

# The Christie Private Care Clinic

## Quality Report

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

### Overall summary

HCA Healthcare UK operates six private hospitals across the country, including The Christie Private Care (the clinic) and a number of diagnostic centres. HCA Healthcare UK entered into a joint venture with a partner NHS trust in 2009 which led to the formation of the clinic. The clinic specialises in the diagnosis, management and treatment of all cancers including haematological. The clinic is based within the partner NHS trust. The first floor

contains a dedicated outpatient suite and day care unit; the second floor contains an oncology ward; and the third floor contains an oncology ward and the haematology transplant unit. There are a total of 34 inpatient beds (single rooms). The clinic provides care and treatment for patients with oncological and haematological disease pre and post-surgical intervention, chemotherapy, radiotherapy, transplant,

# Summary of findings

immunotherapy and care in the last days of life. It also provides outpatient and diagnostic imaging. Surgical intervention is provided by the partner NHS trust, as is critical care.

We inspected all aspects of the clinic's service provision using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 and 14 March 2018 along with an unannounced visit to the clinic on 26 March 2018.

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 services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by the clinic was medical care. Where our findings on medical care – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the medical care core service.

We rated the clinic outstanding overall; both medical care, and outpatients and diagnostics, were rated as outstanding.

We rated this service as outstanding overall because:

- We saw excellent leadership from managers, and all staff were passionate about providing high quality care for their patients.
- There were comprehensive systems to keep people safe, including excellent processes to protect victims of domestic abuse. It also used innovative practices, such as a safeguarding app, to provide support to staff.
- The clinic had ongoing, consistent progress towards safety goals, reflected in a zero-harm culture.
- The service not only met relevant standards in medicines' management, but looked to continually improve processes. Action plans were always

implemented promptly (for example, following an internal governance report in 2017) and these were demonstrated to have had a measurable effect on patient safety.

- We witnessed numerous examples of exceptional care being provided for patients, for example, by the clinical nurse specialist team.
- Staff were proud to work for the organisation and spoke highly of the culture; there were high levels of staff satisfaction. The open and honest culture within the service was exceptional. Staff felt valued.
- Patients, relatives and carers were continually positive about the way staff treated them. People thought that staff went the extra mile, and the care exceeded people's expectations. The clinic had 100% satisfaction scores across all areas in medical care.
- There was strong multidisciplinary working. Staff teams and services were committed to working collaboratively to deliver more joined-up care for people using the services. All staffing divisions (including non-clinical) attended team huddles which helped contribute to continuity of care. Staff felt supported by their colleagues.
- The clinic provided a tailored service to each patient, including practical, spiritual and emotional support which were seen as being as important as their physical needs. The radiotherapy team met with patients, and carers, to show them the department and ensure any individual needs were met. Throughout the clinic, patients requiring it were given food packages when being discharged. Complementary therapies were also provided for patients.
- The clinic's exceptional and distinctive service valued people's emotional needs. There was exceptional psychological support provided for patients, including a support group (a well-being space) for patients that was free and seen as part of their ongoing care.

# Summary of findings

- Patients could access services and appointments at a time that suited them. Appointment waiting times were consistently low, and the clinic could quickly adapt to the needs of individual patients to provide care in a way that suited them.
- The leadership, governance and culture was used to drive and improve high-quality patient-centred care. The clinic could provide excellent examples of how learning had driven improvements in service, for example, the well-being space.
- There was a proactive approach to anticipating and managing risk to the people who used the services. The clinic had high staffing levels and patients did not wait long to be seen by doctors or nurses. All relevant staff had up to date training.

## **Ellen Armistead**

Deputy Chief Inspector of Hospitals (North Region)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Medical care

### Rating Summary of each main service

Outstanding



We rated this service as outstanding. Medical care was the main activity of the hospital. Where our findings on medical care also apply to other services, we do not repeat the information but cross-refer to the medical care section. We found that medical care was outstanding for the key questions of safe, caring, responsive, and well-led. We rated effective as good. The clinic had comprehensive systems to keep people safe. There was an ongoing progress towards safety goals, and a zero-harm culture. Staff managed medicines effectively, including controlled drugs, and the clinic routinely monitored compliance. Records were well maintained and it was easy to track patients' care and treatment. Staffing levels were high and staff had the right skills to care for patients. The clinic provided care in accordance with evidence-based guidance. It proactively pursued opportunities to participate in benchmarking and peer review; it was performing at a high level. The clinic also participated in approved accreditation schemes. There was excellent multi-disciplinary working to ensure patients received the best care, with a holistic approach to discharge planning from the earliest possible stage. New staff had a comprehensive induction, and the clinic proactively supported and encouraged staff to acquire new skills. Staff provided kind and compassionate care. People were continually positive about the way staff treated them and considered they went the extra mile to exceed peoples' expectation. Wards had a level of serenity; staff attended to patients, making them feel they were their only priority. . The clinic recognised people's individual needs which was reflected in the care provided, including access to specialist support and counselling. People's individual needs were central to how the clinic planned care. There were innovative approaches to providing holistic patient-centred care, including a wellbeing room to meet patients' psychological needs. The clinic had a proactive approach to understanding the needs of different patient groups with systems in

# Summary of findings

place to meet the needs of patients with protected characteristics. It took account of patients' religious beliefs and communication abilities. The clinic benchmarked its performance against national cancer waiting time targets and used the results to improve services. Complaint investigations were comprehensive and the clinic could demonstrate where improvements to services had been made. There was compassionate, inspiring and effective leadership at all levels, with a deeply embedded system of leadership development and succession planning. Staff were proud to work for the organisation and spoke highly of the culture. The clinic worked well with other organisations to improve care outcomes, and the clinic looked to consistently improve. Staff were empowered to develop new ways of working and innovation was celebrated. The clinic encouraged staff to take part in staff and patient engagement meetings in order that the clinic could act on feedback.

## Outpatients and diagnostic imaging

Outstanding



We rated this service as outstanding. We found outpatients and diagnostic imaging was good for the key questions of safe, and outstanding for the key questions of caring, responsive and well-led. We did not rate effective as we do not currently collate sufficient evidence.

There were comprehensive systems to keep services safe. Staff were compliant with mandatory training, including safeguarding. The clinic had a sustained track record of safety. The areas we inspected were visibly clean and tidy with effective infection control measures in place. The service encouraged innovation to improve safety, and proactively managed risk.

The clinic used a holistic approach to assessing patient's care and treatment and ensured that patients were central to how care was delivered, and staff supported patients to live healthier lives via health promotion. The clinic ensured the continuing development of staff's skills, competence and knowledge with comprehensive training and supervision. Staff worked collaboratively to deliver joined-up care for patients, and had access to a specialist cancer trust.

Patient feedback about the care they received was continually positive. Staff demonstrated a strong

# Summary of findings

patient-centred culture, and respected patients' dignity and privacy. Staff recognised the emotional and psychological needs of patients, and ensured relatives and carers were active partners in patient care.

The clinic ensured that care was centred on the individual patient and tailored to meet their needs. Patients told us they felt involved with treatment decisions, and care was provided in a consistently timely fashion and in a way that suited them. There were a range of specialist services to support patients including dietetics and physiotherapy, and a number of nurse led clinics. The service ensured that complaints were investigated comprehensively and shared learning with other services (including the partner NHS trust) where appropriate.

The leadership were approachable, effective and had high levels of experience. Staff were positive about working for the clinic and there were high levels of staff satisfaction. The leadership encouraged staff to develop both personally and professionally. Via monthly team meetings, the service ensured that staff had the wider organisational knowledge to do their jobs. There was strong team-working and staff engagement throughout the organisation that aimed to improve the quality of care and patient expectations. There were high levels of patient engagement that allowed the development of innovative services, especially in the provision of psychological support to patients.

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# Summary of findings

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Outstanding



# The Christie Private Care Clinic

## Services we looked at

Medical care; Outpatients and diagnostic imaging



# Summary of this inspection

## Background to The Christie Private Care Clinic

The Christie Private Care (the clinic) is owned and operated by HCA Healthcare UK. The service opened in 2010. It is a private hospital in Manchester, England. The clinic serves the communities in the local area but also accepts patient referrals from across the country and

overseas. The clinic has had a registered manager in post since 2011. At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in October 2017.

## Our inspection team

The team that inspected the service comprised a CQC manager, five CQC inspectors, and two specialist advisors with expertise in nursing and pharmacy. The team also included an expert by experience (someone who has developed expertise in relation to health services by

using them or through contact with those using them – for example as a carer). The inspection team was overseen by Nicholas Smith, Head of Hospital Inspections.

## Information about The Christie Private Care Clinic

The clinic is a dedicated cancer centre for private patients developed via a joint venture with a partner NHS trust. The clinic is based within the NHS partner trust's premises. It is registered to provide the following regulated activities:

- Diagnostic and screening procedures;
- Surgical procedures; and
- Treatment and disease, disorder or injury.

During the inspection, we visited two wards, the haematology and transplant unit, and the outpatients and radiotherapy departments. We spoke with 101 staff (comprising of individual discussions as well as focus groups) including; registered nurses, health care assistants, non-clinical staff, medical staff, operating department practitioners, and senior managers. We spoke with 25 patients. We reviewed 12 sets of patient records and five consultant competency files.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The clinic's most recent inspection was in August 2013; we found that the clinic was meeting all standards of quality and safety it was inspected against.

Activity during the reporting period December 2016 to November 2017:

- There were 1,073 inpatient cases (90% of which were non-NHS funded), and 1187 day case episodes of care recorded at the clinic.
- 10% of all NHS-funded patients and 52% of all other funded patients stayed overnight at the hospital during the same reporting period.
- There were 9,634 outpatient total attendances. All but a small minority of these were non-NHS funded.

144 doctors worked at the hospital under practising privileges. There were seven regular resident medical officers (RMO) providing covers 24 hours a day, seven days a week. There were 34.6 full time equivalent registered nurses and two health care assistants. There were 58.1 full time equivalent other hospital staff. The clinic also used its own bank staff. The regional chief nursing officer was the accountable officer for controlled drugs.

### **Track record on safety during the reporting period December 2016 to November 2017:**

- Zero never events

# Summary of this inspection

- Clinical incidents: 218 no harm, 74 low harm, one moderate harm, zero severe harm, zero death
- Two serious incidents
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- One incidence of hospital acquired Clostridium difficile (C.difficile)
- Three incidences of hospital acquired E-Coli
- Four complaints

## **Services accredited by a national body:**

- Haematology and Transplant Unit – JACIE accreditation (an international standards and accreditation body focussed on bone marrow transplantation units).

- Comparative Health Knowledge Systems accreditation – a provider of healthcare intelligence and quality improvements services.

## **Services provided at the hospital under service level agreement:**

- Critical care
- Information Technology
- Occupational Therapy
- Complementary Therapies
- Speech and Language Therapy
- Soft facilities management
- Hard facilities management
- Safeguarding children
- Infection control
- Medical records
- Palliative care
- Echocardiogram

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as outstanding because:

- There was a genuinely open culture in which all safety concerns raised by staff and people who used the service were highly valued as being integral to learning and development. Staff knew how to report incidents and these were shared at weekly meetings. There were clear examples of how incidents had led to learning and improvements in care.
- All areas we inspected were maintained to a high standard.
- We found exceptional practice in the management of medicines, including the storage of controlled drugs. Staff compliance with the medicines' management policy was routinely monitored. The electronic system for prescribing helped to speed up prescription requests and avoided the risk of mislaid or illegible prescriptions, or delays in treatment
- There were comprehensive systems to keep people safe which took account of best practice. Staff had completed their mandatory training, appraisals were up to date, and competencies reviewed regularly. The clinic had effective infection control procedures in place and staff complied with these.
- The clinic had a proactive approach to anticipating and managing risk. It ensured that all services had sufficient nursing and medical staff to ensure patient safety, and nursing staff had access to a resident medical officer, 24 hours a day over seven days.
- Staff could easily track patient care and treatment. Records were completed appropriately and stored securely.
- The clinic had access to the partner NHS provider's hotline service – a 24 hour telephone helpline available to patients and carers for advice about management of side effects and complications.

Outstanding



### Are services effective?

We rated effective as good because:

- There was a holistic approach to assessing, planning and delivering care, including assessing pain relief needs, and this was in line with evidence-based guidance. The service regularly updated policies and procedures in line with new guidance. It also safely used innovative and pioneering approaches to care, including chemosaturation for liver cancer.

Good



# Summary of this inspection

- We found continuing development of staff's skills, competence and knowledge; the clinic recognised this as being integral to ensuring high quality care. Staff proactively supported and encouraged acquiring new and transferable skills and share best practice.
- There was a comprehensive training programme for newly qualified nurses, and appropriate clinical supervision and appraisals systems.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined up care to patients who used the service.
- Practices around consent and records were monitored and reviewed consistently to improve how patients were involved in making decisions about their care and treatment.

## Are services caring?

We rated caring as outstanding because:

- We observed patients were truly respected and valued as individuals. Staff recognised and respected the needs of their patients. They took patient's personal, cultural social and religious needs into account and found innovative ways to meet them.
- Staff empowered patients who used the service by listening to their opinions and thoughts about their treatment plan. Staff took into consideration, the patient's individual preferences when delivering care.
- Feedback from patients who used the service was continually positive about the way staff treated them. Patients thought that staff went the extra mile to support them and their expectations. Patient surveys demonstrated that 100% of patients recommended the service.
- Patients and those close to them were actively involved in their care and treatment. Care was tailored to meet their needs following discussions with clinicians.
- The clinic provided free psychological support, including a well-being space, for patients and their relatives to help come to terms with the development of their illness, including end of life.
- All staff treated patients with dignity, respect and kindness, and there were numerous examples of staff going the extra mile.

Outstanding



## Are services responsive?

We rated responsive as outstanding because:

Outstanding



# Summary of this inspection

- Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care.
- The clinic used a proactive approach to understand the needs and preferences of different groups of patients. Following comments from patients, the clinic established a range of services to meet the needs of patients. These included clinics in erectile dysfunction, continence and a sexual wellbeing clinic for patients who had had treatment for gynaecological cancers. There was a multi-faith room available for those patients that required it.
- The clinic strived for excellence within the HCA group. It used cancer waiting times targets (although not necessary for an independent organisation) to benchmark itself against national targets.
- The service had systems in place that helped to meet the needs of patients with dementia and learning disabilities, and those who did not speak English. Patients could access services and appointments in a way and at a time that suited them. For example, the echocardiogram service regularly saw patients within a few days, and could do so at a patient bedside if this suited them. Patients were attended to immediately on arrival and then accompanied to the ward where they met the nurses who would care for them.
- People who use the services are involved in regular reviews, and the clinic could demonstrate where improvements had been made as a consequence of these. The clinic investigated complaints comprehensively used learning to develop its service.
- There were innovative approaches to providing patient-centred care. Dietitians worked collaboratively with specialist nutrition nurses and a local trust in the setting up a prompt discharge of patients on home parenteral nutrition. This prevented patients being exposed to unnecessary distress as a result of patient transfers and lengthy inpatient stays.
- The clinic provided an echocardiogram service (ECHO) for its own patients but mainly for NHS patients who attended the specialist NHS trust. The service could see patients in two to three days and saved them attending for ECHO in their own trusts which sometimes had waiting lists of several months.

