Acute Oncology Service - Peer Review Report

Trust Name: Belfast Health and Social Care Trust	Date of Review: Wednesday 21 November 2018

Structure and Process

Number	Indicator	SD	PR	Comments
AO-18-001	Single Acute Oncology Group (AOG)	Y	N	There is no named primary care representation. No evidence provided to confirm AOG meetings are held twice a year as per the terms of reference
AO -18-002	There is an acute oncology team	Y	N	There is no named specialist palliative care or haemato-oncologist. However, the NI commissioned services does not include malignant haematology patients
AO-18-003	There are acute oncology rotas for advice and assessment	Y	N	Commissioned service is for week days only -Nursing cover is not available at weekends and bank holidays
AO-18-004	Information on Acute Oncology for healthcare professionals	Y	Y	Teaching sessions reach a range of healthcare professionals and departments.
AO-18-005	There is a process for immediate essential patient information retrieval	Y	Y	NI wide electronic patient records.
AO-18-006	There are agreed patients pathways	Y	N	The team has agreed the NICaN

				pathways; however, these still need to be localised by the team to include contact details.
AO -18-007	There are clinical guidelines in place.	Y	Y	NICaN Clinical guidelines are in place; these are reviewed and updated centrally.

The Belfast Health and Social Care Trust (BHSCT) is the largest integrated health and social care Trust in the United Kingdom; providing care to approximately 340,000 citizens in Belfast. The majority of regional specialist services for all of Northern Ireland are also delivered by BHSCT. The BHSCT has four main hospitals sites; these are: The Mater Infirmorum Hospital which is an acute hospital providing services including acute in-patient, an Emergency Department (ED), day procedures, mental illness and maternity services to North Belfast and the surrounding areas. Musgrave Park Hospital provides a range of specialist rheumatology, sports medicine, orthopaedics and rehabilitation services available to people from all over Northern Ireland. The Belfast City Hospital hosts the Northern Ireland Cancer Centre (NICC) and provides secondary care as well as a number of tertiary specialities. The haematology service is also based at the Belfast City Hospital and provides inpatient, outpatient and ambulatory care services; as well as Systemic Anti-Cancer Therapies (SACT), autologous and allogenic progenitor transplantation with associated marrow, stem cell harvesting and apheresis, radiotherapy, brachytherapy and ablation therapy. The Belfast City Hospital does not have an ED however, acute oncology patients who are currently on treatment or are six-week post chemotherapy (12 weeks post immunotherapy) who present at this site can be assessed within the Acute Oncology-Haematology Unit (AOHU). The Royal Victoria Hospital (RVH) is the largest hospital of the BHSCT; treating over 80,000 people as inpatients and 350,000 people as outpatients every year, providing local services and a large number of regional tertiary specialist services The RVH has a large ED service on campus. There is the potential for patients with Metastatic Spinal Cord Compression (MSCC) and oncology side effects at any of the hospital sites.

The commissioned Acute Oncology Service (AOS) is based on the Royal Victoria site and became operational on the 31st May 2016; it provides a single point of hospital contact for advice/support and brings together expertise from many disciplines including oncology, specialist palliative care, radiology, acute and emergency medicine and surgery. Face to face assessment of AO patients is only available on this site.

The reviewers were pleased to meet with the service lead/Medical Oncologist, AO Clinical Nurse Specialists (CNSs), AO Macmillan support worker and Assistant Service Manager; this allowed for an in depth, honest discussion regarding the service delivered locally.

The AOHU is located on the second floor of the NICC. The unit is open seven days a week from 8am-12am and closes overnight (from 12am-8am). The AOHU helpline details are shared with all patients receiving SACT including those on concurrent chemotherapy/radiotherapy. Only radiotherapy clinical trials patients have access to the helpline; however patients within six weeks of radiotherapy may be referred to the unit by their treating team.

The operational policy states there is currently no lead for the Acute Oncology Group (AOG) although it was clarified during the review discussion

that the role is covered by the medical oncologist who was also the designated service lead. The AOG has named haemato-oncologists and specialist palliative care expertise however there is currently no named primary care representation, although the group benefits from having a named oncology CNS for community nursing. During the discussion the AO team highlighted community liaison was a challenge when discharging/repatriating patients back into community services. The AOG had a named ED Consultant which had allowed the development of well-established and good working relationships with the emergency department teams.

