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

- The trust should continue to implement the Local Safety Standards for Invasive Procedures (LocSSIPs) guidance based on the National Safety Standards for Invasive Procedures (NatSSIPs) as recommended by the National Patient Safety Agency.
- The trust should continue to work on the patient records systems to ensure a fully integrated record that all staff have access to and record their care and treatment of a patient.
- The trust should review systems so all equipment is maintained and serviced at regular intervals.
- The trust should continue to review and update chemotherapy protocols in accordance with the trust policy.

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.

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 well-led at the trust as outstanding because:

We found compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

There was a stable and well-established trust board. We found the leadership team had the skills and experience to lead the organisation. Leaders had a deep understanding of issues, challenges and priorities in their service, and many were influential at a local, regional and national level.

The trust had a strategy and supporting objectives and plans which were stretching, challenging and innovative, while remaining achievable. Strategies and plans were aligned with plans in the wider health economy and the direction of cancer services nationally. There was a demonstrated commitment to system-wide collaboration and leadership.

Staff across the organisation were proud of the Christie NHS Foundation Trust as a place to work and were consistently positive about the patient-focused culture. There were high levels of satisfaction across all staff groups.

The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships and joint working arrangements, were clearly set out, understood and effective. Assurance of this had been sought and gained through internal audit processes.

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation had the processes to manage current and future performance.

The trust was investing in best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

There were consistently high levels of constructive engagement with staff and people who use services. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.

There was a culture of improvement. Improvement was seen as a way for the organisation to learn and to improve patient outcomes. Staff were empowered to lead and deliver change and safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable treatments and models of care. There was a strong record of sharing work locally, nationally and internationally.

However, we found that:

Summary of findings

Learning was not always systematically disseminated across the organisation. Assurance that action plans had been addressed in a timely manner and fully implemented needed to be strengthened

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 →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018

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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Christie Main Site	Good →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018
Overall trust	Good →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018	Outstanding →← Oct 2018

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

Ratings for The Christie Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Surgery	Requires improvement ↔↔ Oct 2018	Good ↔↔ Oct 2018	Outstanding ↔↔ Oct 2018	Outstanding ↔↔ Oct 2018	Good ↓ Oct 2018	Good ↓ Oct 2018
Critical care	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
End of life care	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Outpatients	Good Oct 2018	Not rated	Outstanding Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018
Chemotherapy	Good ↔↔ Oct 2018	Good ↔↔ Oct 2018	Outstanding ↔↔ Oct 2018	Good ↔↔ Oct 2018	Good ↓ Oct 2018	Good ↓ Oct 2018
Radiotherapy	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Good Nov 2016	Outstanding Nov 2016

*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 Christie Main Site

550 Wilmslow Road
Withington
Manchester
Lancashire
M20 4BX
Tel: 01614463000
www.christie.nhs.uk

Key facts and figures

The Christie Hospital is the main site hospital of The Christie NHS Foundation Trust. It is a large national specialist cancer centre, treating over 40,000 patients a year.

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

In total, the hospital has 187 hospital beds over eight in-patient wards, 169 outpatient clinics per week and 22 day case beds.

During this inspection we spoke with 99 members of staff and 32 patients, relatives or carers. We looked at approximately 47 patient records or prescription records.

Summary of services at The Christie Main Site

Outstanding   

Our rating of services stayed the same. We rated them as outstanding because:

- The culture across all the services we inspected was extremely positive. Staff at all levels were very proud of their organisation and the work they did.
- The trust ensured that there were sufficient numbers of staff who possessed the right skills and experience deployed at all times.
- The trust valued patients consistently as individuals; we saw and heard examples of staff going the extra mile to meet the needs of patients and their families.
- The services provided care and treatment in line with national guidance and evidence based practice. The hospital was a leader in the field of cancer care and pioneered new initiatives and procedures.
- The trust services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.