## Are services well-led?

We rated well-led as outstanding because:

Outstanding
















# Summary of this inspection

- There was compassionate and effective leadership with high levels of experience at all levels, with a desire to deliver excellent and sustainable care, and the desired culture.
- The visions and values of the clinic were well embedded across the service and staff were focused on achieving these.
- Staff were proud to work for the organisation and there was a high level of staff satisfaction.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation ensured that staff at all levels had the skills and knowledge to use those systems. Actions to address risks and improve services were monitored through audit processes and reported to leadership and governance committees. Risks and learning were effectively disseminated to frontline staff.
- There were consistently high levels of constructive engagement with staff and patients who used the service. Challenge from patients and staff was used to hold the clinic to account. There were clear examples of how staff and patients had driven improvements in services.
- There was safe innovation and examples of the clinic seeking out new ways of providing high quality, sustainable care.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	 <b>Outstanding</b>	Good	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>
Outpatients and diagnostic imaging	Good	N/A	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>
<b>Overall</b>	 <b>Outstanding</b>	Good	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>	 <b>Outstanding</b>

# Medical care

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

## Are medical care services safe?

Outstanding 

We rated safe as **outstanding**.

- There was a positive incident reporting culture across all areas we inspected. Staff owned incidents and saw them as opportunities to learn from. Incidents were reported appropriately and staff were familiar with what types of incidents they should report. Lessons learnt from incidents were shared with staff at weekly team meetings.
- All areas that we inspected were cleaned to a high standard. Equipment was well maintained and the medical division held service level agreements to maintain equipment across all areas.
- We found exceptional practices to the management of medicines, including storage of controlled drugs (CD). Cytotoxic drugs were handled and disposed of appropriately. All CD registers were completed correctly.
- We were able to follow and track patient care and treatment easily, records were completed appropriately, both electronically and paper based. Records were kept securely.
- Data provided by the clinic showed staff had completed mandatory training.
- All areas had sufficient nursing and medical staff to ensure patient safety. Nursing staff and patients had access to a Registered Medical Officer (RMO) 24 hours a day over seven days. The matron reviewed staffing levels and bed occupancy across the wards twice daily.

### Incidents

- Staff owned incidents and saw them as opportunities to learn from. Staff worked through incidents collectively to ensure care was delivered in the safest way. Lessons learned and areas for improvement were identified and addressed through Plan Do Study Act (PDSA) cycles.
- All staff reported incidents using an electronic reporting system, they were knowledgeable about what types of incident they needed to report and could demonstrate how these would be recorded and escalated.
- There had been two serious incidents (SI) across the wards requiring investigation between the data period October 2016 to November 2017. The most recent serious incident involved extensive intra-abdominal bleeding from the biopsy site. The clinic followed internal processes; they notified all external governing bodies. All serious incidents were subject to an investigation using a root cause analysis approach.
- There were 293 clinical incidents reported between December 2016 and November 2017 of which 218 were reported as no harm and 74 were reported as low harm. Medicine management problems were the highest number of incidents reported. Pharmacy and senior leaders had undertaken a vast amount of work to identify why medication errors occurred.
- Lessons learned from incidents were clearly displayed on staff notice boards and discussed at weekly team staff meetings. Staff we spoke with were aware of recent incidents and were aware of the work behind the incident to improve practice.
- Staff across all medical areas were familiar with the term ‘Duty of Candour’ (the regulation introduced for all NHS bodies in November 2014, meaning they should act in an open and transparent way in relation to care and





## Medical care

treatment provided) and patients and relatives had been informed of incidents which had involved them. Staff gave examples of when Duty of Candour was exercised and the process they followed.

- The hospital reported no never events in the reporting period of December 2016 – November 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Incidents involving exposure of radiation given to a patient where the exposure is much greater than intended are reportable to the Care Quality Commission under the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The clinic had no reportable incidents for the reporting period for the inspection period (December 2016 to November 2017)
- The radiotherapy service had reported 10 incidents in the period between December 2016 and November 2017. We reviewed incidents for the three months before the inspection. There were six incidents which were rated as no harm or low harm. Staff told us that there was an open reporting policy and the trust and the clinic shared learning from any radiotherapy incidents. The radiotherapists attended coherence meetings at the trust and looked at incidents and learning.
- There was an action log for all incidents with a responsible person to address the incident and a deadline for action.
- Any incident in the radiotherapy department was entered into the electronic incident reporting system and then printed off and put into a folder so that all staff could read it. Staff said that they discussed incidents and outcomes at departmental meetings.
- The manager of the service had reviewed all the incidents of the last year to look at any trends and any learning for the department.
- The organisation used a quality management system which helped the service to review incidents locally and across the organisation.

### **Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)**

- Wards displayed information based on the NHS Safety Thermometer. The NHS Safety Thermometer allows staff

to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urinary tract infections (in patients with a catheter) and venous thromboembolism (VTE). Information was used to inform staff, during weekly ward meetings and shift handovers, of any identified shortfalls in harm free care and changes to practices as a result.

- Information about harm free care was displayed on boards at the entry to all wards of the departments. For example the board displayed the number of falls, number of patients with a pressure ulcer, infection rates and patient survey results. We saw evidence of effective compliance with patient safety. For example, the last reported patient fall on the haematology treatment unit was 115 days prior to the inspection.

### **Cleanliness, infection control and hygiene**

- The hospital's infection prevention and control (IPC) policy was available to staff. Staff adhered to and were familiar with current infection prevention and control guidelines.
- The clinic's infection control link nurse worked with the partner NHS hospital's IPC team; this meant the clinic had access to training, shared learning and policies.
- All staff received mandatory IPC training; at the time of the inspection 100% of staff had attended the training.
- Regular hand hygiene audits were completed; data showed all areas were 100% compliant.
- An environmental infection control audit was completed in July 2017; data showed the clinic was 96% compliant.
- Wards and clinical areas we inspected were visibly clean and tidy. All equipment was clean and ready for use, for example, 'I am clean' stickers were placed on equipment displaying date of cleaning.
- There were appropriate systems in place for the storage and disposal of clinical waste, including sharps and cytotoxic waste. Waste was labelled and dated.
- Hand gel dispensers were found at each ward entry and around the ward. Staff followed hand hygiene and bear below the elbow protocols when attending to patients.
- Patients who had infections were barrier nursed; signage was placed on the patient's door to inform staff and visitors. Staff used appropriate protective clothing when caring for patients to prevent the risk of infection.



## Medical care

- Minutes from corporate IPC committee meetings between July 2017 and November 2017 were reviewed. Attendees discussed a range of areas including sepsis, flu vaccination programme, water report and new guidance.
- Staff checked legionella levels each night; we saw levels were checked every night between 5 February 2018 and 4 March 2018. The department had begun to record the checks electronically using an online system.
- All areas across the medical division were 365 days free from MRSA and Clostridium difficile (C-difficile).
- Within the radiotherapy department we saw that an audit had been completed in November 2017. The audit included assessment of the general environment, clean and dirty utilities and cleanliness of clinical equipment and it also included hand washing audits. The overall score for the department was at 97% compliance. There were some issues identified with the flooring in the department, but the clinic was dependent on the hospital trust for the replacement of the flooring. There was 100% compliance with the handwashing audit.
- Rooms in the department were visibly clean and tidy. We observed that staff used personal protective equipment when appropriate. There were handwashing sinks and gel available in the department.
- The radiotherapy department had access to the resuscitation trolley in the radiotherapy department of the partner NHS trust. The trolley was situated near the door of the radiotherapy suite so that staff had easy access to the trolley. The NHS partner organisation conducted daily checks on the trolleys and the department audited this every week and escalated any issues to the NHS partner organisation.
- There was a corporate radiation safety policy that was in date and had a review date.
- There was a local rules policy for the clinic; local rules are drawn up in accordance with Regulation 17 of the Ionising Radiations Regulations, 1999. They cover all radiotherapy equipment and/or work practice in the location indicated. They apply to all persons who could be exposed to ionising radiations in this location from such practices. Every member of staff to whom these rules apply must read them and sign a statement to confirm that they have read them and that they have understood the requirements.
- We saw that there were signature logs for the local rules which were maintained by the radiation protection supervisor. They were stored electronically in the radiotherapy shared drive and the trust intranet.
- The rules outlined the responsibilities of the radiation protection advisor and the radiation protection supervisors.
- The clinic had a service level agreement with the NHS partner organisation for medical physics support for radiotherapy services. There were daily quality assurance checks such as imaging accuracy and radiation output which were recorded onto the computer system for medical physics to review any trends or issues.
- The linear accelerator was serviced as part of the NHS partner organisation contract.

### Environment and equipment

- All areas we visited were well maintained, with controlled access.
- Staff told us they had access to all the equipment they needed to do their jobs and repairs were completed in a timely way. There were service level agreements in place for the maintenance of equipment.
- Records of emergency resuscitation equipment in all areas indicated that it had been checked daily. Emergency resuscitation equipment was tagged with tamper proof tags which meant that items could not be removed without them being broke.
- There were robust systems in place to maintain and service equipment. Electrical equipment testing had been carried out regularly and electrical safety certificates were in date.
- Daily checks between 6 March and 12 March 2018 had been completed on the blood glucose box; this was checked to confirm the contents of it were working.
- The linear accelerator was located on the ground floor of the trust adjacent to the NHS trust linear accelerators.

### Medicines

- We found exceptional management of medicines; the department had worked to complete all actions from their internal governance 2017 report. Through learning from medicine errors the department reviewed their processes to make them more robust. The pharmacy and medical division continuously looked to improve processes through governance reports and the roll out



## Medical care

of new Controlled Drugs registers. For example, improvements made to documentation and error management reduced the numbers of errors by 60% in quarter three (February 2018).

- Controlled drug registers were modified to capture and reflect errors and correct recordings. Each ward and the Haematology and Transplant Unit (HTU) held different registers for liquids, patient medications other medications; this was to reduce errors. All registers were reviewed and correctly completed. Where errors were made in the CD register, staff wrote an explanation to why the error occurred in the dedicated column and then signed by staff.
- The pharmacy team consisted of six pharmacists, five technicians and one assistant.
- Medicines, including controlled drugs, were stored securely across all areas we inspected and access was limited to qualified staff employed by the clinic. The keys for the controlled drugs were kept separately for increased security.
- Controlled drugs were checked twice per day at shift change over and a register was kept and fully completed. At the time of inspection all controlled drugs checked were in date and accurately recorded in all areas.
- Fridge temperatures across all areas were checked and were recorded on a daily basis. We found no errors in the information reviewed. Fridges were locked to increase security. There was a clear process that staff followed if the fridge temperature was not in the specified range.
- All temperature ranges of the medication fridges were clearly documented. All staff spoken to, including ward managers, were aware of how to record medications in line with the recommended temperatures.
- Cytotoxic drugs were not stored on the ward; drugs were requested and dispensed by pharmacy on the day the drugs were required. A specific chemotherapy fridge situated on ward three was used to hold cytotoxic drugs temporarily.
- Staff used an electronic chemotherapy prescribing system; we reviewed this system at the time of inspection. It held all details of the medication given to patients; staff could only update the system when logged in via a secure log in.
- The system had in built safety features to prevent staff that did not have the right levels of competencies to prescribe chemotherapy drugs. Staff were only able to prescribe medicines that had been approved by governance committee.
- There were robust systems in place to check chemotherapy drugs before they were administered. For example, chemotherapy drugs were only released by pharmacy; this was to ensure extra safety checks were made. Upon prescribing the chemotherapy, patient bloods were checked to ensure bloods were within the right parameters of accepting the chemotherapy and nurses checked the drugs before they commenced treatment.
- The pharmacist reviewed patients every day; medicines were adjusted according to the daily medical review.
- At the time of inspection, the contents of the extravasation kit was reviewed by the deputy pharmacy manager and all items were available. An extravasation kit contains a number of items that could be used to treat immediate leakages of a chemotherapy drug from the vein into the surrounding tissues during intravenous administration.
- Risk assessments were carried out and documented, for example we reviewed Control of Substances Hazardous to Health Regulations COSHH assessments and medicine risk assessments for a certain medications.
- Discharge letters contained information regarding the patient's medication, allergens and medical review carried out by the consultant. All letters reviewed had no omissions.
- The pharmacy department met monthly to discuss incidents, learning and operational concerns; they convened every Wednesday for a pharmacy huddle to look at staffing, support, supply issues and resources.

### Records

- We reviewed seven sets of patient records which were completed to a consistent standard. The hospital predominantly used paper-based nursing records.
- Each record contained a care plan that was completed electronically and printed and filed within the bedside record. Risk assessments such as risk of venous thromboembolism, pressure ulcer and falls were completed and updated appropriately.
- The electronic prescribing system held an electronic patient record of what chemotherapy drug regime



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patients received. We found that records included a range of risk assessments that were completed on admission and were updated throughout a patient's stay.

- Medical records were stored securely. Records we looked at summarised medical reviews, clerking summaries and consultant documentation.
- Records for radiotherapy were electronic and recorded on a bespoke system.
- The clinic audited radiotherapy records as two radiographers needed to sign the treatment records. This was at 97% in May 2017, 100% in August 2017 and 94% in November 2017. Audit results were fed back to staff for information and action.

### Safeguarding

- We found systems in place to safeguard patients; staff were aware of how to deal with safeguarding concerns and gave examples where they had followed the clinic's safeguarding policy. The safeguarding lead was trained to level four and was available to staff as an escalation point or for advice.
- Staff were aware of how to identify and deal with patients' who disclosed they were a victim of domestic violence; they had access to fact sheets to guide them on how to deal with situations. A barcode sticker containing the number of the national domestic violence helpline was used to avoid risk of the perpetrator becoming aware that the victim had sought support.
- To ensure there was always safeguarding cover, the medical division had employed a rota, and managers were rotated every eight weeks.
- A safeguarding app was available for staff to log into; this was on all desktops and contained information on topics such as what is abuse, how to report a safeguarding concern and consent.
- Staff carried reference guides in credit card format. Staff we spoke with had a good understanding of the procedures to follow in the event of safeguarding concerns.
- All staff across the medical service were trained to safeguarding adults' level one and two.

- All radiotherapy staff had all completed mandatory safeguarding training levels one and two for children and young people and appropriate staff had completed the level three training. All staff had completed level one and two safeguarding training for adults at risk.

### Mandatory training

- Staff received training in basic life support, equality and diversity, ethics and code of conduct, fire safety, health and safety, infection control, information governance safeguarding adult's level one and two, safeguarding children level one and two.
- Mandatory training for RMO's was monitored annually by the clinical service manager, Resident doctors informed us they were given time to complete mandatory training.
- RMO's had completed 100% of their mandatory training in 9 out of 11 areas, 85% of RMO's had completed mandated training in ethics and code of conduct.
- Staff reported that they were supported to complete their mandatory training and felt they had enough time to complete it.
- Records showed the training completion rate among staff across the medical services ranged between 92% to 100% completion.
- The pharmacy department had a 100% completion rate in all areas.
- All staff in the radiotherapy department had completed their mandatory training.

### Assessing and responding to patient risk

- There were reliable systems, processes and practices in place to keep patients safe.
- A Modified Early Warning Score (MEWS) system was embedded into clinical practice. Nursing staff described the use of the MEWS score, which was used to monitor a patient's condition following their surgery. Patients were scheduled for surgery in the NHS trust and then sent back to the clinic for post-operative nursing care. Staff monitored the score to identify concerns and prevent delays in starting medical intervention or transfer to critical care unit. Medical staff were always called if nurses felt the MEWS warranted medical attention. We saw the MEWS score in use in the patient records we reviewed.