The reviewers noted that there was no stand-alone document containing the Terms of Reference (TOR) for the AOG: these were included within the operational policy. The TOR did not include details of the escalation process for governance issues but the AO team described a robust pathway and explained how any relevant issues would be documented on the Trust Risk Register. The overall aims and objectives of the AOG need to be further expanded to include the representation required for meetings to be considered quorate. While the brief TOR included the operational policy noted the requirement for meetings to be held on a regular basis; it was noted that there has only been two meetings held within the 2017 and 2018 reporting period. There was evidence that the Assistant Service Manager holds regular monthly meetings with the AO CNSs and Macmillan Support Worker.

The acute haemato- oncology unit and acute oncology services are not co-located on one site due to commissioning arrangements; the assistant service manager highlighted her aspiration to integrate the two services which should help improve patient experience and staff satisfaction in their jobs .

The AOS CNSs are based in the Royal Victoria Hospital where one of the Trust`s Emergency Department is co-located; however, the AOS consultants are based at the NICC and provide sessional input to the AOS four days per week. There is currently a clinical oncology consultant vacancy which would cover the fifth weekday. Two AOS consultants are providing cover for the vacant post but with no formal recognition. Once a further appointment is made, the consultant team will provide a formal, job planned, five-day service. The review team noted whilst it was reported that the consultant team are available in-excess of the current dedicated sessions to provide telephone advice to the AOS nurses, this is on a flexible, good will basis rather than being part of a formal job plan. The team reported that there have been occasions when consultant oncologists have gone to assess their patients on the ward at RVH, the patient has not t been available due to having diagnostic tests in other parts of the hospital(s) site.

There is a 24/7 telephone advice rota for oncology support; the advice line is based within the cancer centre and will also accept calls from other Trusts across the region. The AOT consultants participate along with their oncology consultant colleagues to provide an on-call out of hours advice and support service which was available 24 hours, seven days a week. The AOT highlighted the well-established and robust handover process from the on-call registrar to oncology teams. The service has piloted extended hours, operating from 8am to 6pm Monday to Friday and consider these new arrangements will enable them to better meet the needs of the service. The team plan to audit this change to working practice. However, reviewers consider the current provision for the AOS restricts timely access for consultant assessments of patients referred to the service.

The AOT has access to community Specialist Palliative Care expertise, including out of hours support, and inpatient beds from the local hospice as

well as a named oncology community CNS. The team described challenges with the palliative care provision within the Trust and the heavy reliance on the local hospice service. The AOT has established good working relationships with the two emergency department teams and were able to provide a face to face assessment on the RVH site with a telephone/email advice and support to the three other sites.

The reviewers were impressed by the highly motivated Acute Oncology medical and CNS teams who worked cohesively together and well beyond their agreed job plans. The consultants and clinical nurse specialists had all completed advanced communication skills training.

The establishment is for two whole time equivalent (WTE) nursing staff providing a five-day service with a physical presence on a Medical Assessment Unit (MAU) and surgical wards within RVH. The reviewers considered this is insufficient nursing staff to provide cover for a five-day service and potentially expand to the ideal seven-day cover. Both CNSs currently in post have completed the NICaN AOS nursing competencies as well as advanced health assessment and non-medical prescribing training. The CNSs are active members of the Macmillan Community of Practice Programme which provides a forum for networking and sharing good practice with other AOS CNSs across NI. The AO CNSs attend bi annual clinical supervision which is available to all cancer CNSs.

The CNSs were committed to reviewing and improving their service and have developed a “New Learning” approach which allows them to apply a reflective technique to service to develop and improve patient pathways and experience. A recent example described to reviewers involved the care of a patient whose first language was not English: as a result the reflective approach to new learning identified a community of support and residential care for this patient.

The CNSs supported the competency assessment and ongoing updating of the nursing team providing the patients’ helpline who are using the UK Oncology Nurses (UKONs) triage assessment tool. The AOT also benefit from a newly appointed Macmillan Support Worker; the role has recently been introduced across cancer MDTs within the region.

The team has proactive, regular contact and management support from their Assistant Service Manager; who recognises the need for a career development structure for CNSs and especially in relation to the speciality of acute oncology and the need to function beyond the expanded scope of a CNS.

There are agreed NICaN pathways available to the team, with an acknowledgment that they need to be localised with contact details for the Trust staff. It is unclear to the reviewers as to how AO patients across all sites are being assessed within 24 hours which is in line with the pathways presented.