Summary of findings

- The trust leaders were prominent and respected in cancer treatment and procedures. The trust provided expertise and guidance for other members of the healthcare economy. They worked in collaboration with leaders of cancer care locally and nationally.
- The trust engaged with people well. There were many engagement opportunities for staff and the public. These opportunities were varied and substantial. There was evidence of consistently high levels of constructive engagement with staff and people who use services.

However:

- The surgical directorate did not always demonstrate effective learning from incidents. They did not always recognise and share learning in a timely way. The governance systems in place meant critical information was not always shared across disciplines and did not reach some staff who might benefit and who might be in a position to prevent similar incidents from reoccurring in the future.
- Some audit systems were not robust enough to identify potential safety issues. The Association for Peri-operative Practice (AfPP) audit tool and the World Health Organisation (WHO) checklist audits did not provide adequate assurance in some high risk processes.
- Patients' records were not integrated, different disciplines entered information in different places, some electronically and some hand written. This meant all the patients information was not available in one place and posed a risk that some information may be missed.
- The management team had not fully implemented the Local Safety Standards for Invasive Procedures (LocSSIPs) based on the National Safety Standards for Invasive Procedures (NatSSIPs) as recommended by the National Patient Safety Agency.

Surgery

Good  

Key facts and figures

The hospital has two surgical wards covering a number of specialties, as well as five purpose built theatres, all within The Christie Hospital main site. Between December 2016 and November 2017, there had been 4097 admissions to the surgical directorate.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During this inspection, we visited wards 1 and 10, the day of surgery admissions unit, the pre-operative assessment clinic, the integrated procedure unit, the operating theatres and the theatres recovery area.

We spoke with 14 patients and relatives. We also spoke with 33 members of staff including senior managers, specialist nurses, registered nurses, student nurses, health care assistants, consultants, middle grade doctors, junior doctors, medical students, allied health professionals including physiotherapists, occupational therapists, dieticians, pharmacists, domestics, ward clerks, housekeepers and administration staff.

We observed care and treatment and looked at 15 patient care records. We reviewed comments from staff focus groups and we looked at the service performance data.

Summary of this service

Our rating of this service went down. We rated it as good because:

- The culture was extremely positive and staff were very proud of their organisation and the work they did. There were sufficient numbers of staff who possessed the right skills and experience.
- The directorate reported positive outcomes and reduced complications. There were low levels of healthcare associated infections and high levels of harm free care.
- The service identified and mitigated patient risk well. The service was good at identifying patients who were at an increased risk of deterioration and sepsis and had systems in place to react in a timely way.
- The surgical directorate had prominent and respected leaders in surgical cancer treatment and procedures. They were recognised as a centre of excellence and provided expertise and guidance for other members of the healthcare economy. They worked in collaboration with leaders in cancer care locally and nationally.
- The service provided care and treatment in line with national guidance and evidence based practice. The service was a leader in this field and pioneered new initiatives and procedures in cancer surgery which were later adopted as best practice elsewhere.
- Staff were exceptionally kind and caring and provided holistic patient centred care. They went the extra mile to ensure their patients felt their experience was the best they could provide and the patient was at the centre of care for the whole person.
- The directorate provided specialist bespoke surgical treatments to patients with unusual, complex, advanced cancers. They provided tailor made treatment plans in collaboration with other disciplines to improve outcome and survival rates, reduce complications and lengths of stay and the need for multiple interventions and improve quality of life.

However:

Surgery

- The surgical directorate did not always demonstrate effective learning from incidents. They did not always recognise and share learning in a timely way. The governance systems in place meant critical information was not always shared across disciplines and did not reach some staff who might benefit and who might be in a position to prevent similar incidents from reoccurring in the future.
- The audit systems in place were not robust enough to identify potential safety issues. The Association for Peri-operative Practice (AfPP) audit tool and the World Health Organisation (WHO) checklist audits did not provide adequate assurance in some high risk processes.
- Patients' records were not integrated, different disciplines entered information in different places, some electronically and some hand written. This meant all the patients information was not available in one place and posed a risk that some information may be missed.
- The management team had not fully implemented the Local Safety Standards for Invasive Procedures (LocSSIPs) based on the National Safety Standards for Invasive Procedures (NatSSIPs) as recommended by the National Patient Safety Agency.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The surgical directorate did not always demonstrate effective learning from incidents. They did not always recognise and share learning in a timely way. The governance systems in place meant critical information was not always shared across disciplines and did not reach some staff who might benefit and who might be in a position to prevent similar incidents from reoccurring in the future.
- The audit systems in place were not robust enough to identify potential safety issues. The Association for Peri-operative Practice (AfPP) audit tool and the World Health Organisation (WHO) checklist audits did not provide adequate assurance in some high risk processes.
- Patients' records were not integrated; different disciplines entered information in different places, some electronically and some hand written. This meant all the patients information was not available in one place and posed a risk that some information may be missed.

