

CLINICAL SUPPORT AND CANCER SERVICES BUSINESS UNIT

DRAFT ACTION PLAN IN RESPONSE TO NCAT REPORT

Action Required	Progress update	Target /date	Lead	Support	Measure of Success
1. Models of Care					
<ul style="list-style-type: none"> Both the Business Unit and Directorate need to establish a good understanding of income and running costs. 	<p>Identified coding errors. Oncology staff met with Clinical Coding staff to iron out the problems and ensure correct activity is being recorded which will in turn maximise income.</p> <p>Advice sought from Chris Ball at NatCanSAT. On going directorate work on identifying all the coding problems.</p>	JULY 2013	Sandeep Singhal/ Stephanie Preston	Nikki Wallace Fiona Mills Dept Team	Income and running costs are understood.
<ul style="list-style-type: none"> The Trust needs to adopt and implement the most appropriate sustainable service model. 	<p>Options appraisal papers to be presented to EMT/Trust board following all visits to other units.</p> <p>Four oncology service providers have been contacted to arrange visits, to explore their service models and possible linkage. First visit 28th May.</p>	SEPT 2013	Clive Graham/ Stephanie Preston	Sandeep Singhal Stephen Mattock Maureen McGuckin	Trust Board approve a service model.

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<ul style="list-style-type: none"> The Trust needs to identify the level of investment required to create and maintain a radiotherapy service. 	Once model is drafted costing's can be worked up.	SEPT 2013	Clive Graham/Stephanie Preston	Fiona Mills Andrew Butcher	Investment required to create and sustain unit is identified.
2. Strategy					
<ul style="list-style-type: none"> Develop a radiotherapy delivery strategy linked into the organisational governance structure that supports the operational delivery of the service. 	Once model agreed.	OCT 2013	Clive Graham/Stephanie Preston	Radiotherapy Manager Clinical Director	Radiotherapy delivery strategy is linked to Organisational Governance Structure.
<ul style="list-style-type: none"> The recommendations from all external reviews that have been conducted be combined into a single action plan and its implementation be monitored by the business unit board. 	Gather all reports and identify if actioned or outstanding. Combine outstanding issues into this action plan	JUNE 2013	Sandeep Singhal	Stephen Mattocks Maureen McGuckin	All external review recommendations are incorporated within this action plan and plan is monitored by BU Board.
<ul style="list-style-type: none"> The production of a business case to replace the two Linac's and the bunker. 	Indicative quote received from National Purchasing team. Currently investigating use of Procure 21 for building works. <ul style="list-style-type: none"> Business Case being drafted. 	JULY 2013	Clive Graham/Stephanie Preston	Angus Timmins Maureen McGuckin Fiona Mills Stephen Mattocks	Linacs are commissioned and in place.

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3. Estate Strategy					
<ul style="list-style-type: none"> The Trust embraces a 10 year radiotherapy equipment strategy; that focuses not just on linear accelerators, but on the whole equipment infrastructure required to deliver the service. 	Equipment asset register is validated. Strategy for replacement is to be formulated.	OCT 2013	Radiotherapy Manager/ Lead for Medical Physics	Fiona Mills Stephen Mattocks	An equipment strategy is in place.
<ul style="list-style-type: none"> The Trust will need to consider taking a smaller but critical short-term upgrade to the existing Linacs. This will secure a maximum additional life of 4-5 years; but in doing this will achieve the planning window for estates growth. 	Options are identified and costed Paper is presented to EMT for approval. Paper presented to Trust Board for approval. LA1 (oldest linac machine) reliability would not justify this strategy as an option	AUG 2013	Clive Graham/ Stephanie Preston / CD	Angus Timmins Stephen Mattocks Radiotherapy Manager	Short term upgrade to existing Linacs is in place.
<ul style="list-style-type: none"> Review the current patient flow and room usage and plan to maximise its potential whilst affording the patient maximum privacy and dignity. 	Scope out current usage and draft plan. Reconfigure in line with improved patient flow.	SEPT 2013	Clive Graham/ Stephanie Preston/CD	Estates Radiotherapy manager	All Rooms are used to full potential and privacy and dignity of users is improved.
4. Operational Delivery					
<ul style="list-style-type: none"> Review the operational model of the HDR Oesophageal Brachytherapy Service 	Commence review of the operational model	AUG 2013	Jonathan Nicoll	Departmental staff	Operational model reviewed

<ul style="list-style-type: none"> The department need to adopt a model for the Gynae Brachytherapy service that is consistent with the national framework. 	<p>Explore options for future model of service. (Which may mean either transferring the service to another provider or increasing the catchment/volume of patients).</p>	JULY 2013	Sandeep Singhal	Departmental staff	Gynae Brachytherapy Service is aligned to national framework.
<ul style="list-style-type: none"> The QMS should be reviewed and an overall dedicated system coordinator appointed to facilitate the development of policies and SOP's and manage the document control process. 	<p>Draft a Business Case based upon increased income to identify funding to support the coordinator post.</p> <p>The Quality Management System is being reviewed. Have made substantial progress with writing treatment protocols, treatment and CT SOP's. These will be incorporated into QART once a coordinator is appointed.</p>	OCT 2013	Stephen Mattocks/ Radiotherapy Manager/Clinical Director	<p>Angus Timmins</p> <p>Stephen Mattocks Radiology manager</p>	QMS and co-ordinator are in place.
5. Staffing and clinical pathways					
<ul style="list-style-type: none"> Develop a succession plan for all professional groups within the radiotherapy service. 	<p>Draft a succession plan for each professional group.</p>	NOV 2013	Clive Graham/ CD	Christine Lightfoot Val Whitwood Radiotherapy Manager	Succession plans are in place for all professions.
<ul style="list-style-type: none"> Undertake a review of the current staffing establishment at all levels and across the professional groups to identify shortfalls and develop a plan to close the gap. 	<p>Current establishment reviewed.</p> <p>Gaps identified.</p> <p>Business case to be written to fill gaps, however this maybe influenced a later date by the service model.</p>	JULY 2013	Clive Graham/ Stephanie Preston	<p>Fiona Mills</p> <p>Maureen McGuckin</p> <p>Stephen Mattocks</p> <p>Angus Timmins</p>	Staffing plan available to close the gaps.