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- Sepsis screening and management pathways were displayed in all areas we visited, from notes we reviewed and discussions had with staff it was evident that patients' sepsis risk were effectively assessed in line with national sepsis guidelines.
- There was critical care support from the neighbouring NHS trust and relevant service level agreement's (SLA's) were in place to support the clinic. This team provided 24 hour, emergency cover for patients whose condition was deteriorating.
- All patients underwent a risk assessment for falls, pressure ulcers, nutritional needs and venous thromboembolism (VTE). All of the risk assessments we reviewed were clear, legible and up to date. Each patient's individual risk assessments were completed and reviewed regularly, updates were dated by the clinical team and any actions were completed immediately. For example, a patient came into the clinic with E.coli, blood samples were sent on arrival and antibiotics were commenced immediately.
- Clinic data showed the proportion (%) of adults admitted as inpatients who have been risk assessed for VTE between October 2016 and September 2017 was 97%.
- Additionally, handovers discussed patient risks such as falls, allergies and IV status. Nursing staff discussed actions and outcomes of such assessments and risks.
- Patients with allergies were given a different coloured wrist band, so that they can be identified by staff as having an allergy. Information about patient allergies were available in kitchens so that catering staff were aware.
- Staff could observe patients in the waiting area of the radiotherapy department through close circuit television and identify any patients who seemed unwell.
- During radiotherapy treatment patients were observed through close circuit television and staff could speak with them; this was reassuring for patients and staff could identify and respond to any clinical emergencies.
- The clinic used the NHS partner organisation for any urgent treatment needed for metastatic spinal cord compressions. This is a condition experienced by a small number of patients where cancer has spread to the bones, is at high risk of spreading to the bones, or where the cancer has started in the spine. Treatment needs to be commenced within 24 hours of diagnosis to try to reduce damage to the spine and give better outcomes for patients.
- The clinic used the three point patient identification check for patients undergoing radiotherapy treatment as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)(2000). Patient records also included a photograph of the patient.
- There were checks to see if patients were pregnant or if there was a possibility that they could be pregnant. This was audited and was 91% in April 2017, 82% in September 2017 and 100% in November 2017. There were signs on the walls of the department to tell patients to let staff know if they thought that they may be pregnant.
- Patients were graded into categories dependent on their treatment needs. Category one patients needed treatment daily with the exception of weekends, category two patients were patients who could possibly miss a day's treatment and have an additional treatment slotted in following agreement with their consultant and category three patients who were palliative patients. Radiotherapy treatments for these patients were often shorter and were used to relieve symptoms.
- There were keypads that allowed staff into treatment areas and there was appropriate signage indicating when a linear accelerator was in use.
- In the event of a medical emergency staff telephoned the trust resuscitation team. The number was displayed on the radiotherapy desk.
- Data for October 2016 to September 2017 showed there had been no unplanned transfers of patients to other hospitals.

### Nursing staffing

- Staffing levels and skill mix were planned and reviewed so that patients received safe care and treatment at all times. It was evident from focus group discussions, that staff felt their workload was equally shared and they were able to provide care to their patients.
- There were approximately 34.6 whole time equivalent (WTE) nurses and approximately two WTE healthcare assistants across the medical wards. There was one WTE nursing vacancy at the time of inspection.
- The service also had a team of Macmillan cancer Clinical Nurse Specialists (CNS) including a Haematology CNS. Clinical nurse specialists were funded by Macmillan and were separate to the nurse establishment.
- Agency staff were used to cover wards when required. The agency staff were booked from one, regularly used



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recruitment company and the clinic tended to have the same staff returning. Training and competencies were reviewed by the matron before agency staff were accepted on to the ward. Records showed that from December 2016 to November 2017, agency staff were used each month, agency usage peaked to 35% in May 2017.

- The expected and actual staffing levels were displayed on notice boards in each area we inspected and these were updated on a daily basis. Actual staffing mirrored planned staffing at the time of inspection and on the unannounced inspection.
- The matrons and ward managers carried out twice daily staff monitoring, any issues relating to staffing were discussed in the nurses' handover and escalated to the Regional Chief Nursing Officer.
- The ward managers told us staffing levels were based on the dependency of patients and this was reviewed daily. We saw that staffing levels on the wards increased to support 1:1 patient care when and if it was required.
- All areas we inspected had sufficient numbers of trained nursing staff, the skill mix of staff varied from chemotherapy nurses, surgical nurse and staff nurses. This varied skill mix supported the patients' needs to ensure that they were safe and received the right level of care.
- Nursing staff handovers took place during daily shift changes and these included extensive discussions about patient needs and any staffing or capacity issues. The handovers were comprehensive all areas of the patients journey was covered during the handover at 8.30am, personnel from business administration, dietetics, physiotherapy, pharmacy, nursing, clinical and catering attended to capture relevant information to their area.
- There were five whole time equivalent therapy radiographers in the department. This meant that the staff could cover all radiotherapy sessions as these always require two members of staff. Some staff were bank staff, but they had been with the clinic for a long time and worked flexibly to support the service. There was a service lead and a clinical lead for the service.
- As of March 2018, there were seven RMOs employed by the clinic and 144 consultants registered with practising privileges within the clinic.
- Consultants provided treatment through practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care) that were monitored by the Medical Advisory committee. Concerns, including competencies, raised about consultants were dealt with through the 'Responding to concerns' policy via a Local Decision Making Group and then the Corporate DMG if required. HCA Healthcare UK employed its own responsible officers.
- Practising privileges were processed centrally by the CEO through the Centralised Credentialing and Registration Service based within the Corporate Office, with the oversight of the MAC, privileges were reviewed annually.
- The MAC had representation from consultants of all specialities providing a multidisciplinary team approach. We were told that the MAC chair had oversight of all consultants with practising privileges and reviewed access rights.
- All wards had access to an RMO 24 hours a day seven days a week. The lead RMO managed the RMO's rota; this was reviewed and signed off by the clinical service manager.
- The haematology and transplant unit had their own RMO, covering the unit between the hours of 9am-5pm Monday to Friday and then covered by the ward RMO. All other RMO's worked 12 hour shifts and provided a handover before leaving the ward.
- RMOs provided medical cover to acutely unwell patients and were able to escalate concerns to a consultant if and when required to do so.
- There was appropriate on-site and on-call consultant cover over a 24-hour period including cover outside of normal working hours and at weekends. We heard of examples of when nursing and medical staff had contacted consultants out of hours and received concise information to care for the patient until they arrived at the clinic within 30 minutes.
- The MAC reviewed all consultant competencies and scope of practice to avoid any consultants working out of practice. The clinic reported five consultants had their practising privileges removed reasons for removal included retirement, lack of clinical activity and relinquished due to moving out of the area.

### Medical staffing

- The wards and clinical areas we inspected had sufficient numbers of medical staff with an appropriate skill mix to ensure that patients were safe and received the right level of care.



# Medical care

- Where locum or agency doctors were used, the clinic sought assurances that the doctor complied with HCA policies prior to the doctor commencing work; this included mandatory training compliance.

## Emergency awareness and training

- The trust had backup generators for radiotherapy services so that continuity of treatment was ensured.
- The clinic had a business continuity policy that covered events including fire safety.
- A paper copy of the major incident protocol was in the nurse's office for staff to follow if a major incident was announced.

## Are medical care services effective?

Good



We rated effective as **good**.

- Care was in line with evidence-based guidance. The service regularly updated policies and procedures in line with new guidance.
- Regular audits had been completed and subsequent action plans involved updating guidance's and standard operation procedures. For example an audit of medicine management led to a review of existing standard operating procedures (SOPs) related to medicines and medicines management. as a result existing SOPs were rewritten in line with HCA corporate policies, The NHS Foundation trust clinical policies, NICE, NPSA, MHRA and NHS England guidance.
- The clinic participated in audits conducted by the neighbouring NHS trust to benchmark their performance. Audits showed that overall the clinic was achieving better than the National average across HCA sites.
- Pain scores were completed in all the records that we reviewed.
- Newly appointed nurses had a comprehensive corporate and site induction. This included an equipment induction, tour of the wards and introduction to key members of staff. They had supernumerary status until the ward manager signed off their competencies.
- We found continuing development of staff's skills, competence and knowledge; the medical division recognised this as being integral to ensuring high quality care. Staff proactively supported and encouraged acquiring new and transferable skills and share best practice.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined up care to patients who used the service. Practices round consent and records were monitored and reviewed consistently to improve how patients were involved in making decisions about their care and treatment.

## Evidence-based care and treatment (medical care specific only)

- Many policies and procedures were in place, and could be accessed via the intranet. Staff were aware of how they could access them across both systems they used.
- The service used a combination of National Institute for Health and Care Excellence (NICE), and Royal College guidelines to determine the care and treatment provided. We reviewed a selection of guidelines such as improving supportive and palliative care for adults with cancer and suspected cancer; recognition and referral.
- It was evident from the care records we reviewed and from our discussions with staff that NICE guidance on falls prevention, cytotoxic drugs, pressure area care and venous thromboembolism was being followed.
- The clinic used image guided radiotherapy (IGRT) in the treatment of patients. This was also used in the planning of radiotherapy and it uses X-rays and scans, similar to computerised tomography (CT) scans. This meant that radiotherapy could be targeted very accurately and reduced the risks of side effects from radiotherapy.
- Intensity modulated radiotherapy (IMRT) was used so that tumours received a higher dose and nearby healthy tissues received a lower dose of radiation to reduce the long term side-effects of radiotherapy.
- There were clear policies and procedures covering all cytotoxic related activities including, ordering, preparation, prescription, administration and disposal. Clear guidelines were available on which staff members could perform which activities in clinical areas where these medicines were handled.
- All areas of the medical division carried out regular audits including hand hygiene, blood culture



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contamination, pain management, antibiotic compliance and various infection prevention audits. These audits demonstrated overall good compliance in all areas.

- Staff handovers routinely referred to the psychological and emotional needs of patients, as well as their relatives. For example they included discussions relating to older patients who required physical, mental and social needs assessments.
- The clinic had implemented One Chance to get it Right and the 5 Care Priorities in line with the NHS trust's policy. Staff had a clear pathway to follow to ensure patients were cared for appropriately in their last days and hours.
- The clinic reviewed all end of life patients on a daily basis; care was in line with national framework for end of life care, all clinical care was adjusted to the patient's wishes.
- In the radiotherapy service, care and treatment was planned and delivered in line with current standards and nationally and internationally recognised evidence-based guidance in order to deliver the best possible outcomes for patients. The department used guidelines from the Royal College of Radiologists "The timely delivery of Radiotherapy: standards and guidelines for the management of unscheduled treatment interruptions".
- All the consultants at the Christie clinic worked at the NHS partner organisation and the same protocols and guidance on radiotherapy from the trust were used in the clinic.
- There were protocols for the delivery of radiotherapy which determined the amount of radiotherapy that the patients received and the number of treatments (fractions) that the patient received. If a patient needed to go off-protocol for any reason, this had to be agreed by the multi-disciplinary team meeting. A reasons for this could have been that the patient had received radiotherapy before and needed a lower dose of radiation

## Pain relief (medical care specific only)

- Pre-operative patients were assessed for pain regularly, pain relief was prescribed to ensure there was no delay should a patient require this post operatively.

- The palliative care and clinical nurse specialist teams worked closely together having daily Multidisciplinary Team discussions, which facilitated dialogue regarding the best pain management options for patients.
- Pain relief was reviewed regularly on wards; patients were involved in pain assessments.
- Discussions we had with five patients and a review of case notes informed us that pain was assessed and managed effectively.
- A pain audit completed by the clinic for ward 3 and HTU in December 2017 showed 100% compliance in initial pain assessment; documentation of pain score; administration of medicines ; reassessment of pain at each intentional rounding episode; documentation of reviewed pain relief medicines; and review of pain by pain specialist nurse or RMO if the patient's pain score was moderate or more consistently for four or more hours.
- The radiotherapy staff said that they asked patients about pain at every attendance. If patients required pain relief, they contacted the consultant or the resident medical office for appropriate pain relief. They could refer patients to the specialist pain team in the NHS partner organisation if necessary. They saw patients within 24 hours of referral.

## Nutrition and hydration

- Staff used the Malnutrition Universal Screening Tool to assess the nutrition and hydration needs of patients. This tool is a five step screening tool to identify malnourished adults or adults at risk of being malnourished. The outcomes of these assessments were documented in the patient's notes.
- Nutrition and dietetics team provided nutritional leaflets and advice to patients. They visited all patients to discuss their dietary needs and how to manage sickness and loss of appetite.
- There was access to hot and cold drinks, sandwiches and snacks within the waiting area for relatives free of charge.
- The radiographers had access to the dietitians. For some patients it is very important that patients do not lose weight during treatment and the dietitian could advise on diet and any dietary supplements for patients.
- Patients undergoing radiotherapy need to keep hydrated, patients were given advice about this and there was water available in the department.





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- The team provided weekly training based on different nutrition themes. For example we listened to the nutrition nurse, talk through supplement drinks with staff, the training included, what the best consistency was, how to identify swallowing problems, taste test and nutritional value. Staff were asked to take a knowledge test to reinforce their learning at the end of the presentation and sign that they had attended the training session.

### Equipment

- There was one linear accelerator (linac) that was for the use of the Christie clinic. It was located in the radiotherapy department of the trust. It was due to be replaced in 2021 as part of the NHS partner hospital (NHS) linear accelerator plan. The linac had a replacement head in 2015 as an upgrade to the equipment.
- The linac was made by the same manufacturer as the linacs in the trust and so it was paired with other linacs in the NHS partner organisation. The hardware and protocols were matched and this meant that if it broke down patients could be easily transferred to another linac for their treatment. This relationship worked for NHS patients and we saw that some NHS patients had accessed treatment on the Christie clinic linac during the inspection.

### Patient outcomes

- The clinic was keen to improve patient outcomes; they continuously collected and reviewed patient outcome data across all wards. For example the medical division audited blood transfusion processes to ensure the patients were given appropriate transfusions. All areas were fully compliant with the standards.
- Data from October 2016 to September 2017 showed there had been no unplanned transfers of inpatients to other hospitals, unplanned readmissions or unplanned returns to theatre.
- All areas were fully compliant in the discharge audit; the audit was done on a monthly basis to ensure the discharge process was safe and effective. A review of the discharge pathway was under review at the time of the inspection.
- Implementation of an updated, robust quality assurance programme that included an embedded

clinical audit schedule was implemented across the medical division. The audit results showed quarter on quarter improvement with 100% of all audits in Quarter 4 greater than 94%.

- The Christie Private Care worked in partnership (via a Professional Services Agreement) with another company to provide enhanced cancer care across patient pathways for patients with both curable and incurable disease, including those at the end of life. Annual audit data showed high levels of compliance in relation to the quality of the entries in the records. All patients were referred to the service and had received face to face contact with a health care professional within 24 hours of referral.
- All comparative data was available via the clinical information portal; this was discussed at the Quarterly Quality and Safety Review Board which supported companywide, national and international benchmarking.
- Collection of operational data including patient experience and incidents formulated the Monthly Clinical Operating Report (MCOR). This report provided the senior management team with information about improvement programmes allowing them to benchmark patient outcomes against other HCA facilities on a monthly basis.
- Senior staff were close to the detail of quality data, audit outcomes, risks and key performance indicators; these were monitored, discussed and reviewed monthly at a local level. Review of meeting minutes demonstrated such discussions.
- The medical division's local audit programme involved the NHS trust. HCA and the trust worked together to identify, monitor and drive quality improvement. Action plans were implemented, monitored and reviewed. We reviewed documentation of the extensive work surrounding controlled drugs (CD) management.
- Staff from the medical division attended relevant NHS trust committees, so that they were able to share and receive information on best practice.
- The clinic was Joint Accreditation Committee-ISCT AND EBMT (JACIE) accredited Haematopoietic Stem Cell Transplant Service with partner NHS trust; a joint audit was underway to provide evidence of safe practice. The clinic had achieved a good compliance rate previously.
- The clinic was accredited by an external organisation for oncology, patient focused care, leadership and risk.