However:

- The service had sufficient numbers of staff who possessed the right skills and experience and whom had the right training to meet patients' needs and reduce the risk of avoidable harm.
- The environment was visibly clean and hygienic and low levels of healthcare associated infections and high levels of harm free care. Statistics showed that they performed better than similar providers in terms of the safety thermometer data.
- Medicines were managed in way that kept people safe and followed best practice and trust policy.
- Staff understood safeguarding procedures and knew how to protect patients from abuse. The service worked well with internal and external partners to do this. Staff had received appropriate training to sufficient levels and could explain how to recognise and report abuse.

Surgery

- The service identified and mitigated patient risk well. Their preoperative processes were comprehensive which enabled good planning for their admission and procedure. The service was good at identifying patient who were at an increased risk of deterioration and sepsis and had systems in place to react in a timely way.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment in line with national guidance and evidence based practice. The service was a leader in this field and pioneered new initiatives and procedures in cancer surgery which were later adopted as best practice elsewhere.
- The directorate reported positive outcomes and reduced complications. Systems such as harm free care & NICE guidelines were used to measure patient outcomes.
- Evidence of effective multi-disciplinary working was very strong. Teams from different disciplines worked together to create bespoke tailor made surgical and treatment plans for patients. This reduced complications and multiple surgeries and treatments and increased survival rates and quality of life measures.

Is the service caring?

Outstanding ☆ → ←

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

- Staff were exceptionally kind and caring and provided holistic patient centred care. They went the extra mile to ensure their patients felt their experience was the best they could provide and the patient was at the centre of care for the whole person.
- Patients, their relatives and carers opinions, needs and involvement was highly valued by staff and all were included and considered in the planning and delivering of care.
- Patients told us they felt they were partners in the planning and delivery of care rather than having decisions and plans imposed on them. They felt empowered to contribute to decisions based on the attitudes and inclusivity of the staff they came into contact with.
- Feedback from people who used the service was continuously positive. Patients felt their care was delivered with exceptional kindness and patience. They believed that staff went above and beyond their expectations and without exception demonstrated compassion and empathy in their roles.
- The service provided a substantial and effective network of emotional support for patients. They anticipated and provided an array of services that may have been of benefit to patients and their support network. These considerations were given high value and implemented in a positive and proactive way, this support was embedded and integral to the care that was delivered.

Is the service responsive?

Outstanding ☆ → ←

Surgery

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

- The services were anticipated, planned and delivered in a way that met the needs of local people and the needs of those who used the service from the wider population. The facilities and processes were designed with the involvement of and with the needs of service users in mind. The way the services were delivered evolved and was adapted in response to the changing needs of patients and their relatives.
- The directorate provided specialist bespoke surgical treatments to patients with unusual, complex, advanced cancers. They provided tailor made treatment plans in collaboration with other disciplines to increase efficacious outcome and survival rates, reduce complications and lengths of stay and the need for multiple interventions and improve quality of life.
- Access to the service was effective and timely with good referral to treatment times, low rates of delayed transfers of care, low levels of delayed discharges and low levels of cancelled operations. Access could be tailored to meet the needs of individual patients and their needs.
- Complaint numbers were low, but those that were raised were responded to in an appropriate and timely way and by staff with suitable experience. Complaints were acted upon and positive changes made as a result.
- The service understood the individual needs of patients and implemented plans to minimise any unease or distress associated with their treatment. Specialist nurses and complementary therapists created a personalised service for anxious or phobic patients and those with cognitive impairments or individual needs.
- The service recognised the cultural and religious needs of patients and their families. Interpreters and translation services were available and leaflets were available in a range of languages. Spiritual support was available and staff were respectful of the cultural needs of families.