<ul style="list-style-type: none"> Appoint to key vacant posts and consideration to be given to head hunting suitable candidates 	<p>Lead for Chemotherapy – identified and awaiting start date. Nurse interviews 04/06/13 Radiotherapy Manager commences 14 August. Cancer Manager identified in new structure which is under consultation. Admin posts advertised. Lead chemotherapy nurse interviews on 4/6/13</p>	<p>JUNE 2013</p>	<p>Sandeep Singhal/ Stephanie Preston</p>	<p>Maureen McGuckin</p>	<p>Key vacancies are filled</p>
<ul style="list-style-type: none"> Ensure tasks are completed by appropriately skilled staff 	<p>Radiotherapy staff competencies reviewed and all signed off. Up to date competency records are held by all staff groups. Review of physics competencies are being undertaken.</p> <p>Roles further clarified in the new Oncology IRMER document set and in QART</p>	<p>NOV 2013</p>	<p>Clinical Director/ Radiotherapy manager</p>	<p>Stephen mattocks Maureen McGuckin</p>	<p>All tasks are completed by appropriately skilled staff.</p>
<ul style="list-style-type: none"> Develop a quiet area for treatment calculation and planning in a single central location with a quieter area/room for the more complex and challenging activities. 	<p>A temporary 'quiet room' has been implemented. It has 3 treatment planning computers for plan creation and checking. A longer term solution will be sought when all room usage is reviewed.</p>	<p>DEC 2013</p>	<p>Radiotherapy manager/CD</p>	<p>Stephen Mattocks Maureen McGuckin Medical Staff</p>	<p>Quiet area is identified.</p>

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<ul style="list-style-type: none"> Clarify accountability for the treatment planning staff (from whichever clinical discipline). 	<p>Oncology service lead agreement that scientific accountability is to the Head of RT Physics. The detail of what that means needs to be clarified in QART.</p> <p>Further discussion is required to reach agreement on separation of dosimetry and pre-treatment staff.</p> <p>Management of treatment planning staff is through the Radiotherapy Manager.</p>	OCT 2013	Clive Graham	Clinical Director Radiotherapy manager Stephen Mattocks	Clear lines of accountability are defined.
<ul style="list-style-type: none"> Undertake a baseline assessment of the staff skill set and align expertise to the clinical pathway. 	Discussed by service leads and agreement is still to be achieved.	SEPT 2013	Clive Graham	Radiotherapy manager Clinical Director Stephen Mattocks	Care delivered by appropriately skilled staff
<ul style="list-style-type: none"> Implement best practice for Head and Neck planning. 	<p>On-going discussion is required. Agreement with N+N oncologist to carry out one test H+N outlining for a simple conformal case. Further progress is required.</p> <p>OnQ auto-outlining software still in early stages of implementation by NECN</p>	OCT 2013	Clinical Director	Stephen mattocks Consultants Maureen McGuckin Radiotherapy Manager	Head and neck planning reflects best practice.

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<ul style="list-style-type: none"> Develop a plan to move to IMRT as soon as it is clinically safe and practical to do so. 	Discussed at Oncology Directorate and IMRT meetings. IMRT will require adoption of PTV/critical structure outlining and additional Oncologist/or sessions. OnQ will speed the process once available.	JUL 2013	Clinical Director	Maureen McGuckin Stephen mattocks Radiotherapy manager	Plan in place to deliver IMRT
6. Service Planning					
<ul style="list-style-type: none"> Develop a robust radiotherapy governance structure/framework that informs service development. 	Plan to establish monthly governance meetings with a set agenda. Currently governance is addressed in the monthly directorate meeting and the monthly M&M meeting.	OCT 2013	Clive Graham/Clinical Director	Governance facilitator Consultants Radiotherapy Manager	Radiotherapy Governance framework in place.
7. Management Development and Leadership					
<ul style="list-style-type: none"> Implement facilitated team building sessions and organisational development programme for the department. 	To explore opportunity for facilitated session once all key potholders are in place.	OCT 2013	Clive Graham/Stephanie Preston	Christine Lightfoot Northumbria colleagues	OD Programme is in place.
<ul style="list-style-type: none"> Introduce a performance dashboard for Radiotherapy services which will be monitored by the business unit board. 	Agree KPI's based upon National Standards. Identify methodology to collect performance information. Agree automated report for monthly generation.	SEPT 2013	Stephanie Preston	Farouq Din Radiotherapy Manager	Dashboard in place and monitored on a bi monthly basis by BU Board.