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Patient outcome data formulated a joint annual report which showed the clinic's data and trust transplant activity. The organisation provided healthcare intelligence and quality improvement services.

- The clinic reported that one year survival rates for autologous and allogeneic transplants had remained largely unchanged over the last decade, but were equivalent or better than national figures.
- Patient outcomes were audited and reports showing trend analysis were reviewed through the internal governance structure; this included key performance indicators (KPIs) such as unplanned readmissions, unplanned returns to theatre, unplanned transfers out of the service, healthcare associated infections, significant incidents, and mortality.
- The clinic reported 42 deaths during the reporting period of December 2016 to November 2017. Mortality reviews were held for all deaths to provide assurance and identify opportunities for learning.
- The clinic reported bacteraemia rates to Public Health England. This information was submitted via Private Healthcare Information Network (PHIN) for benchmarking purposes. This network is the independent government organisation that holds information about private healthcare to improve quality. The clinic benchmarked themselves against NHS trusts. Data for April 2017 to December 2017 showed the clinic compared favourably with the NHS.
- The department used gating which is a process for continuously monitoring the movement of tumours during normal breathing. Radiation is only delivered when the tumour is in exactly the right place and the treatment automatically turns off when the tumour moves out of the target field of the radiation.
- Patients could access stereotactic radiotherapy if appropriate, but this was through the NHS partner organisation. The service lead said that they were getting an upgrade to the linac so that they would be able to deliver this type of radiotherapy.
- The department used deep inspiration breath holding to reduce the radiation dose delivered to the heart during treatment for left sided breast cancer. Patients hold their breath for up to 30 seconds at a time during treatment. This action pushes the heart away from the chest wall and away from the area that is being treated, thus reducing long term radiation effects on the heart.

- Patients were reviewed by the consultants during and after radiotherapy treatment. Patients were reviewed at every attendance by the radiotherapists.

### Competent staff

- Nursing staff received an annual appraisal. Clinic data showed that all staff had received their appraisal. Staff had 6 monthly reviews to revisit any plans made at the annual appraisal. At times professional development plans changed to take into account new guidelines and courses.
- CNS nurses worked through a personal and professional development plan that was tailored to their specialism, to ensure patients received high quality care. This was reviewed on a regular basis so that any new guidance could be incorporated in forthcoming learning.
- There was a strong focus on career progression within the medical division. The clinic offered staff to undertake a Master's Degree to further their academic development alongside their clinical development. Staff had recently commenced a Masters course, which enabled them to develop services for patients.
- Resident medical officers enjoyed their role, they indicated they were well supported and had an appraisal and revalidation process in place with good training opportunities. They felt consultants were encouraging and supportive.
- Resident medical officers employed by Healthcare UK (HCA) completed a corporate and clinical induction. In addition they were asked to complete the partner NHS trust's clinical e-Learning on local induction. This was a shared learning tool used by the medical services.
- Staff were asked to complete role specific inductions, when they started work in the medical division. Newly qualified nurses received a period of supernumerary status until they had their competencies signed off by the ward manager.
- The induction processes for staff involved a corporate induction in London, topics such as HCA values and vision and the business ethos was discussed. A local induction was carried out by the ward manager or matron, this included a tour of the clinic, introductions to the various teams, demonstrations of equipment and location of fire exits and resuscitation trolley.
- Competency assessments for procedures such as administration of medicines, infection control and



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discharge of patients was carried out and signed off by the matron. Newly appointed nursing staff told us their colleagues were exceptionally helpful and made their transition into the new post easy.

- An education practitioner coordinator was in post across all wards, they were responsible for identifying and leading on training within the unit, training was in line with NHS trust training which was intensive and of a higher level.
- Staff were passionate about training and student nurses told us they experienced a positive, supportive placement
- Staff were given advanced care training, so that they could care for patients who were at end of life. They also had the opportunity to attend bereavement (care after death) training if they wanted to for developmental purposes.
- Staff working with cytotoxic drugs were trained and their competency assessed, on the risks and precautions to take when handling cytotoxic medicines,
- Consultants were granted practising privileges; the process was overseen by the medical advisory committee. Applicants attended a first interview with the hospital Chief Operation Officer to acquaint themselves. The clinic requested that the consultants requesting practising privileges submitted a practising privileges application form and provided the relevant supporting documentation such as a copy of their annual appraisal and evidence of revalidation with the General Medical Council. The MAC approved consultants for practising privileges, and the chief operating officer reviewed consultants on an annual basis.
- Radiotherapy staff were trained in the use of the radiotherapy equipment and were registered with the Health Care Professions Council. The service lead told us that they worked with the education lead for the NHS partner organisation so that staff could access appropriate training and development.
- All staff competencies were signed off for the radiographers; these were stored electronically on the radiotherapy drive.
- The band seven radiographers from the NHS partner organisation offered peer review for cone beam scanning computerised tomography to the radiographers at the clinic.

- The radiotherapy service took second and third year post-graduate radiotherapy students from local universities. Nursing students were also given experience of radiotherapy services by spending some time in the department.

### Multidisciplinary working

- We observed excellent multidisciplinary working (MDT), staff, teams and services worked collaboratively to support the patient's journey.
- Staff actively engaged with each other and discussed the patient's treatment on a fortnightly basis; such meetings were attended by a wide range of health professionals with expert knowledge.
- All staff we spoke with told us that MDT meetings were always well attended and discussions were detailed to achieve the best outcome for the patient.
- The morning 8:30am staff handover meetings included staff from business administration, clinical nurse specialist team, dietetics, and physiotherapy, pharmacy, nursing, clinical and catering. This ensured that staff captured relevant information specific to their area. The multidisciplinary handover provided all health professionals who attended a summary of the patient's care. This snapshot prepared staff to tailor their services to the patient's immediate needs. For example we heard of patient's physiotherapy needs at morning handover, which fed into the physiotherapist's daily patient visits.
- Shift changes and 'huddles' were carried out on a daily basis to ensure all staff had information about risks and concerns before the nursing staff changed.
- There was a holistic approach to planning patient's discharge, transfer, or transition to other services, which is done at the earliest stage.
- The radiotherapy staff said that they worked well with the clinical nurse specialists who would come to see the patients when they had their radiotherapy treatment if necessary.
- Staff in the medical division often worked with the staff at the neighbouring trust to improve current practice, share learning and have sight of new projects. Staff, teams and the service were committed to work collaboratively and had found innovative and efficient ways to deliver joined-up care to patients who used their service.

### Seven-day services



## Medical care

- The RMO rota showed that staff had access to medical support when they needed it. RMO cover, covered normal working hours, evenings, and weekends.
- Microbiology, imaging (for example, x-rays); physiotherapy and pharmacy support was available on-call outside of normal working hours and at weekends.
- Pharmacy was available for release of medication on the wards during the day on Saturdays and Sundays.

### Access to information (medical care only)

- Documentation was available electronically; staff had access to information in line with roles and responsibilities. For example pharmacy had access to ordering systems for medication; this could only be accessed by individuals who had permissions.
- Images from the diagnostic imaging department were readily available electronically.
- Policies and pathways were available to view on the intranet.
- Nursing records were kept at the patient's bed side on paper records. Detailed patient information, such as patient histories, care plans, assessments and test results could be reviewed through the electronic patient record system.
- All the policies and guidance from the clinic and the NHS partner organisation were available electronically.
- The quality management system allowed access to information policies, procedures and incident reporting and staff could access these systems at any time. There were live version updates on the system so staff knew that they were always working with the most up to date versions of documents.
- The NHS partner organisation developed the radiotherapy treatment plans for patients using an electronic planning tool; these were then exported to a software system that used a common database for radiotherapy records. It was at this point that the clinic received the patient planning information for their treatment.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (medical care patients and staff only)

- Staff followed national guidelines when caring for patients who lacked capacity to make an informed decision; they understood that nursing and clinical decisions made were in the patient's best interest in line with the Mental Capacity Act (MCA) 2005.
- Data showed that at the time of inspection, between 87% to 100% of each clinical team, including medical staff, had received training in the Mental Capacity Act.
- Observational audits carried out by the clinic had highlighted that staff needed more information about MCA assessments. On inspection we found that not all staff had an understanding of how they would care for a patient that was deprived of their liberty under the Mental Capacity Act (2005). However, to support staff, HCA had developed and implemented a MCA tool (small laminated card) that had staged the process of how to assess record and discuss MCA.
- Staff demonstrated an understanding and appropriate application of the Mental Capacity Act. They described the consent process for a patient who had fluctuating capacity. There was a best interests meeting and the patient was consented with the appropriate consent form. They were asked for consent for treatment at the beginning of each radiotherapy fraction and the staff worked closely with the nursing care facility where the patient lived.
- Consent was undertaken by the consultant prior to the treatment taking place. Consent was confirmed on the day of treatment and recorded in the patient record. We reviewed seven examples of the correct documentation of consent in the patient records.
- Staff had access to individuals that could assist with concerns such as the safeguarding lead, lead psychologist and RMOs, who supported staff if they required it. For example staff discussed steps they would take if a patient disclosed having suicidal thoughts.
- Work had been done with a UK leading charity to provide staff with the knowledge and training to support patients living with dementia. Staff regularly assessed patient capacity, they communicated effectively with consultants and the RMO to decide the most appropriate care for the patient. HTU and the ward had adopted the dementia awareness butterfly scheme to indicate to staff that patient was living with dementia.
- All patients were consented by the consultant for radiotherapy treatment. Consultants explained the risks and benefits of all treatments before the patient gave



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consent for treatment. Consent was a two stage process and was checked again when the patient came for treatment; all radiotherapy treatment consent was site specific.

### Are medical care services caring?

Outstanding



We rated caring as **outstanding**.

- We observed patients were truly respected and valued as individuals. Staff recognised and respected the needs of their patients. They took patient's personal, cultural social and religious needs into account and found innovative ways to meet them.
  - Staff empowered patients who used the service by listening to their opinions and thoughts about their treatment plan. Staff took into consideration, the patient's individual preferences when delivering care.
  - Feedback from patients who used the service was continually positive about the way staff treated them. Patients thought that staff went the extra mile to support them and their expectations. Patient surveys demonstrated that 100% of patients recommended the service.
  - Patients and those close to them were actively involved in their care and treatment. Care was tailored to meet their needs following discussions with clinicians.
  - All staff treated patients, and those close to them, with privacy, dignity and respect. Care was patient centred and individualised to meet the needs of the patient.
  - We saw that staff were considerate, compassionate and dedicated to providing high quality care and treatment.
  - Specialist support was available including access to other counselling and external organisations.
- Compassionate care**
- Staff delivered compassionate care, interactions between patient and staff was positive in all areas we inspected. Patients were truly respected and valued as individuals. We heard of many examples where staff had supported the emotional and social needs of their patients. For example, staff arranged days out for patients in their last days, so that they could be part of celebrations such as christening. In many instances, an off duty nurse would accompany the patient on the visit to support the team.
  - Relationships between the staff and patients was kind, staff offered care that promoted dignity and respect. Staff provided emotional support to their patients; they recognised some patients had lost their self-confidence as their appearance changed. For example staff referred patients to charitable services to have their hair and makeup done or to explore the option of a wig.
  - Patient dignity and privacy was maintained during episodes of physical and intimate care, doors were closed at all times and staff informed patients of what they were doing before care was commenced.
  - We spoke with 10 patients (including their relatives) who described care as being exemplary with excellent care from all staff at all times; this included nurses, doctors, catering staff and administrative staff.
  - Patient experience survey results for the August 2017 to November 2017 demonstrated one hundred percent of patients would recommend the service to others. However not all patients had completed the survey; the response rate fluctuated between August (56%) and November (45%).
  - Patients reported receiving excellent communication from staff and care was exceptional amongst staff of different grades, roles and responsibilities. This was repeated many times by patients, family members and staff of all levels.
  - Staff were proud to share individual examples of providing care above and beyond their daily duties this was to ensure that patients received high standards of care at all times. For example, during Christmas 2017, staff had arranged for palliative patients who had young children to have their last Christmas at home with their family. Due to the complex needs of these patients, the team worked with the CNS team, interventional team and complex discharge team to create a safe plan to home.
  - We saw that the radiographers treated patients with care and compassion; staff knew patients by name and welcomed them as they came into the department for treatment.
  - In the clinic's patient satisfaction survey, 97% of patients said that they were extremely likely to recommend the service to friends and family and 3% of patients said that they were likely to recommend the service to friends and family. There were 184 responses to the survey, and 224 were handed out to patients. This was an 82% response rate.



## Medical care

- Patient comments about their treatment included, “I experienced care and compassion throughout my treatment” and “excellent in all respects.”

### Understanding and involvement of patients and those close to them

- We observed staff introducing themselves and communicated well to ensure patients fully understood the treatment they were to receive. Two patients reported that they appreciated the way staff spoke to them directly instead of addressing their family members.
- During morning handover we heard clinicians discuss concerns of family members heavily influencing their patient’s choices. As a result the family and patient were asked to come in so that the clinician and the clinical nurse specialist could discuss the pros and cons of this aspect of their life.
- Staff encouraged patients to ask questions and were given time to ensure they understood what was being said to them. For example, patients were informed of side effects of treatment drugs; discussions were open, transparent and honest.
- Over the course of the inspection process, we observed staff interacting positively with patients and those close to them. Staff spoke to patients understandingly and appropriately dependent on their needs. We heard of examples where staff recognised that families of patients with cancer required further support. To ensure they were well supported, staff signposted families of patients were palliative to support groups.
- The clinical nurse specialist team contacted every medical patient on the ward, allowing them to discuss any physical or emotional concerns. It was also an opportunity to introduce the work they did to empower patients to live with cancer. For example, the CNS team held different cancer type workshops/sessions for patients to attend. These sessional workshops consisted of information, question and answer time and tailored support for each individual who attended. A patient told us they received good advice in relation to managing their symptoms and other areas of concern such as nausea and diet.
- The clinic was welcoming to family members; they encouraged them to attend with patients.
- All patients we spoke with told us if they experienced any problems or had any concerns at home, they could

contact the wards during normal hours or the helpline during weekends and out-of-hours services. Relatives were also aware of this service and were advised to use the helpline if they required.

- Staff gave information sensitively and in plain language so that patients understood. Patients felt the manner in which this was communicated was respectful and supportive. They had the opportunity to ask questions at any stage of their treatment.
- Staff encouraged patients and families to provide feedback, about the clinic before they left. We saw how this feedback was monitored and acted on promptly. Examples of changes to practice from patient feedback were displayed on the notice board for patients to review.
- Staff told us that patients were sometimes anxious about their treatment and they invited patients into the department before treatment to have a look round and to ask questions. A number of children had been to look round the department.
- In the patient survey, 96% of patients reported that their care and treatment had involved their loved ones.
- We saw that patients had fed back about their radiotherapy treatment; one of the comments was that “staff were wonderful and had explained everything in detail.”

### Emotional support

- Staff provided reassurance and comfort to patients throughout their treatment journey, returning patients gave examples of how staff reassured them and their families. Catering staff told of examples where they had prepared candlelit dinners for patients in their room, so that they could spend time with their partner. Staff were also aware the young children visited the clinic and often became bored. To help their patient and their visitors get the most of their visit the clinic invested in consoles to keep children occupied.
- The clinic offered a whole host of supportive therapies that ranged from counselling services for both patients and staff and various complementary therapies.
- There were specialist teams available to assist and provide support to patients such as mental health professionals; palliative care team, breast nurse specialist, clinical psychologist team and chaplain from the neighbouring integrated trust. Staff also signposted patients to charity support if and when required.