Is the service well-led?

Good  

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

- There were high levels of staff satisfaction across all groups. The culture was extremely positive and staff were very proud of their organisation and the work they did.
- The engagement of staff and the public was varied and substantial. The service was very much rooted in the community and the staff very much subscribed to the Christie ethos and bought into the vision and values of the organisation.
- Leaders demonstrated a strong ethos of collaboration and working together for the needs of the patient, this was visible within the organisation but extended across organisational boundaries to the wider healthcare community for the benefit of the patient and their journey.
- The surgical directorate were prominent and respected leaders in surgical cancer treatment and procedures. They were a centre of excellence and the 'go to' place for expertise and guidance for other members of the healthcare economy. They worked in collaboration with prominent proponents of cancer care locally, nationally and internationally. They were instrumental in shaping the cancer care landscape.

However:

Surgery

- The investigation and reporting of incidents and risk was not always robust and learning was not always successful. Audits and quality assurance processes were not sufficiently probing and effective to uncover the potential risk that existed, or drive forward improvements.
- The management team had not fully implemented the Local Safety Standards for Invasive Procedures (LocSSIPs) based on the National Safety Standards for Invasive Procedures (NatSSIPs) as recommended by the National Patient Safety Agency.
- The transfer of information between disciplines was not embedded due to a lack of a cohesive local governance committee.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Chemotherapy

Good  

Key facts and figures

Chemotherapy services were provided by The Christie NHS Foundation Trust's Systemic Anti-Cancer Therapy (SACT) service at several locations. These included the main Christie site, seven outreach hospital sites, two primary care centres, a mobile chemotherapy unit and some patient homes.

Chemotherapy treatment was provided for teenagers and young adults (patients under 24) in the Palatine unit on the main site under the directorate of Haematology, Teenage and Young Adult and Endocrinology Services. The unit is open from 8:30am until 4:30pm.

The adult day case chemotherapy unit was located at the Oak Road Treatment Centre on the main site of the hospital. The waiting area was located on the ground floor and treatment could be provided to up to 50 patients at a time within the treatment area on the first floor. The centre is open from 7:45am until 10pm.

Treatment sessions for outpatients could take between 30 minutes to eight hours. If treatment lasted longer than eight hours, it was provided on an in-patient basis.

Treatment clinics were also held as outreach sites away from the main hospital site.

Each month between 5000 and 6000 chemotherapy treatments are delivered to patients.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we visited the Oak Ward Treatment Centre, the Palatine Centre, the mobile chemotherapy unit, Ward 4, Ward 11 and Ward 12. We spoke with four patients, two relatives and 39 members of staff including clinical service lead, matrons, senior sisters, staff nurses, pharmacists, pharmacy technicians, cleaners, student, administrative staff and driver. We reviewed seven patient records and 15 patient chemotherapy prescription records.

Summary of this service

Our rating of this service went down. We rated it as good because:

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. This included patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service controlled infection risk well and had suitable premises and equipment.
- Patient risk was well managed and there were systems and processes in place to safeguard patients from harm.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Patients were valued as individuals; we saw and heard examples of staff going the extra mile to meet the needs of patients and their families.
- The service was planned and provided in a way that met the needs of the local people and individuals by delivering treatment closer to home where possible.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and promoted a positive culture that supported and valued staff
- There was a clear vision and strategy with workable plans to deliver a patient focused experience.

Chemotherapy

- Managers had oversight of the chemotherapy risks and were taking steps to reduce and mitigate them.
- Computer systems and training records were not easily accessed. Temporary laptops were used on the unit as a stop gap until handheld bedside devices were available.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- We found measures had not be taken to review all treatment protocols in a timely manner. This had also been identified on our previous inspection.

