

Our Ref: SP/SAH

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**Clinical Support & Cancer Services**

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Dear Richard

Further to our correspondence at the end of 2012 I write to update you on our progress towards this year's peer review process in terms of the serious concerns and immediate risks which were raised around our provision of an acute oncology and chemotherapy service across North Cumbria.

### **Chemotherapy Services**

#### Immediate Risks

1. *"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 in the treatment preparation room. A hand wash basin has also been installed in a separate room which is used for snack storage and beverage preparation.

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.

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:** I confirm that the extravasation kit is kept on the Henderson Suite chemotherapy day unit at WCH, and is checked daily as a matter of procedure. Unfortunately on the day of the visit there was confusion between the Savene kit which is stored in

pharmacy, due to the requirement for the drug to be reconstituted by an aseptic pharmacist.

#### Serious Concerns

1. *“There is no lead chemotherapy nurse which has significantly contributed to the lack of leadership and development of this service.”*

**Action:** Previous attempts to recruit at band 7 were unsuccessful therefore the post and job description has been reviewed and banded at 8a. Interviews are being held on 4 June 2013.

2. *“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:** As detailed in our letter dated 26<sup>th</sup> March 2013 the NECN will be discussing the hub and spoke approach at their Network cross cutting chemotherapy group in May 2013.

3. Steve Williamson Consultant Pharmacist Northumbria Foundation Trust has agreed to take up the position of Chemotherapy Service MDT Lead for North Cumbria University Hospitals NHS Trust.

### Acute Oncology Services

#### Serious Concerns

1. *“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 have been developed for communicating with the acute oncology team and referral to fast track OPD appointment slots for site specific clinics. These can be activated on a phased basis once the acute oncology nurses are released as the band 5 nurses complete their chemotherapy competencies.

2. *“There is no dedicated staff available for regular patient review and patients are not benefiting from the full range of specialist skills.”*

**Action:** Further to the approval of the business case recruitment of four full time band 5 nurses has been successful. These nurses will commence in early July once human resource processes are complete. It is arranged and funding agreed for the nurses to undertake the degree level module in chemotherapy in September 2013. The band 5's will backfill the existing band 6 chemotherapy nurses. This will enable the band 6's with Consultant support to develop their roles to meet the requirements to deliver an acute oncology nurse led service across both hospital sites. This nurse led service is in line with the NECN structure for implementing an acute oncology service.

3. *“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. The training plan has been developed and commenced by the acute oncology service lead across both hospital sites. The training sessions are currently raising the awareness of the future nurse led service and the importance of multi professional working to improve patient care. A total of seven sessions have been delivered to date and are continuing. As the acute oncology service develops these sessions will be delivered by other nurses in the acute oncology team, therefore on-going training will not just be reliant upon the service lead.

4. *“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, discussions have taken place within the site specific MDT's and the implementation of the identified clinic slots is on-going with colorectal clinic slots already established. An on-going audit of the uptake of these slots is underway.

5. *“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 is operational as at the 31 January 2013. The Trust has purchased the 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. The project plan has been developed in conjunction with the Trust IT department and the implementation meeting will take place in June 2013 to align with the release of the band 6 acute oncology nurses.

6. *“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 work plan has been reviewed and the serious concerns from the previous peer review visit November 2012 have been incorporated. The plan is updated every two months in order to demonstrate incremental progress towards achievement of delivering an acute oncology service.

7. *“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:** There are now further developments in that the Trust have approved the business case for the four full-time band 5 nurses who are now in the process of being appointed in turn this releases the band 6 chemotherapy nurses as previously

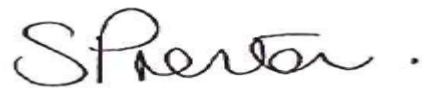
described. The number of haematology nurse specialist posts in the Trust has increased which strengthens the nursing expertise available within the acute oncology team. The team skills will be further strengthened by the potential appointment of the new band 8a post on 4 June 2013.

Should you require any further clarification, or a progress report on implementation of the action plan, please do not hesitate to contact me

Yours sincerely



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