## Medical care

- On arrival patients were asked about what support they had at home, nurses ensured all patients were discharged at appropriate times, if a patient was returning home late without support, the clinic provided accommodation for a further night so that the patient could go home the next day at a suitable time.
  - We observed comforting interactions between patients and staff, staff in all areas were upbeat and optimistic. Patients valued the friendships they had built with staff members and felt reassured when visiting the clinic. We saw staff sitting with patients, taking the time to talk with them and hold their hand in a calming way.
  - Staff were able to provide patients and their relatives with information about chaplaincy services and bereavement or counselling services.
  - The busy ward had a level of serenity; staff attended to patients, making them feel they were their only priority. Five patients told us, they valued the time staff set aside to have conversations with them and appreciated the pleasant care they provided.
  - The radiotherapists followed up patients a week after treatment to check on their progress. Calls were made more often if staff felt that this was necessary. This was audited and 100% of patients were followed up with a phone call.
  - One of the radiotherapists had started a series of meetings for patients and carers following treatment, this was known as the “wellbeing space”. They were given a day a week to administer and run these groups in partnership with the psychology lead for the clinic. This is reported in the OPD section of the report.
- patients with complex needs. For example the clinic offered a range of complementary therapies; a wellbeing therapy room was based on the ward and was used by patients and visitors.
- We found that the clinic had systems in place that assisted in meeting the needs of people who used their services; including people with a learning disability or dementia, and those who could not communicate in spoken English. Information was available in a variety of formats, dependent on individual need. There was a portable hearing loop for patients with a hearing impairment.
  - There were systems in place for the investigation, management and resolution of complaints. We found examples of evidence whereby the medical division learnt from complaints.
  - Care and treatment was coordinated with other services to ensure areas if the clinic were informed of the needs of the patient.
  - Appointments were made on an individual basis. Nursing, medical and psychology services were accessible at all times including out of hours if required
  - There was a proactive approach to understanding the needs of preference of different groups of patients and to deliver care in a way that meets their needs.

### Service planning and delivery to meet the needs of local people

- Service planning and delivery was focused on person centred care and using holistic approaches. Patients using the service had access to treatments and therapeutic provisions.
- The clinic had strong links with the partner NHS trust. The clinic had a number of SLA's with the trust to provide provision of specialist lymphedema and physiotherapist services, tissue viability and diabetic services. Cross cover between the hospital and clinic was provided during periods of staff absence.
- Staff from the clinic attended meetings at the partner NHS trust and also invited the trust to HCA's meetings. This ongoing supportive relationship between both organisations promoted best practice and learning. We saw examples where this information from meetings was applied to service planning and had improved patient care.
- The service had a team of highly trained Macmillan cancer Clinical Nurse Specialists (CNS) including a Haematology CNS. Clinical nurse specialists were

### Are medical care services responsive?

Outstanding



We rated responsive as **outstanding**.

- The clinic provided evidence of service planning and delivery to meet the needs of their patients. Services advocated a holistic and person-centred care approach. We heard of positive examples where staff planned care to meet the needs of patient's individual requirements.
- There were innovative approaches to providing integrated person-centred care pathways of care for



## Medical care

funded by Macmillan and were separate to the nurse establishment. The team provided cancer support services to those that required it. Ward staff spoke positively about the clinical nurse specialist team and described their input as was pertinent to the patients care journey.

- The CNS team was actively involved in supporting palliative care patients and complex discharges and preferred priorities of care. Patients who accessed the team were provided with information and were sign posted to professionals if they required expert advice.
- Radiotherapy is the safe use of controlled doses of ionising radiation to treat people who have cancer. The aim of radiotherapy is to deliver as high a dose of radiation as possible to the cancerous tumour/s whilst sparing the surrounding normal tissues. Radiotherapy is often used on its own or as part of a treatment plan including surgery or chemotherapy, or both.
- Radiotherapy can be delivered as part of radical treatment which aims to cure the patient or palliative treatment for symptom relief in patients who are in the advanced stages of their cancer. The clinic used both radical and palliative treatment for their patients.
- The radiotherapy department was open from 8.15 am to 6.00 pm to meet the needs of the patients. The staff worked flexibly to accommodate patient needs. Radical treatment is typically delivered to patients every weekday, over a number of weeks, depending on the tumour site.
- Staff had worked on Saturdays if necessary, but most courses of radiotherapy did not require treatment on weekends. Some courses of treatment did require working on bank holidays and the staff worked bank holidays as necessary.
- Patients were given their schedule of appointments for the first week of treatment when the clinic contacted them following completion of their radiotherapy planning. Staff tried to accommodate patient requests for treatment times.
- The department had a seating area with comfortable chairs, refreshments were available and there were newspapers and other reading material. The waiting area had been redesigned following feedback from patients. All patient and treatment areas were clean and tidy.
- Patients attending for the clinic for treatment had their own car park. Maps were enclosed with patient information that was sent out before treatment started.

Staff would meet patients at the hospital entrance if they needed assistance to get to the radiotherapy treatment area. Patients were given a bespoke information pack about their treatment and resources available at the clinic and at the trust to support them through their treatment.

- Patients could attend the satellite radiotherapy clinics of the NHS partner organisation at Oldham or Salford if this was more convenient for them.

### Access and flow

- Patients from the local area, nationally and internationally were accepted into the clinic. Referrals were made in line with the clinic's patient referral criteria.
- Patients were able to book times to see their consultant at their convenience. Staff told us that once a referral was received by the clinic, an introductory phone call was made to the patient to explain where to find the clinic and what to expect at the first visit.
- Emergency admissions were accepted into the clinic, these cases were termed "SOS". Urgent review and admission were available when clinically required and arranged by the senior nurse with the consultant and medical team. At the time of inspection we observed SOS patients being admitted to the ward. We heard positive comments about the admission process from patients who were local and those who had travelled from afar.
- Admissions for international patients was managed and coordinated by HCA's central international patient centre, this included the paperwork and visa applications. The team was staffed by liaison officers who operated a service that managed the whole process from the initial communication to aftercare.
- Patients were offered a pre-visit, during their visit arrangements such as translation services, travel and accommodation bookings was reviewed so that patients and their families felt assured with the services and facilities the clinic offered.
- Patient referrals to the clinic were made by consultants internally and externally or by the GP. All patients we spoke with were happy with their admission process and returning patients had no problems with the readmission or discharge pathway. Three relatives of patients who were at the clinic, felt staff handled the admission process extremely well. They described the process as; speedy, very informative and succinct.





## Medical care

- New patients came into the clinic pre-treatment for a “show around” this was to help them relax, familiarise them with the surroundings and staff.
  - Patient feedback identified some patients were not happy with the discharge process, to make certain patients received excellent care, a discharge task and finish group was set up to look at all areas of the discharge pathway. Attendees included the matron, ward manager, RMO, pharmacy CNS, allied health professionals, business office and dieticians. Complex discharges and patients who required to take out medicines (TTO) were being looked at and how to manage the expectations of the patient.
  - At the time of inspection the clinic had cancelled one procedure for non-clinical reasons in the past 12 months. This procedure was rebooked within 28 days of the cancellation.
  - Clinic business staff obtained any health insurance details from the patient during the introductory call so that they could directly liaise with insurance companies. Patients who self-funded their treatment were required to pay the total cost of their treatment before commencing their treatment pathway. For transparency, all costs and packages were given to patients and discussed prior to any treatment commencing.
  - Patients requiring chemotherapy were able to start treatment immediately providing it was safe to do so, we heard of examples whereby patients were seen by the consultant and then started treatment within three days.
  - The majority of cancellations were in response to patient requests and rescheduled at their convenience.
  - Discharge needs were planned on admission with social services to ensure adequate arrangements were met for leaving hospital to avoid delays and provide continuity of care. Multi-disciplinary team handovers ensured care consistency and patient care plans were reviewed and discussed by the team.
  - There was a focus on patient discharge planning; discharge was planned with the trust link team to assess the patient needs for discharge. Staff discussed discharges at the daily morning MDT handover meeting. Discharge letters were sent to general practitioners and the patient also received a copy.
  - The matron had oversight of bed capacity and responded to any bed availability pressures. At the time of inspection the clinic had recently opened ward two to alleviate bed pressures. Staff felt this decision allowed a better and improved inpatient stay to patients they cared for and avoided bed capacity issues.
  - Patients had access to a 24-hour telephone helpline service, so that they could contact the clinic for any advice on side effects or complications of cancer treatments. Acute oncology nurse specialist manned the phones and gave advice to patients and relatives. Nurses were able to escalate concerns to the RMO and consultants.
  - Psychology services were led by clinical psychologist and were available 24 hours a day. The service was accessed by patients, relatives and staff. The lead clinical psychologist attended the morning handover to pick up any new referrals.
  - At the time of inspection, we had no concerns relating to patient waiting times for admission; this was also supported by conversations had with patients, who had no concerns about their waiting times.
  - The clinic measured their performance against the 31 day national indicator used in the NHS. There should be a maximum of a 31 day wait for radiotherapy treatment following diagnosis; the clinic had breached this target with 43 patients in the period January 2017 to December 2017. The reasons for the breaches included delays for chemotherapy treatment, sperm banking, hormone treatments and patient choice.
  - The radiotherapists told us that the average length of time required to plan treatment for radiotherapy by the trust was 20-24 days and once they received the plan the patients could be brought in within one to two days to start treatment.
  - As part of a review on discharge planning, nursing staff identified improvements could be made to the current discharge process. As a result of this the service has formed a discharge action group and was looking at introducing interventions to improve discharge experience.
- Meeting people's individual needs**
- Ward staff identified patient dietary requirements; these were discussed during the morning handover so that catering staff could ensure meals were provided according to the patients requirements. For example vegetarian and halal menu options were available to those who required them.



## Medical care

- Food was available at all times, for example sandwiches were available for patients who didn't want a hot meal or wanted to eat later. All patients we spoke with liked the food, returning patients told us the meals had improved since the catering became in house.
- Translation services were available to those who did not speak English; staff were able to pre-book translation services prior to their appointment.
- Patients and their families had access to a selection of leaflets and patient information was available to support families if required.
- For patients that had hearing difficulties and used hearing aids, the medical division had a hearing loop service.
- Patients were offered psycho-oncology service; this service was advocated by staff for patients suffering emotional difficulties or mental health problems. The service was provided by consultants, a counsellor, psychotherapist and specialist nurses.
- Patients and their relatives spoke positively about the information they received both verbally and in the form of written materials, such as information leaflets specific to their treatment and care.
- All patients were assigned a key worker at the start of their treatment pathway. The dedicated haematology CNS coordinated the complete pathway for patients undergoing haematopoietic stem cell transplantation.
- Ward staff actively engaged with patients with learning difficulties; patients were allocated an individual passport that contained a summary of their medical history, likes and dislikes. Staff used this information whilst caring for the patient to reduce anxieties and help them build a better relationship with the patient.
- There were staff trained as dementia champions.
- The hospital-wide Macmillan team was made from six clinical nurse specialists, each nurse worked with a certain cancer type. Services offered by them mirrored consultant appointment times so that patients had the maximum time to access them for advice and support. For example patients who underwent colorectal or breast surgery in the afternoon (at the NHS partner trust), were seen by a colorectal or breast cancer nurse later that evening (at the clinic).
- The clinic employed concierge staff to escort patients around the clinic, on inspection we observed patients being escorted to the ward and HTU from reception. Ward and HTU staff warmly received patients after taking their name from the concierge. .
- All medical wards displayed photographs of the staff working in that ward so patients and relatives could identify staff when needed.
- Patients were offered comprehensive psychological service to ensure that their emotional wellbeing was provided for. Patients, relative and carers had access to the 'Wellbeing Space' programme, which was a bespoke service delivering a structured survivorship pathway.
- Clinical nurse specialists recognised the importance of offering services in line with the national cancer taskforce, which outlines a commitment to ensuring that 'every person with cancer has access to the elements of the Recovery Package by 2020. The service offered elements of the recovery package, these included Holistic Needs Assessment , Care Planning, Treatment Summary and Cancer Care Review
- Patients were able to use the internet whilst at the clinic, the Wi-Fi code was displayed behind all nurses stations, the code changed on a weekly basis for security reasons.
- Patients who attended for chemotherapy as day cases underwent blood tests prior to commencing treatment. This was so that results of the blood test could determine whether patients were well enough to receive treatment. The medical division offered patients "healthcare at home" this service supported those patients who were unable to attend the clinic for pre-treatment assessments.
- Staff asked patients about their faith and documented this information in their care notes. Multi-faith patients were supported by staff, for example meals provided were prepared around special requirements.
- Patients who needed radiotherapy attended the NHS partner organisation for an appointment to plan their treatment. During this visit, the radiotherapy team from the clinic met the patients and showed them round the department. This enabled the radiographers to identify any issues which could affect their treatment, for example, mobility issues and to address them before the patients attended for treatment. This allowed the department to offer a personalised service. Relatives, carers and the children of patients were also invited to tour the department.
- There was a small room just inside the staff area; staff told us that they had used this for patients who had been nervous before treatment so that they could relax.



## Medical care

- A number of patients needed to wear a mask during their radiotherapy treatment to ensure that the patient was kept still for the accuracy of the treatment. Some patients found these masks claustrophobic and the clinic used a team from the NHS partner organisation to help to relax and calm patients before and during treatment. If this was not effective, then patients could be sedated during treatment.
- The department could deliver hyperfractionated radiotherapy to patients; this is where patients receive more than one dose of radiotherapy in a day. This was given if patients had missed a treatment and patients needed to wait six hours between doses. This was done with permission of the consultant.

### Learning from complaints and concerns

- Patients and those close to them knew how to raise concerns or make a complaint. The clinic encouraged people who used services, those close to them or their representatives to provide feedback via “your feedback matters” so that they could improve the service they provided.
- All staff we spoke with were familiar with the complaints process. Complaints were addressed locally when possible, and formal complaints were managed by the senior management team. When issues could not be resolved, the family was directed to the complaints process. This was displayed at the nurse’s station in all areas.
- There had been one formal complaint regarding the medical services at the clinic between October 2017 and February 2018, the response to the patient was within the timeframes set out by the clinic.
- Complaints, both formal and informal, were shared and discussed at the facility and regional governance meetings and the progress of action plans were also monitored by this process. Heads of departments used the complaints process as a shared learning experience and shared the information with staff in staff meetings. This information was used to populate the learning from experience report.
- We saw minutes from meetings where lessons learned from complaints were discussed. The department had few complaints and these were dealt with on an informal basis by the radiotherapy staff.

### Are medical care services well-led?



We rated well-led as **outstanding**.

- Leaders at all levels demonstrated the high level of experience, capacity and capability needed to deliver person centred care. There was a deeply embedded system of leadership development and succession planning that aimed to promote a diverse leadership workforce.
- The strategy was supported by the vision and values of the clinic; these were firmly rooted within practice across the medical division. Systems were in place to monitor, review and provide progress against the clinic’s strategic plans.
- Governance structures within the medical division ensured that lessons learned from incidents and complaints were appropriately shared with all staff. We found demonstrated commitment to best practice performance and risk management systems and processes. Regular monthly governance and quality meetings reviewed functions; so that the clinic was assured staff at all levels had the skills and knowledge to use systems and processes effectively.
- All staff spoken with were well-informed about what the key risks and control measures were for their area. The team could give examples of key risks and how they worked to mitigate them.
- Staff were proud of the organisation they worked for; teams were fully integrated and everyone worked well together. Staff offered support and advice and reassurance to each other when the service was under pressure.
- The clinic strived to improve healthcare and empowered staff to take part in innovation. There was a fully embedded and systematic approach to recognise improvement methodologies. Improvements were seen as way to achieve a higher quality of care and was celebrated.