Is the service safe?

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 food and drink during their treatment to improve their health and strength.
- All staff we spoke to were confident and knowledgeable in their job role.
- Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust supported and encouraged health promotion for patients and staff.
- 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.

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 food and drink during their treatment to improve their health and strength.
- All staff we spoke to were confident and knowledgeable in their job role.
- Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust supported and encouraged health promotion for patients and staff.
- 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.

Chemotherapy

Is the service caring?

Outstanding   

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

- Patients were valued as individuals; this was particularly evident in the mobile chemotherapy unit and the Palatine Unit.
- Staff continually cared for patients with kindness and compassion. Feedback from patients consistently confirmed that staff treated them well and with respect.
- Staff provided emotional support to minimise their distress during their treatment on the unit.
- Patients and those close to them were involved in the treatment and care. We saw and heard examples of staff going the extra mile to meet the needs of patients and their families.

Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of people by delivering treatment closer to home where possible.
- The service took account of patients' individual needs and people could access the service when they needed it.
- The service treated concerns and complaints seriously and investigated them.

Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There was a clear vision and strategy with workable plans to deliver a patient focused experience.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There were structures, processes and systems of accountability to support the delivery of the chemotherapy service.
- Managers had oversight of the chemotherapy risks and were taking steps to reduce and mitigate them.
- Computer systems and training records were not easily accessed. Temporary laptops were used on the unit as a stop gap until handheld bedside devices were available.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Chemotherapy

- The trust was committed to promoting training, improving services, research and innovation.

However:

- We found measures had not be taken to review all treatment protocols in a timely manner. This had also been identified on our previous inspection.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Outpatients

Outstanding

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

Key facts and figures

The trust had 389,577 first and follow up outpatient appointments from January 2017 to December 2017.

At this inspection, we visited the main outpatients department (department 42), outpatients department suites six and seven (department 35), blood tests (department 40), the Palatine day unit and outpatients department (department 30) and the cancer information centre.

During our inspection we spoke with 27 members of staff and 9 patients, carers or relatives. We reviewed ten sets of patient records.

Summary of this service

We rated this service as outstanding because:

- There were systems and processes in place to keep people safe and free from avoidable harm. Staff knew how to protect patients from abuse and worked with other agencies to do so. Infection control was well managed and clinics were well staffed.
- Nursing staff and health care assistants received appropriate training and there were processes to monitor and record staff performance. Staff of all grades worked together to provide appropriate care and treatment for patients.
- The department used appropriate national guidance and patient outcomes were monitored to improve performance and services. Staff were aware of their responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff were caring and compassionate and patients and their carers were involved in decisions about their care. Care was holistic and took into account the needs of the carer as well as the patient. Patients were confident about the care that they received and they trusted the staff.
- The service met the needs of local people and took account of the individual needs of patients. There were multi-disciplinary systems in place to support children and young people who were living with a parent with cancer or who had cancer themselves. Complaints were few and were addressed locally if possible.
- The service had a vision and strategy and the new outpatient department had been developed using feedback from staff and patients. There were effective governance systems in place and risk was monitored and managed. There was a positive culture in all the departments we visited and staff said that they enjoyed working at the hospital. Volunteers were well managed and provided an enhancement to the patient experience.

Is the service safe?

Good

We rated safe as good because:

Outpatients

- 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. We saw good examples of safeguarding throughout the inspection
- The service controlled infection risk well. Processes were in place to safeguard staff and patients from the risk of infection. All areas of the outpatient department (OPD) we saw were visibly clean and tidy.
- The service had suitable premises and equipment and looked after them well. All the clinical rooms had the equipment necessary for the examination of patients. Resuscitation trolleys had been appropriately checked and these had been documented. Trolleys in the clinical rooms were well stocked and tidy.
- Patient risk was well managed and there were systems and processes in place to safeguard patients from avoidable harm. Staff were aware of the risks to patients and these were recorded on the risk register.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. There were paper records and electronic records.
- The service managed patient safety incidents well. There was an electronic system for the reporting of incidents in the department and staff were aware of how to use it. There were few incidents in the department and these were all low harm or no harm.