Whist there are established links with the spinal team with the AOS nurses participating in the Multi-Disciplinary Team meetings, there is currently no dedicated lead for the MSCC service. The local AO CNSs also act as a link with the other regional teams and are able to update them when their patients are discussed at the regional spinal MDT meetings. The reviewers were informed that the MSCC pathways remain challenging with oncologists continually contacting the spinal service to expedite patient diagnosis and treatment. The AOT consider the pathway will be improved with the appointment of new regional MSCC co-ordinator. The AOT considered the service would benefit from extending the membership to include

a physiotherapist, occupational therapist and medical social worker which would improve and expediting complex discharge planning for both spinal and AO patients.

The AOS CNSs facilitated the pathways for patients presenting with Cancer of Unknown Primary or Malignancy of Unknown Origin before handing over to a site specific MDT or Specialist Palliative Care; however, this service is currently not commissioned. The reviewers were concerned that the current nursing establishment would need to be expanded in order to increase the capacity required to formally care for this group of patients.

The NICaN guidelines have been agreed locally and these are available electronically on the Trust intranet and the NICaN electronic application which can be downloaded to telephones and other had-held electronic devices. The AO nurses reported hard copies of the guidelines have also been placed within selected wards in the RVH; the team recognised the need to ensure any updated information is transferred to hard copy files.

The AOT have made a significant effort to deliver extensive training to staff within the ED at the RVH and the other hospital sites. Formal records of training delivered are maintained. There was an appreciation and acknowledgement that due to capacity issues there has been limited awareness training session delivered across all of the hospital sites. The team has developed a poster which is displayed within RVH and the cancer centre. The CNSs have also considered a novel approach to informing other healthcare professionals by displaying the poster in staff toilets. The reviewers encourage the team to consideration expanding the use of the poster across all sites within the Trust.

The reviewers were impressed by the patient's informatics systems which includes the NI wide Electronic Care Record and the new Regional Information System for Oncology and Haematology (RISOH). The systems allow teams to access oncology patient records and provide continuity of patient care across different Trusts. The reviewers considered this service may be enhanced further by the development of a "flagging" system for ambulatory care patients with an oncology diagnosis which will alert staff within the EDs when patients are booking in that they are a known cancer patient. The reviewers encourage the Trust to consider the use of an electronic alerts system to notify the members of the AO team when patients have been admitted. The NI electronic record system is also available to primary care. Patients are educated to carry a "helpline card" which highlights they are oncology patients and provides them with details on how to access advice and support from the helpline.

Patient Experience

Number	Indicator	SD	PR	Comments
AO-18-201	Patient feedback is obtained and used to evaluate the service	Y	N	The team recognise the challenges surrounding patient feedback for this group of patients and it forms part of the ongoing work plan.

The AO team recognise the difficulty in obtaining feedback from this cohort of patients as they are often very poorly when they access the AOS ;

the team's focus is therefore on supporting patients and ensuring they receive the appropriate treatment. The team has developed a patient questionnaire but reported that the return rate is very poor with only one completed form returned from the 10 circulated to patients. The team are continuing to develop alternative mechanisms in conjunction with Macmillan and service users. Plans include the Macmillan team interviewing patients in order to gain feedback about the service: four interviews have been completed so far with plans for more to be undertaken by the end of January 2019. The team reported positive ad-hoc feedback being received via social media following the introduction of the AOHU. The AOT are considering holding focus groups to help inform service improvement plus maximising social media platforms. The AOT have also linked with two Trusts within England to see how they obtain feedback from their patients and to consider if a similar process could be used locally. The AO CNSs are considering working with the site specific CNSs to help educate patients about the AOS

The reviewers were advised that after the AOHU had been operational for a year, feedback from the service users was sought and it showed that 100% of respondents were satisfied with their experience. The exercise was repeated in July 2018; the response rate was small but again feedback was very positive.