### Leadership and culture of service

- The chief executive officer has overall responsibility for the services provided at the clinic who then delegates authority to operational staff. Operational accountability



## Medical care

is split between the regional chief nursing officer (who was primarily responsible for the provision of care) and the chief governance and risk officer (who was primarily responsible for governance).

- Leadership across the medical division was very positive, visible and proactive; this included ward managers, matrons, the executive team and team leaders. Managers focused on the needs of patients and the roles staff needed to play in delivering good care. Managers invested in staff to ensure patients received exceptional care.
- Staff and ward managers were encouraged to develop new initiatives more locally. Good practice and innovation was shared and rewarded. We found comprehensive and successful leadership plans in place to ensure and sustain delivery and develop the desired culture. Leaders had a deep understanding of issues and challenges.
- Staff spoke highly of the executive team and told us they felt very valued by senior managers and executive board. It was evident from discussions that leaders strived to provide and encourage staff to succeed and to continue to improve.
- We found no evidence of hierarchal importance between senior and junior staff. All staff felt leaders valued their opinions and were very visible and approachable. Staff gave examples of situations where they felt comfortable to raise concerns with clinical leads or members of the executive board and their concerns had been acted upon. Staff felt there was a supportive 'no blame culture'.
- We also heard of how leaders celebrated positive achievements in their areas with the board and an example of where a staff member received an award, which was presented by the chief nursing officer at a ward handover.
- Band six nursing staff were given management days; they spent the day reviewing audits, incidents and attending meetings on clinical topics such as falls and the NHS multi-disciplinary team meeting.
- The open and honest culture within the service was exceptional; staff we spoke with were sincere throughout our inspection about their service and the areas where they wanted to develop.
- Throughout the service we found that staff were friendly and worked together as a team, we were given

examples where staff went the extra mile to support their colleagues. For example, staff supported each other through sickness and had visited colleagues to provide emotional and practical support.

- Staff were very passionate about working in the organisation and were highly committed individuals that worked their best to provide high quality patient care. There was low staff turnover and the staff we spoke with were enjoyed in their roles.
- It was evident from focus group discussions that staff felt supported by the organisation. For example, nurses received emotional support and counselling from the organisation following traumatic events
- There had been a vacancy for the service lead in the radiotherapy department and the current lead had been in post for eight weeks at the time of the inspection. The department had linked into some of the other clinics that delivered radiotherapy. When the clinic went to recruit a lead for the service, they consulted the radiotherapy staff and asked about the role of the service lead. Staff fed back that they wanted a service lead who was a radiographer but they did not want them to be part of the treatment rota as this had not worked with the previous service lead.
- Staff told us that the service lead had made a difference to the service and had shown good leadership despite not being in post long.
- There clinic had clear ways to manage performance. It focused on the training and coaching needs of staff, and factors that could affect performance, before looking at capability assessments.
- The clinic had clear succession plans and used a nine box matrix to assess and evaluate the current and potential level of contribution of staff.
- The Medical Advisory Committee approved consultants for practising privileges, and the chief operating officer reviewed consultants on an annual basis.

### Vision and strategy for this core service

- The clinic had a vision of 'exceptional people, exceptional care' and operated a clear set of values to achieve this including recognising patients as unique individuals and treating all with dignity and respect. This was displayed in all areas that we visited
- Staff recognised their roles to delivering high quality, cost-effective healthcare to patients they cared for.



## Medical care

- Staff worked in line with the company's vision, they cared for patients as individuals with compassion and kindness.
- The strategic framework was visible in staff areas, staff accessed courses and upskilled themselves to provide the highest quality of care.
- Strong relationship with external organisations were sought to form partnerships in line with the hospitals strategy to strengthen doctor and partner relationships.
- The clinic planned to meet eight key objectives for the 2017/2018 business year. These objectives included increasing the number of haematology consultants, a digital transformation programme, expanding the reach and role of the clinical nurse specialist team, and ensuring all staff had appraisals and personal development plans.
- The strategy for medical services at the clinic was aligned with Health Care America (HCA) joint venture strategy. There were systems in place to monitor, review and provide evidence of progress against the strategy and plans.
- Staff were aware of the hospital's vision and values. The clinic's vision, operational changes to the medical division was centred on achieving the clinic's constant drive to achieve their vision and values.
- The 2016 annual board report, reviewed all areas of the businesses including the vision and strategy. The report set out the strategic objectives and aims for 2016- 2018.
- Updates from the National Institute for Health and Care Excellence (NICE) were reviewed by the regional chief nursing officer and the clinics processed checked for compliance. Policies were updated where necessary.
- Staff were familiar with the risks for their area and actively worked towards minimising them. For example, staff performed a control drugs (CD's) hand over check pre and post shift change, so that all CD's were accounted for when the keys were handed over.
- The clinic self-assessed each ward, known as observational audits, to ensure that staff had taken account of updates from incidents and complaints. Staff were positive about these audits and felt that they improved the quality of care for each area. All staff were passionate about showcasing the good practice in their area and felt that the audits helped them to identify areas for improvement.
- The Medical Advisory Committee (MAC) at the clinic met regularly to discuss topics such as; risks, practising privileges, complaints and clinical training. The MAC was well represented across all specialities and worked to achieve the clinic's joint venture and vision. We reviewed the minutes of the meetings, it was evident that the committee was well attended and that attendees discussed the topics mentioned above.
- We reviewed five practising privileges files. All were well organised and contained appropriate documentation.
- Local operational meetings fed into monthly governance team meetings led by the chief operating officer. These were multidisciplinary meetings and addressed areas including clinical effectiveness, safety and performance, patient experience and training. Meetings were discussed with all staff at weekly staff meetings and the minutes were readily available.
- Ward managers met on a monthly basis, meetings motivated shared learning and discussions about performance across the medical wards. This information was then shared with ward staff in weekly meetings.
- Matrons had regular one to one meetings with their managers to discuss specific issues within their teams. Both managers and matrons told us they valued these meetings and found them a useful platform to discuss good practice and challenges.
- There was a systematic programme for clinical and internal audit. The results of audits were discussed at the departmental governance meeting and subsequent action plans were implemented and reviewed, and learning shared across all HCA sites where appropriate.

### Governance, risk management and quality measurement (medical care level only)

- The clinic held an overarching risk register and all risks were entered on the register by ward managers or the matron. On review these were found to be fully completed with good control measures in place. Ward managers reviewed and updated the risk register on a monthly basis. The regional chief nursing officer, chair of the medical advisory committee, chief governance officer and chief executive officer all had an excellent overview of risks within the clinic.
- There were monthly ward and department meetings and regular staff ad-hoc meetings and safety huddles in which key issues were discussed and information shared amongst staff. Each ward had a morning huddle every morning, which was attached to staff handovers.



## Medical care

- The clear governance structure meant that incidents could be quickly acted upon. For example, following a pressure ulcer incident, a root cause analysis identified the need to improve turn chart documentation as well as the escalation process.
- The head of governance used to be based at the HCA head office in London, but the position is now filled locally at the clinic. This allows for greater focus on the service patients at the clinic are receiving.
- The head of governance and risk was responsible for the monitoring and management of the complaint process. Complaints were managed in line with the Independent Sector Complaints Adjudication Service (ISCAS) code and were discussed weekly with members of the senior leadership team. All complaints were reviewed at the governance meeting and the Medical Advisory Committee including themes and trends. Assurance was provided through the quality assurance meeting. Examples of learning from complaints included the change to electronic appointment cards after human error resulted in a patient arriving on the wrong day for their appointment.
- The quality and patient experience matron presented all positive and negative feedback from complaints, concerns and compliments monthly at the audit accountability meeting. Results were presented in the monthly governance report at the governance meeting.
- An incident action log was used to track all incidents and ensure that learning was developed when necessary. The action log could be accessed by any member of the governance team to identify and track trends.
- The clinic had a Caldicott Guardian to protect the confidentiality of patient information and enable appropriate information sharing. The clinic ensured that all staff had an HCA email account (including consultant's provided by the partner NHS provider), and used an electronic encryption system to enable the sharing of secure information between healthcare professionals when necessary.
- There were monthly staff meetings in the radiotherapy department. We saw minutes of meetings with agenda items which included health and safety, risk management, continuing professional development and radiation protection.
- There were service level agreements in place for all third party providers. We saw evidence of these SLA's being checked against agreed key performance indicators on a regular basis. There had been no issues that had required escalation.

### Public and staff engagement

- Staff across all areas gave examples of team building exercises, such as fundraising ventures that enabled good team working.
- The organisation, organised team staff events to promote staff engagement. For example summer bbq's were held and families of staff were invited. Staff enjoyed the events and felt it was the organisations way of saying thank you.
- The medical services celebrated international nurses' day.
- There was an employee of the month. Each department could select an employee of the month and showcase their achievements.
- The medical division actively sought the views of patients and their relatives by asking them to complete satisfaction surveys following treatment as a means to help shape future improvements. The results of this were displayed on the ward notice boards in each area.
- In response to patient feedback we saw examples of changes to practice. This included changes to ward areas so that patients did not have to be moved, changes to practice, equipment or processes. The catering supplier was also changed following patient feedback and satisfaction scores increased from 50% to over 90%.
- There were monthly staff meetings when more detailed information was cascaded from senior management meetings. We heard examples of how staff were encouraged to participate in meetings, so that they could get the maximum out of their meeting.
- The regional chief nursing officer held regular coffee mornings to allow staff a more informal opportunity to discuss issues.
- The staff room had a dedicated staff board that displayed information about shared learning and governance, Staff used this to keep informed about ward performance.







## Medical care

- The patient user group (PUG) met every three months to discuss anticipated changes to services; this group was used as a platform for patients and their families to get involved in the decision making. An executive member of the clinic attends the group.
- The medical division recently began to offer nursing staff a pre-operative accredited course, this was so that the clinic could provide assurances that staff were confident, knowledgeable and understood what checks needed to be carried out preoperatively.

### **Innovation, improvement and sustainability**

- Staff and managers within medical services were continually striving to improve the care and treatment patients received.
- Staff were actively encouraged to take part in innovation and encouraged to suggest new and innovative ways for improvement. We saw several examples of where staff had suggested change in practice and these had been successfully implemented.
- An example of innovation was seen on HTU, the unit worked with another NHS hospital trust to provide a seamless service for stem cell transplant. This initiative had been started because there was a large proportion of patients that required the service.
- Whilst the clinic had not yet treated any patients, it had undertaken work to ensure that it could now provide chemosaturation therapy for liver cancer.
- Although it is not mandatory for private healthcare providers, the clinic had recently completed a mortality review process which would allow it to benchmark its performance against other organisations. The document was to be shared with other HCA facilities.
- The clinic provided staff, at all levels, with the opportunity to apply for external training courses to continually improve their skills and widen the quality of service provided for patients. Examples included non-clinical staff attending customer service courses.

# Outpatients and diagnostic imaging

Safe	Good 
Effective	
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as **good**.

- The service had comprehensive systems to keep people safe. Staff reported incidents and feedback following thorough investigations of these was used to improve the quality of services.
- There were infection control measures in place which were audited and there was good compliance to the audits. Appropriate equipment was available in clinical rooms.
- Staff were compliant with mandatory training including appropriate safe-guarding training. All staff, including non-clinical staff were trained in basic life support skills.
- Records were mostly electronic but we saw that paper records were stored securely.

### Incidents

- There was a comprehensive corporate incident reporting policy that was in date and had a review date.
- Staff showed a very good understanding of incident reporting. We were told that all incidents were raised using the electronic reporting system. These were reviewed by the governance team and information fed back to the relevant departments. Staff we spoke with were aware of the duty of candour.
- We reviewed the incidents from the last three months in the out-patient department. There had been six incidents and all had been rated as low harm or no harm.

- Staff told us they received very good feedback from the incidents they reported and staff regularly discussed these in the monthly team meetings. A 'learning from experience report' highlighted lessons learned and ways of improvement was published each month. This was also discussed at each team meeting.
- Staff felt encouraged by the lessons learned from incidents and agreed that these were useful for improving their practice.

### Cleanliness, infection control and hygiene

- The clinic used an NHS partner organisation policy for handwashing and for the screening of patients with MRSA. The latest infection, prevention and control audit from July 2017 demonstrated that 96% of staff complied with relevant infection control protocols, an increase from 94% for the previous year.
- All of the areas we inspected in the outpatients department were clean, uncluttered and free of obstacles.
- There were hand sanitizers on the walls at the entrance and throughout the department. We observed staff decontaminated their hands on entry and exit to consultation rooms as well as before and after any patient interactions.
- There was access to personal protective equipment such as gloves and aprons in each of the six consultation rooms and the treatment room and we saw that staff used this appropriately. Gloves were available in a number of sizes. Each room had a sink with hand hygiene products and paper towel dispensers. All were replenished regularly by the department housekeeper. The flooring was appropriate;





# Outpatients and diagnostic imaging

there were no carpets in the rooms. This was in line with national infection prevention and control guidelines.

There was good infection, prevention and control compliance in the way the building was set out.

- Staff completed hand hygiene audits each month. One staff member we spoke with was responsible for monitoring the department hand hygiene and completing the monthly audit. They told us they observed staff members hand hygiene and uploaded the observations into an application on their telephone. The data was sent to the infection prevention and control lead that reviewed and published the data monthly.
- Staff said that this method of auditing their practice was easy to use and the results could quickly be sent to the relevant person. The compliance was at 96% for all elements of infection prevention and control audit, compliance had previously been at 94%.
- The clinical waste and sharps disposal area was clearly identified and secured with a keypad. Sharps containers were clearly labelled with the date and the name of the staff member assembling, locking and disposing these. Bins to accommodate different types of waste were clearly identified, enabling safe disposal by staff. These included bins for cytotoxic waste.

## Environment and equipment

- The outpatient department waiting area had recently been updated in response to patient feedback.
- Staff told us that each consultant had their own preference of consultation rooms. Staff were aware of the appropriate equipment needed for each consultation and checked the availability of these before each appointment.
- The staff we spoke with told us that they had adequate and appropriate equipment in the department to carry out the treatments at the time of inspection. They also told us they had access to any specialist items from another part of the service.
- The department used external contractors to check on safety and maintenance of the equipment used in the department.
- The emergency resuscitation trolley was in clear sight of staff and situated in the middle of the department. The contents were secured with a tag and weekly checks of non-secured items were recorded. We checked the

contents of the trolley, which included intravenous medicines and fluids, water for injections, syringes, needles and suction tubing. All of the items were in date, clean and the packaging was intact.

## Medicines

- There were effective systems in place for the storage and management of medicines, and they were prescribed and administered appropriately.
- There was a pharmacy based in the outpatient department and we observed staff asking advice from the on-site pharmacist.
- The department used an electronic system for prescribing. This helped the medical staff to complete requests when they were out of the department or during patient consultations. Requests went directly through to the pharmacy. This system helped to speed up prescription requests and avoided the risk of mislaid or illegible prescriptions and delays in treatment.
- For our detailed findings on medicines, please see the Safe section in the medical care report.

## Records

- There was a corporate health records' management policy and a process for the management of health records for the Christie private clinic. Both documents were in date and had a review date.
- Health records in the outpatient department were electronic and were assigned a unique number. Paper records were also created, if appropriate, and these had the same unique number. There was guidance about the thickness of records and when a new volume needed to be generated. This prevented records becoming too bulky and reduced the risk of loss of documentation from the record. When not in use, paper records were stored in a secure records library on the clinic site. Records were not removed from the clinic site and if information was required by other organisations, records were copied in line with the clinic policy.
- The majority of record keeping was made electronically. Patients also had a folder containing paper records, such as letters between services and printed blood results which was mostly used for reference.
- All staff in the department were able to access patient records. However, one staff member told us that although they were able to access and read the electronic patient records, they did not have permission to input information. This had been raised by the staff



# Outpatients and diagnostic imaging

member and the information technology team were in the process of arranging full access to the system. The staff member assured us that this did not impact on patient care but would improve patient care once they had full access.