Is the service effective?

- We do not rate the effective domain the outpatient department. The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an approved trust policy for the management of national guidance and a trust database was maintained to record progress of implementation.
- There were systems in place to monitor patient's outcomes and the trust was involved in a national commissioning for quality and innovation (CQUIN).
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- There was evidence of multi-disciplinary working across the out-patients' department including social workers in complex discharge planning.
- 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.

Is the service caring?

Outstanding 

We rated caring as outstanding because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness and that they were treated with privacy and dignity. We saw that staff went the extra mile for patients.

Outpatients

- Staff provided emotional support to patients to minimise their distress. There was support for people who were receiving bad news in the clinics and around the hospital. Staff were trained in advanced communication skills to facilitate this.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw that relatives and carers were involved in the discussions about treatment of their loved ones. The care was holistic and took into account the needs of the carers as well as the patient. This improved the chances of patients completing their treatment.
- Patients told us that they trusted the staff at the hospital and were confident about their care and treatment, they did not always feel this at other hospitals and some patients had bad experiences.

Is the service responsive?

Outstanding 

We rated responsive as outstanding because:

- The trust planned and provided services in a way that met the needs of people. The environment was planned to support patients who sometimes experience a long stay in the department. There were services available that provided multi-disciplinary supportive care for the prevention and management of the adverse effects of cancer and its treatment with a focus on preventing escalation of symptoms and problems. The clinic was a partnership between supportive care and acute oncology with on the day access for urgent joint review.
- There were appropriate waiting areas for children and young people who came to the hospital for treatment.
- There were volunteers available to help patients during their visit to the outpatient department (OPD). There was an artist in residence who worked with patients and carers.
- The service took account of patients' individual needs. Staff told us that there was a traffic light alert system on the booking system for flagging patients attending the clinic with any type of cognitive impairment. These patients were prioritised for treatment and if necessary were given a quiet room to wait in. They were also prioritised for transport.
- There was individual care planning for people with a learning disability or a diagnosis of dementia attending the OPD.
- There was strong support for children and young people who had lost a parent or whose parent was at the end of life. The hospital worked with charities, schools and with the local authority to provide support and wrap around care for children and young people.
- Information for patients was available in different formats and there were interpretation services available.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Outstanding 

We rated well led as outstanding because:

Outpatients

- The trust had strong managers at operational and strategic levels with the right skills and abilities to run a service providing high-quality sustainable care. We saw that senior staff had come from a range of backgrounds and experience before starting work at the Christie. Other staff had begun work at the Christie and developed as leaders during their working lives. Staff told us that operational management had significantly improved since the appointment of the manager in the OPD.
- The trust had a vision 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. Staff said that they had been involved in the planning, design and decoration of the new department and that their views had been taken into account. Staff in the OPD were very excited about the new OPD which was due to open in October 2018.
- Managers across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The health care assistants had been involved in the recruitment process for the department manager. Staff told us that they would not work anywhere else and that they were proud to work for the trust.
- The trust used 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 would flourish.
- The OPD were aware of the risks in the department and they managed these risks well. Ward and departmental managers were responsible for managing, reviewing and updating risks using risk registers for clinical and non-clinical areas. Departmental managers were expected to address risks as they arose and wherever possible put into place action plans to address the identified risks. We saw that these were in place.
- The trust had engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There had been extensive patient engagement around the trust board realising that the OPD needed to change and a patient had worked with senior managers to drive the vision for the new OPD. This patient engagement and involvement was ongoing. There were about 200 volunteers at the trust, these were well managed and there was engagement of the executive team in the support of the volunteers and the celebration of their contribution to the trust.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

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

Our inspection team

Nicholas Smith, Head of Hospital Inspection, led the inspection.

The team included four inspectors, an inspection manager and seven specialist advisers. Specialist advisers are experts in their field who we do not directly employ.