Clinical Outcomes

Number	Indicator	SD	PR	Comments
AO -18-101	The service is collecting and reviewing the acute oncology minimum dataset	Y	Y	
AO -18-102	The service is collecting and reviewing the MSCC minimum dataset (Applicable only to hospitals agreed by the network as definitively treating cases of MSCC with surgery and/or radiotherapy.)	Y	N	Regional data set has been agreed and is being collected however data is not yet being audited in line with NICE MSCC quality standards

The AOHU is situated in the Cancer Centre at Belfast City Hospital and as such, does not fall under the remit of the Acute Oncology Service which is commissioned for the BHSCT at the Royal Victoria Hospital site only. Data relating to AO patients is collected from the RVH site quarterly and submitted to NICaN who provide participating Trusts with a regional report. Locally the Macmillan Support Worker helps with the collation of the data. The reviewers were advised that the Macmillan service improvement lead post had been vacant for a number of months; however an appointment has been agreed with the person commencing on the 20th November 2018. The AOT reported that this position could be utilised to help deliver service improvements for AOS and resolve any bottlenecks with the pathways.

The regional MSCC data is being collected in line with the NICaN dataset: however the data items which are still in development are not yet line with NICE MSCC quality standards. It is anticipated that the introduction of the regional MSCC co-ordinators role will help to ensure robust data collection which will be in line with NICE guidance.

The team has undertaken an audit for the MSCC in 2017; AOS have been involved in 37 MSCC patient episodes in 2017 and 27 patients with suspected MSCC patients who had spinal metastasis; there was no evidence of plans to re-audit until the MSCC coordinator is appointed.

The reviewers were impressed with the information within the annual report which confirmed that 100% of neutropenic sepsis patients had commenced on a course of antibiotics within one hour of admission: however, due to data being collected on one hospital site the cohort of patients included in the audit was very small, applying to only four patients.

Good Practice

Comprehensive evidence submitted as part of the peer review process
Nurse led service with strong leadership
The CNSs having an expanded scope of practice which includes advanced health assessment and non-medical prescribing skills/qualifications
The role of the Macmillan Support Worker
The use of the "New Learning"/Reflection Model to highlight service improvement
The Macmillan Community of Practice for CNSs across Northern Ireland
The teaching posters displayed on novel areas for hospital staff
Availability of NICaN guidelines on the Trust intranet and as an electronic application.
The self-awareness and insightfulness of the team on their challenges and commitment to service improvement
The clinical and management support from the Assistant Service Manager

Specify Immediate Risks
Refer to the guidance on identifying concerns. Any immediate risks or serious concerns must be brought directly to the attention of the zonal team.
An "Immediate Risk" is an issue that is likely to result in harm to patients or staff or have a direct impact on clinical outcomes and therefore requires immediate action.
None

None identified

Specify Serious Concerns
A "Serious Concern" is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or clinical outcomes of patient care, and therefore requires urgent action to resolve.

1. The model for the Acute Oncology service currently commissioned is for a single site and does not reflect that cancer patients have the potential to be admitted to any of the Trust`s four sites; also the service is provided away from the main cancer centre. This has the potential for inequality of service to patients.

Post Review Update: An action plan has been developed to help address the serious concern. this has been passed to the commissioners for monitoring.

2. There are only two whole time equivalent Acute Oncology (AO) Clinical Nurse Specialists (CNSs), which is insufficient to provide support and expertise for the commissioned five-day face to face service to the four hospital sites; the trust also hosts the designated metastatic spinal cord compression (MSCC) service with the AO nurses providing a liaison service between the associated cancer centre and referring units. The AOS CNSs are also providing an informal service to patients presenting with either cancer of unknown primary or malignancy of unknown origin. Due to the large cancer service provision across the Trust there is limited or no time to fully support the cohort of cancer patients accessing the service and an expanded seven-day nursing cover.

   Post Review Update: An action plan has been developed to help address the serious concern. this has been passed to the commissioners for monitoring.

3. Whilst there is a locally identified MSCC lead to drive forward the NICaN diagnostic pathway for those patients with potential MSCC with plans to appoint a regional MSCC coordinator; The AO team reported there are currently delays in assessing and offering appropriate timely non -surgical treatment to this cohort of patients which may seriously compromise their experience and best clinical outcome.

   Post Review Update: An action plan has been developed to help address the serious concern. this has been passed to the commissioners for monitoring.

Areas for Improvement/Consideration/General concerns

Terms of reference for the Acute Oncology Group to be reviewed and developed as a stand-alone document which could detail governance procedures, and aims of the group.

Increase the methodologies for feedback for cohort of patients surveyed for feedback on the AO service and consider obtaining feedback from families.

Consider Allied Health Professional input into the AOS/MSCC group to develop rehabilitation pathways.

Continue with plans to appointment the regional MSCC coordinator.