- There were two cupboards in the treatment room with keypads which were used to secure confidential records for patients attending appointments that day. These were locked at the time of inspection and records were retrieved as they were required.
- We observed six sets of notes in the outpatient department; all were attending appointments that day. All of the required information was available, such as risk assessments and signed consent to treatment forms where required.
- We observed the role of the administration staff responsible for the preparation of records. Their role was to source the patient's records and check that these were available on the day. We were told that it was unusual for records to go missing, but if they did there were clear guidelines in place to report and deal with the incident. In the three months before the inspection there had been no missing patient records in the out-patient department,
- Records for the psychology service were written and were kept separate from other records to protect the privacy of the patients and their families.

## Assessing and responding to patient risk

- We observed a member of staff identify a deteriorating patient on arrival at the department. The patient was immediately assessed by a nurse and taken to a treatment area where appropriate interventions, such as vital signs checks, were carried out. The clinic used the policies and standard operating procedures from the NHS partner organisation for the deteriorating patient and management of sepsis.
- The clinic had RMO cover 24 hours a day, seven days a week. It could also access the critical care and emergency support provided by the partner NHS trust.
- Reception staff made initial patient checks such as personal details and chaperone requests on the patient's arrival at the department.
- We saw evidence of 100% compliance for all staff in basic life support training.
- There were clear care pathways were in place so that treatment was appropriate, timely and effective. Where there were clinical risks identified, an alert was visible

on each patient's electronic record. For example, we observed three patient records with a high risk score for malnutrition. This score was highlighted on the appointment list so that staff were aware of the risk and could highlight any issues to the medical staff.

- Patients and carers could use the partner NHS trust's telephone hotline. The hotline service is a 24 hour telephone helpline service available to patients and carers for advice and management on the side effects and complications of cancer treatments.
- The dietitians had developed a new form for patients who had naso-gastric feeding with risk assessments that looked at the risk of aspiration. A standard operating procedure was also in development.
- The dietetic service was working with the catering providers about the risks for patients with neutropenic sepsis. They were going to provide a training package for the staff.

## Safeguarding

- There was a safeguarding children and young people policy and a safeguarding adults at risk policy. The safeguarding children and young people policy included female genital mutilation (FGM) and the mandatory reporting and notification of FGM to NHS England. We saw that there was information available in clinical areas about local safe-guarding procedures. The adults at risk policy included the training requirements for the staff at the clinic.
- Staff we spoke with told us they had not been involved in any safeguarding issues at the time of the inspection. They were all aware of who the safeguarding lead was (the regional chief nursing officer - trained to level four) and agreed that the safeguarding team were easily accessible if required.
- All staff had all completed mandatory safeguarding training levels one and two for children and young people and appropriate staff had completed the level three training. All staff had completed level one and two safeguarding training for adults at risk. Staff carried reference guides in credit card format. Staff we spoke with had a good understanding of the procedures to follow in the event of safeguarding concerns.
- The psychology lead told us of an incident when they had to break confidentiality as they considered that the patients relatives were at significant risk of harm.



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- We saw that there were safeguarding contact numbers on the walls in clinical rooms.
- A safeguarding 'app' was available for staff to log into; this was on all desktops and contained information on topics such as what is abuse, how to report a safeguarding concern and consent.

## Mandatory training

- All staff could access mandatory training through the clinic and at the trust.
- Mandatory training was accessed via the internal electronic learning academy. Staff also attended face to face learning sessions.
- Staff we spoke with told us they were fully up to date with their mandatory training. The ward manager told us they kept electronic records which identified staff whose training was out of date. We were told that the department had 100% compliance with mandatory training at the time of inspection.
- We saw results of the mandatory training figures for the department published on the staff room notice board and this confirmed the high levels of compliance in the department. Staff were able to see their department's performance and told us this encouraged them to ensure their training was up to date.

## Nursing staffing

- There were 2.8 whole time equivalent registered nurses and one healthcare assistant employed in the outpatients department. There was also support from administration staff. Staff told us they were flexible and able to cover shifts easily.
- The department used bank staff for chaperoning which totalled approximately 30 hours per week. Staff told us that they had identified the need for a permanent member of the team to chaperone. In response to this, the management team had recruited a full time member of staff who was about to commence in post. This showed evidence of the management team responding to staff requests, which promoted good working relationships.
- The outpatient department and adjacent day case service was managed by the same staff member. Staff from the day case service could be called on for support if required. Staff we spoke with all agreed that the current staffing was appropriate and with the recruitment of the chaperone, the service would be more than manageable.

## Medical staffing

- Please refer to medicine report.

## Emergency awareness and training

- Please refer to medicine report.

## Are outpatients and diagnostic imaging services effective?

We do not rate effective for this core service.

- Care and treatment was evidence based and followed national guidance from organisations including the National Institute for Health and Care Excellence.
- Staff could access training at the specialist cancer trust and the clinic provided comprehensive training. There was also appropriate clinical supervision and an appraisal system for staff.
- There were multi-disciplinary meetings to determine treatment pathways for patients. The meetings would involve staff from the specialist cancer trust if necessary.
- We saw that consent processes were in place in the records that we reviewed and staff had received training on Deprivation of Liberty Safeguards, the Mental Capacity Act and dementia.

## Evidence-based care and treatment

- The department shared clinical policies and procedures with the NHS trust. This meant that care pathways were in place and followed nationally recognised recommendations such as the National Institute for Health and Care Excellence (NICE) guidance.
- We saw that there had been a review of NICE guidance across three of the clinic sites and that there was a procedure and a spreadsheet for the reviewing of NICE guidance that was introduced in December 2017.
- The consultants and nurses at the clinic were aware of any research and trials that were taking place in the trust and at other centres; patients could be transferred to these trials if this was most appropriate for their treatment.
- All patients had a holistic needs assessment (HNA) completed by the clinical nurse specialist team. This helped to tailor the care and support that patients received at the clinic. The HNA covered six areas of need practical, physical, emotional, spiritual, mental and social.



# Outpatients and diagnostic imaging

- The clinical nurse specialist function at the clinic was reviewed by MacMillan every two to three years.

## Pain relief

- Please see medicine report.

## Nutrition and hydration

- There was a dietetic service available for all patients who attended the clinic.

## Patient outcomes

- In the echocardiogram service all the private patients scans were reviewed by the consultant cardiac scientist who ran the service. They attended the clinic every week to review scans from the clinic and from NHS patients. This provided quality assurance of the scans for the patients and the clinic.
- The clinic had links to local hospices and worked with the hospices to achieve the best outcomes for patients.

## Competent staff

- There was a policy for corporate clinical support, clinical supervision and preceptorship and revalidation reflection.
- Staff told us that they had really effective support for their development and training. As well as training provided by the clinic, staff could access training and development at the partner trust hospital and education events such as the “Grand Round”. Grand rounds are a teaching tool for doctors and other health professionals.
- Staff we spoke with said that they attended meetings and sat on committees at the partner hospital trust and that this helped to promote shared learning. One of the physiotherapists had set up a falls prevention group in the clinic; they now had an agenda slot on the trust falls prevention group.
- The clinical nurse specialists (CNS) said that they were allowed to be autonomous and to develop and that they had easy access to training and development. They attended study days and conferences and worked closely with the clinical nurse specialists in the trust. One or two of the clinical nurse specialists attended the corporate CNS forum every three months in London and then fed back to the wider team at the clinic on issues

such as patient satisfaction, clinical updates, complaints and any risks to the service. We were told that one of the nurses was undertaking a post-graduate degree in psycho-sexual health.

- The clinical nurse specialists had link nurse responsibilities including safeguarding, dementia and moving and handling. They attended meetings and fed back to other staff.
- Staff told us that all new staff to the department were given a tour of the premises on their first day. There was a checklist that staff must complete before starting any activity on the department. Orientation took place for bank staff as well, even if the staff member had worked on the department previously.
- The department had access to two clinical practice facilitators whose role it was to support staff with training and development needs. One of the facilitators told us that they provided comprehensive training days developed to enhance patient safety and health promotion. All of the training sessions included a session on high risk infective complications such as sepsis.
- One staff member confirmed they had completed a three day induction package at the start of their post and remained supernumerary for the first two weeks. This helped orientation to the department and the hospital and did not feel pressured into taking on more responsibility than they felt comfortable with.
- Staff we spoke with said that they had an appraisal that identified their training needs. Appraisal rates were at 100%. The clinic funded appropriate external training if this was appropriate to the development of the service.
- Staff told us they received clinical supervision each month or sooner if any needs are identified. One staff member told us they had recently completed supervision in venepuncture and was now able to perform this task. This had reduced some of the workload on the other members of the team.
- There was supervision for staff and some of this was external to the organisation dependant on the job role. One of the clinical nurse specialists was accessing supervision from somebody with experience in psychosexual issues and the psychologist received supervision from an external supervisor.
- Clinical supervision for staff could be accessed from the psychology services. A member of staff told us they had used the service and that it had been helpful.



# Outpatients and diagnostic imaging

- The independent prescribers at the clinic attended non-medical prescribing meetings at the trust.
- We spoke with a student pharmacy technician who was being supported by the clinic to obtain their relevant qualification and they were given time off to attend this external training.

## Multidisciplinary working

- There were multi-disciplinary meetings (MDT) to determine the treatment pathways for patients. These meetings involved staff from the specialist cancer trust if necessary. The clinic was in the process of recruiting an MDT co-ordinator as collating the information for the MDT could be difficult particularly if the patient had come from abroad for treatment. Staff told us that a co-ordinator would save them a lot of time.
- Nursing staff and allied health professional staff described excellent working relationships with the clinic consultants. Staff had access to the consultant's mobile phone and said that they could contact them at any time if they had concerns about patients. Staff were clear in their responsibilities and the patients we spoke with felt confident in the delivery of their care.
- The physiotherapy service liaised with community services for patients who lived a distance from the clinic and also for patients following discharge from the clinic.
- The physiotherapy service said that they worked closely with the trust in areas such as management of lymphoedema and falls prevention.
- The clinical nurse specialist teams worked with colleagues in primary care and in community services. They had been out to local GP surgeries to update them about services provided by the clinic.
- One consultant told us they respected the knowledge of the nurses. They were knowledgeable about the consultant preferences and were assured that their consultation room would be set up as they required.

## Access to information

- All policies and guidance from the clinic and the trust were available electronically for staff.
- Letters to GPs were sent out within 24 hours of the patient's appointment.
- All of the echocardiogram images were stored electronically and could be accessed by appropriate staff. Images from previous scans could be compared to recent scans indicating any changes in function.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a corporate consent and capacity to consent to treatment policy which was in date and had a review date. The clinic also used the partner NHS hospital consent to examination or treatment policy.
- We observed written consent for carrying out certain procedures and treatments in the patient records we reviewed. We saw evidence of the consent form being reviewed at each consultation where further treatment was required, such as chemotherapy.
- We observed staff request verbal consent from patient's before administering treatment or carrying out any procedures.
- Staff told us they rarely encountered patients with lack of mental capacity but they were aware of the process for assessing and reporting this. The staff we spoke with showed a very good awareness of factors that may contribute to patient's mental health. These included changes in medicines and infections.
- There had been a mandatory training day for all staff on Deprivation of Liberty Safeguards, the Mental Capacity Act and dementia in November 2017. Data showed that at the time of inspection, 100% of outpatient staff had received training in the Mental Capacity Act.

## Are outpatients and diagnostic imaging services caring?

Outstanding



We rated caring as **outstanding**.

- Staff considered the emotional and social needs of patients as important as their physical needs. There was a psychology service that was free that supported patients and their relatives. This helped patients to come to terms with their illness and supported them through the different stages of treatment and at end of life if necessary.
- Patients were always treated with dignity at all times. Staff were respectful but friendly to the patients and knew the patients by name. Staff including consultants went the extra mile for patients and their relatives.
- Patients who used the service were active partners in their care. There was a wellbeing space which was a small group support programme providing education



# Outpatients and diagnostic imaging

and support for patients over an eight week period. The programme continually evolved following patient feedback. Patient and relative feedback from the course was excellent.

- Patient feedback about the service was continually positive. We spoke with nine patients in the out-patient department who could not speak more highly of the staff and whose care exceeded their expectations.

## Compassionate care

- We observed patients being treated with respect and dignity in the outpatient department. Reception staff were often the first to speak with a patient and we saw evidence of excellent skills in communication.
- We observed staff listening to patients concerns and anxieties. Staff told us that this was one of the things they loved about their job, the time they were able to spend with patients.
- All consultations took place in a dedicated treatment room. Privacy was maintained with closed doors and clear signage indicating that the room was occupied. There were also curtains within each room to provide extra dignity and privacy where required.
- Staff told us that about when a consultant had to deliver bad news to a patient; they had made special provision with the environment of the clinic to help the patient. There was also another member of staff present.
- Patients' feedback included "excellent treatment received" and another said "the clinic is not a sad place but a place of hope". The staff were described as "extremely friendly" and another described staff "like my family".

## Understanding and involvement of patients and those close to them

- We saw that when patients attended the OPD staff knew them by name; patients also knew the names of the staff.
- A patient's relative arrived at the clinic and asked to see the consultant, although they had no appointment; the consultant agreed to see them.
- The physiotherapy service at the clinic often involved patient's children, so that they could see what the patient needed in order for them to look after and care for their children.
- The clinic provided the "wellbeing space" which was a group support programme that provided education and psychological support in a small group setting for

patients and carers. It was free and seen as part of the patients care. The group was started following feedback from a patient user group that people needed support after their treatment ended.

- There were ten groups that ran in 2017. These were initially mixed groups, but became single sex groups with a group for "significant others." Group sessions were every week for six weeks, but following patient feedback the groups were delivered every eight weeks.
- The groups sessions comprised of topic based discussions which were facilitated by the clinical survivorship lead who was a radiographer and a member of the psychology team. The groups were small and informal and half of the session was led by an expert speaker with topics such as physiotherapy, lymphoedema, mindfulness and the second half of the session was a group led discussion. The groups evolved and changed following patient feedback.
- These sessions were only being delivered to certain patients currently, but there were plans to develop a course for palliative patients. Radical treatment aims to cure the patient and palliative treatment is given for symptom relief in patients who are in the advanced stages of their cancer.
- A patient who was at end of life told us how they felt safe and secure because they trusted the staff and that they knew what they were doing. Another patient told us that the staff helped them to maintain their self-esteem following the side effects of chemotherapy.
- Staff could signpost patients to other services following the sessions and on average there were seven referrals per course.
- The courses continually evolved and changed following patient feedback and a wellbeing fitness class was in development.
- Feedback from participants was extremely positive. Quotes included "this was a vital cog for patients recovering from cancer", "an incredibly valuable experience" and "the opportunity to share thoughts and feelings with others who are going through a similar experience". One patient's relative described how the course had given them strategies to deal with the relative's illness.
- The clinic had started to put on coffee mornings that were drop in with health professionals available for patients to talk to.

