

TRUST BOARD

Date of Meeting: 18/12/2012	Agenda Item No: 6.4	Enclosure: 6
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Action Plan – External Cancer Peer Review		
Aims:		
<p>The purpose of this paper is to update the Board on the outcome of the external cancer peer review visit, and the plans that have been put in place to address the immediate risks and serious issues that were identified.</p>		
Executive Summary:		
<p>This year's external peer review visit took place on 20 and 21 November, when two teams comprised of clinicians, patient representatives and National Cancer Action Team (NCAT) staff examined the Trusts Chemotherapy and Acute Oncology Services.</p> <p>The Trust has received feedback from the National Cancer Action Team identifying three immediate risks and a number of serious concerns. An immediate risk is something that may cause harm to patients or have a direct impact on patient outcomes and requires immediate action to be taken by the Trust to resolve it. A serious concern is an issue that could seriously compromise the quality or outcome of patient care and requires urgent action to be taken by the Trust.</p> <p>The Trust has been requested to ensure that immediate risks and serious concerns identified at peer review are entered on the Trust's risk register and that the Board is made aware of the findings. Additionally, we are required to formally respond to Richard McMahon, Quality Director of NCAT with the Trust's plan and actions to address the immediate risks by Thursday 13th December 2012 and for the serious concerns by Wednesday 2nd January 2013. The immediate risks, together with the Trust's actions to address them, will be shared with the Care Quality Commission by NCAT for information.</p> <p>The identified immediate risks and serious concerns are described below, together with the action plans to address them. It is important to note that action has already been taken to address the immediate risks. It has been confirmed that one of the three identified immediate risks is inaccurate, and resulted from a misunderstanding between the nursing staff and review team. Additionally, clear plans are in place to address the serious concerns in an acceptable timescale.</p>		
Overview of key areas for consideration or noting:		
Chemotherapy Services		
<i>Immediate Risks:</i>		
<ol style="list-style-type: none"> The drug fridge on the chemotherapy day unit at Cumberland Infirmary is not specifically dedicated for storage of chemotherapy drugs and was unlocked. In addition, there was a food fridge within the clinical area. Action: A separate dedicated, lockable chemotherapy drug fridge has now been installed 		

The Interserve estates and facilities team are installing a hand wash basin in a room currently used as an office so that food storage and preparation can be undertaken there. This work, and the relocation of food storage and preparation, will be completed by 31 December 2012.

2. On Larch D Ward at Cumberland Infirmary, the drug fridge is not dedicated for chemotherapy drugs, was unlocked and contained drink supplements.
Action: A separate dedicated, lockable chemotherapy drug fridge has been ordered and the delivery estimate is week commencing 17 December 2012.
3. There is no extravasation kit on the chemotherapy day unit at Whitehaven Hospital site which could seriously impact on patient safety as patients are undergoing treatment in that area.
Note: The extravasation kit is kept on the Henderson Suite chemotherapy day unit at WCH, and was present when the team visited. However the team were discussing the Savene kit with one of the nurses, who mentioned that that kit was stored in pharmacy as the drug needed to be reconstituted by the pharmacy team, and this seems to have caused some confusion regarding the location of extravasation kit.

Serious Concerns:

- There is no lead chemotherapy nurse which has significantly contributed to the lack of leadership and development of this service.
Action: A substantive band 7 lead nurse post is now out to advert, with a closing date of 14 December 2012.
- An electronic prescribing system has not been implemented within the Trust with no business plan or funding secured. The NCAG report 2009 highlighted the benefits of validated electronic prescribing systems in promoting patient safety.
Action: This is a long-standing network-wide issue. The North of England Cancer Network has recently appointed a project lead and a meeting is planned with the entire network to discuss the way forward.

Acute Oncology Services

Serious Concerns

- There are no assessment and communication pathways to ensure patients are identified, assessed, referred, reviewed and followed up appropriately.
Action: Pathways for acute oncology fast-track referral, oncology telephone support line, and neutropenic admission have been implemented. Further pathways are in development and will be completed by 1 April 2013.
- There is no dedicated staff available for regular patient review and patients are not benefiting from the full range of specialist skills.
Action: The Trust's business case has been approved which describes initial contract rather than admission and focuses on a 7 day service. Recruitment is due to commence in January 2013.
- No plans to roll out and record the acute oncology induction training specifically to A&E and MAU staff to ensure patients are identified and referred appropriately.
Action: The Network Acute Oncology Training session has been adapted for local delivery. A training plan has been developed, and this will be implemented alongside the establishment of the acute oncology team, commencing April 2013.
- There is a lack of formalised fast track procedures to ensure timely specialist review and potential avoidance of admission for all patients attending with acute oncology conditions.

Action: Oncology, Haematology and Palliative Care fast track pathways have been implemented. Planning is underway with individual specialties, with planned implementation from April 2013.

- There is no patient flagging system in place meaning that patients being admitted to the Trust with complications of cancer or its treatment may experience significant delay in their assessment and management.

Action: An alert code has been created on the Trust's PAS system, and an implementation plan is underway. The system will be up and running by 31 January 2013.

The Trust is also procuring a Rapid Alert System (RAPA), which will notify the acute oncology team and the patient's key worker by text and/or email when a patient presents at A&E or is admitted to hospital. This will be implemented alongside recruitment of the acute oncology team, planned for recruitment to commence January 2013.

- There is no robust work programme with associated timescales for the service to address key gaps in the provision of an acute oncology service.

Action: The existing workplan will be updated by 31 December to incorporate the action plan resulting from this peer review.

- The development of the acute oncology service is overly dependent on the Trust acute oncology lead, making service development vulnerable at times of leave.

Action: The Trust's Acute Oncology Team will be integrated with the chemotherapy nursing team. The Lead Chemotherapy Nurse, expected to be in post by February 2013, will therefore provide support in the development of the service.

Specific implications and links to the Trust's Strategic Aims:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	

Recommendations:

It is recommended that the Board acknowledges the immediate risks and serious concerns raised, and notes the action plans that have been put in place.

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