## Emotional support



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- There was a psychology service which had been running for five years. The first session was free to all patients. After this, people could be signposted or referred to other counselling services if appropriate or continue to use the psychology service. The psychologist tried to see all patients who came through the clinic.
- The sessions were one to one or with families though they did not include children who were under 18 years of age.
- The psychology lead told us that patients sometimes told them that they did not want to carry on living and they described how patient's moods altered during the course of their treatment and how they supported patients through these mood changes. The psychologists could access psychiatric support if they thought it was necessary.
- The service worked with patients at the end of life and supported them and provided bespoke care. They also supported patients going through treatments such as radiotherapy and worked with the team from the trust to provide the best outcomes for patients.
- Staff told us they regularly provided emotional support for patients and regularly made use of quiet areas of the department to support this. The department also had access to nurses with specialist interests such as sexual wellbeing and reconstructive counselling.
- Dietitians worked with specialist nutrition nurses and a local trust to set up a prompt discharge of patients on home total parenteral nutrition service. This prevented patients being exposed to unnecessary distress as a result of patient transfers and lengthy inpatient stays.
- Patients could access care in a timely way. Ad hoc clinics were set up as required to ensure that patients were seen by consultants in a timely way. The clinic also provided an echocardiogram service (ECHO) for its own patients but mainly for NHS patients who attended the specialist NHS trust. The service could see patients in two to three days and saved them attending for ECHO in their own trusts which sometimes had waiting lists of several months.
- The service could demonstrate where improvements had been made as a result of learning from reviews, including changes to clinic rooms and patient couches.

## Service planning and delivery to meet the needs of local people

- The out-patients department (OPD) was open 8am to 8pm Monday to Friday. Staff told us that the last patient was usually booked in at 7pm which gave staff the opportunity to tidy the clinic areas before they left. The majority of patients seen in the OPD were oncology patients (63.4%) followed by haematology (10.7%) and urology (6%). There were six clinic rooms and a treatment room. All the rooms were spacious and light; the treatment room had two chairs and curtains between them to give privacy and dignity.
- The clinic saw between 2500 and 2900 patients every three months. The number of patients attending the clinic seemed to be increasing.
- The waiting area in the department was spacious and airy and there were refreshments and reading materials available for patients. There were floral arrangements on the reception desk. There was a separate waiting room available for patients who required a quieter area.
- There were a number of allied health professional services available at the clinic including physiotherapists, dietitians, speech and language therapists and therapy radiographers.
- There were seven clinical nurse specialists who each one had a tumour group specialism. They were the only MacMillan clinical nurse specialists who were employed

## Are outpatients and diagnostic imaging services responsive?

Outstanding



We rated responsive as **outstanding**.

- Patient's individual needs and preference were central to the delivery of tailored services. There was a range of services available from clinical nurse specialists to support patients during and after their treatment.
- There were innovative approaches to providing integrated patient-centred care. Physiotherapists and nurses delivered services for prevention of lymphoedema and supported patients who had lymphoedema. Physiotherapists were also involved in the treatment of scar tissue from radiotherapy and surgery.



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in independent healthcare. There was a support nurse for these nurses following concerns from the nurse specialists that their caseloads were increasing; there was also full time administration support for the team.

- There were nurse led clinics; one of these was to support patients who were taking pancreatic enzymes as part of their treatment. One of the clinical nurse specialists had observed that patients were not always taking these medicines appropriately and they set up the clinic to look at how to take the medicines appropriately and how to titrate the medicines so that patients were receiving the correct dose. They also liaised with the patient's GP and there was a blog for patients.
- There was a nurse led clinic for patients who had received treatment for prostate cancer who had developed continence issues and erectile dysfunction. The nurse followed patients up four weeks after surgery to check on the possible side effects of the treatment.
- A clinical nurse specialist had set up a sexual well-being clinic as feedback suggested that this was an issue for patients and was leading to anxiety and depression.
- The physiotherapy service at the hospital mainly provided services to in-patients. There were two physiotherapists were trained in the management of lymphoedema, a lymphoedema specialist nurse, and an experienced bank lymphoedema nurse. They provided advice and education to reduce the occurrence of lymphoedema. Physiotherapists led a Friday clinic, and were also involved in the management of scarring and scar tissue from radiotherapy treatment. The physiotherapists and the lymphoedema nurse saw patients on Saturdays if necessary, though the usual service was Monday to Friday.
- There was a dietetic service for the clinic. It was previously run by locum staff, but due to the complexity of the patients a dietitian was appointed. They were supported by a full time locum dietitian and there were plans to integrate the service with the partner NHS trust to provide holiday and sickness cover.
- There was a discharge pack of food items for patients who lived alone, so that they could manage for a few days until they were able to go out or care packages were initiated.
- Patients receiving cancer treatment could develop problems with cardio-toxicity and often needed an echocardiogram (ECHO) at periodic intervals before treatment could recommence. The clinic provided ECHO for patients attending the clinic and for NHS patients from the trust. The service was provided from an NHS tertiary centre and physiologists from the centre attended the clinic. The service was delivered 42 hours per week Monday to Friday.
- Before the ECHO service was started all patients had to attend their local hospital for the intervention. Inpatients had to travel by ambulance to other hospitals. This was inconvenient and some poorly patients would not have been able to undertake the journey. There were also issues with quality assurance and communication of images to the consultants.
- The clinic funded the ECHO service through a service level agreement. It saw 240-250 patients per month, the majority of which were NHS patients. Patients usually waited two to three days for a scan, this compared with patients in NHS trusts waiting several months. There were reserved slots for in-patients and intensive care patients every day, and the intervention could be delivered at the patient's bedside.
- The ECHO service was responsive if patients wanted a male or female sonographer to perform their scan.
- There was a process in place where patients could attend the department for minor procedures such as simple mole or skin lesion removal. At the time of inspection, this was delivered on an adhoc basis in the department or identified during the patient's consultation. The department would respond by delivering this treatment at short notice.
- Staff we spoke with identified the need to offer minor surgical procedures as a regular service in the department. Systems were in place to agree and discuss the way forward with this.
- The department had an open clinic where patients who required blood tests could arrive without an appointment. This had been received well by patients who agreed this was very convenient if they had been attending another appointment in the hospital for example. Some patients liked to have their blood tests before their clinic appointment and some had them on the day of the appointment. This meant that some patients had to wait for results before they had their consultation.
- Reception staff emailed consultants the day before their clinic to remind them about the start time. This was in response to a patient complaint.
- Staff said that they could access services (for example physiotherapy and dietetics) very quickly, usually on the





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same day. Staff tried to accommodate patients on the same day as their appointments as some of them lived a distance from the clinic. Some patients were quite poorly so if they could get all their treatment done in a day they did not have to return to the clinic until their next appointment.

- Patients could ask for food at any time to encourage them to eat. Snacks and drinks were available in reception.
- Two of the pharmacists and one of the clinical nurse specialists were independent prescribers. This helped patients to access appropriate medicines in a timely manner.
- Consultation rooms were clearly identified and signs indicating that a room was occupied were in clear sight. Toilets were clearly marked and each had an alarm bell to call for staff.

## Access and flow

- In the last 12 months, all patients were seen within two weeks of referral except when due to factors outside of the clinic's control (for example, patients travelling from overseas; patients requesting specific dates for appointments; patient cancellations; patient holidays and religious holidays; and patient availability). Staff told us that some patients were seen within 24 hours of referral.
- Of the 8,500 outpatient appointments, 140 appointments (1.6%) had been rescheduled and/or rebooked in line with patient choice.
- If patients failed to attend their clinic appointment, they were contacted within an hour to discover the reason for their non-attendance.
- There have been no cancelled outpatient appointment by consultants in 2017.
- Ad hoc clinics were set up as required to ensure that patients were seen by consultants in a timely way.
- Patients were allotted 45 minutes to 60 minutes for new patient appointments and 15 minutes to 30 minutes for follow up appointments. The reception staff knew how long appointment times needed to be for each individual consultant.
- The clinical nurse specialists told us that they had realistic time frames in which they could plan patients care and achieve the best possible outcomes for them.

## Meeting people's individual needs

- There was a corporate chaperone policy which was in date and had a review date. Some consultants like to have a chaperone in their clinics and some liked to have a chaperone if they were going to deliver bad news. There were posters up in the waiting area and patients could request a chaperone.
- The service promoted the use of patient passports for patients with learning disabilities.
- Patients booked in at the reception area where reception staff carried out initial personal identity checks. Hearing loops were available for patients with hearing difficulties. Nurses were informed of the patient's arrival and they were greeted in the waiting area where a further identity check took place. Nurses escorted patients to the consultation rooms
- There was a corporate policy for supporting people with dementia that was in date and had a review date. There were departmental dementia champions who supported the staff in their department and patients and their families.
- Some patients had body image issues because of side effects such as lymphoedema or scarring and the physiotherapists helped patients to come to terms with their body image and to address some of the issues with specialist treatment such as special clothing and exercises.
- The physiotherapy service worked with patients who had young children to look at the children's involvement in the patient's journey. Outcomes for patients were based on what the goals of the patients were and the physiotherapists worked towards patient's achievement of those goals.
- The dietitians joined the consultant clinics for upper gastro-intestinal cancers. They could intervene early to benefit patients who had feeding and swallowing difficulties. This helped to support patients later in their care and treatment if their condition deteriorated.
- The dietitians worked with specialist nutrition nurses and a local trust to set up a prompt discharge of patients on home total parenteral nutrition service. This prevented patients being exposed to unnecessary distress as a result of patient transfers and lengthy inpatient stays.
- The psychology service wrote to patients' employers to help to get patients back to work. They identified what support the patient needed and changes that needed to be made.



# Outpatients and diagnostic imaging

- The psychology service used a number of techniques including cognitive behavioural therapy, compassion focused therapy and cognitive analytical therapy.
- The business support staff said that they helped patients to deal with their private medical insurance when they were referred for treatment. Staff said that patients were often stressed and anxious and found it difficult to deal with the insurance companies. These staff contacted the insurers and made sure that everything was in place for the patient. The staff told us that the clinic supported patients if there were issues about their insurance cover during treatment.
- We spoke with a patient administrator who told us about the process for accessing a translator; this was through the partner NHS trust. They said that they had never had to use one.
- We were told about a patient with specific health issues who needed to access an intervention at the clinic. The patient did not like busy areas and so their appointment was arranged at lunch time when waiting areas were quiet.
- Appointment letters and patient information could be accessed and sent out to patients in large print.
- If a patient had a learning disability staff said that they would speak with the patients carer or relative to decide what adjustments needed to be made when they attended the clinic.
- A member of staff told us that they had been to the managers as they felt that a room that was being used for an intervention was unsuitable and in-patients needed to have a procedure at the bedside which did not produce as good results as having the procedure undertaken in a clinic room. Management agreed and the service was moved to a better environment with access for in-patients.
- A member of staff told us that patients had raised some issues about the comfort of treatment couches. In response to this, the service manager had sourced more appropriate couches and patients had given positive feedback.

## Learning from complaints and concerns

- See medicine report.
- There was a corporate complaints' policy that was in date and had a review date.

- A learning from experience report was published monthly and the results of this were discussed at each team meeting.
- Staff told us that they had received one complaint that had been escalated to the out-patient manager who resolved the complaint

## Are outpatients and diagnostic imaging services well-led?

Outstanding



We rated well-led as **outstanding**.

### Leadership and culture of service

- The outpatient department and adjacent day case service was managed by the same staff member.
- The lead of the outpatients department attended monthly clinical governance meetings to discuss incidents, complaints, best practice and learning, and operational information. There were monthly 'outpatients administrative and nursing team' meetings that enabled the manager to disseminate this information.
- Staff told us that they could telephone managers at any time for help or advice. They also told us that managers were visible in the organisation and would walk round the clinic round during the day.
- The leadership of the clinic strived to motivate staff to succeed. They encouraged staff to email the departmental heads about 'reasons to be proud', and employee of the month.
- The clinic ensured that there was a deeply embedded system of development and succession planning throughout the service. We spoke to a number of staff who told us that they had been developed by the clinic. They had been given training and had been promoted, some to middle management posts.
- A member of staff told us that following maternity leave the clinic had been very flexible about their role.
- Staff said that they really liked working at the clinic and many had been there for a number of years. One member of staff told us that the clinic was a very special place to work. We were also given a number of examples of staff development and some staff had started work in quite junior posts and been developed and promoted into senior posts.



# Outpatients and diagnostic imaging

- Additional information contained in medical care report.

## Vision and strategy for this core service

- See medicine report.
- The outpatient service was an integral part of the vision and strategy for the clinic, including 'exceptional people, exceptional care' ethos. Objectives included greater collaboration with other units, revised working practices, and changing drug deliveries to be more "just in time" for day cases.

## Governance, risk management and quality measurement

- There were monthly staff meetings in the department. Agenda items included mandatory training, complaints, medicines incidents and safeguarding incidents. The meetings enabled system wide changes to practices to be effectively communicated. For example, in February 2018 staff discussed the updated Department for Health protocol for Pressure Ulcer Assessment.

- Additional information contained in medical care report.

## Public and staff engagement

- There was an employee of the quarter who won a personal prize of £200 and £100 donation to a charity of their choice.
- During the February 2018 staff meeting, the leadership's request for ways to celebrate International Nurse's Day where sought from frontline staff. Staff were also reminded about the patient user group and its role in improving the service.
- Additional information contained in medical care report.

## Innovation, improvement and sustainability

- The psychology service and the wellbeing space were innovative services that were free to patients attending the clinic. There were proposed developments of these services to support patients and their relatives.

# Outstanding practice and areas for improvement

## Outstanding practice

- The clinic ensured people who used the service received a service tailored to their needs. We found innovative approaches to provide integrated person-centred pathways of care that involved other service providers particularly for patients who had complex needs.
- The clinical nurse specialist team offered a unique service to patients who required their support. The team provided a variety of provisions to help patients and their families. Their services included signposting, hosting workshops to educate patient's and one to one discussions.
- The culture across the clinic was exceptional, staff were proud of the organisation they worked for; staff at all levels were actively encouraged to speak up and raise concerns. There was a high level of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring staff were listened to.
- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. All patient feedback scores were based on excellence, survey scores were 100% across all areas. Patients spoke highly of the staff and gave examples of staff going the extra mile. We found staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We observed staff and patient interactions that was respectful and caring. .
- All teams were committed to working collaboratively and found innovative and efficient ways to deliver more joined up care to people who used the services. The multidisciplinary working across all divisions was fantastic, a holistic approach was used to plan, transfer, transition to other services, which was done at the earliest possible stage. We observed a comprehensive handover that included all areas of the patient's journey. Teams supported each other to provide exceptional care. Staff were proud of their department and thrived to sustain their excellent service.
- Staff undertook a holistic needs assessment of patient to understand their need practical, physical, emotional, spiritual, mental and social needs. This ensured that the clinic could provide a tailored service to each patient. Patients had their own car park (separate from the staff and visitor car park). Staff provided them with a bespoke information pack about their treatment and resources available at the clinic and at the trust to support them through their treatment. For example, the radiotherapy team met patients, and allowed relatives, carers and children to tour the department to identify any issues which could affect treatment.
- The clinic provides a wellbeing space - a small group support programme providing education and psychological support for patients over an eight week period. This was free and seen as part of a patients' care. The programme had continually evolved to meet the needs of patients, and patient feedback was excellent.
- The clinic provided food packages when discharging patients that live alone. The package helps the transition home, and removes some of the stresses that patients could face given their situation.
- Staff had started coffee mornings where patients could talk to health professionals outside of their scheduled appointments.
- The clinic offered complementary therapy sessions. The therapist would see the patient in their room if they were too ill to visit the therapy room.
- The clinic demonstrated exceptional learning from patient feedback. This included the development of the wellbeing space, and changing its catering supplier to better meet the nutritional needs of patients.
- The open and honest culture within the service was exceptional. Staff felt valued and enjoyed working at the clinic.