Acute Oncology Service - Peer Review Report

Trust Name: South Eastern Health and Social Care Trust	Date of Review: Tuesday 16th October 2018

Structure and Process

Number	Indicator	SD	PR	Comments
AO-18-001	Single Acute Oncology Group (AOG)	N	N	No one identified locally to lead the pathway for patients with suspected MSCC.
AO -18-002	There is an acute oncology team	N	N	No named cover for the consultant oncologist.
AO-18-003	There are acute oncology rotas for advice and assessment	N	N	Service is not commissioned for nursing cover at weekends.
AO-18-004	Information on Acute Oncology for healthcare professionals	Y	Y	
AO-18-005	There is a process for immediate essential patient information retrieval	Y	Y	
AO-18-006	There are agreed patients pathways	Y	Y	
AO -18-007	There are clinical guidelines in place.	Y	Y	

The South Eastern Health and Social Care Trust (SET) is an Integrated Community and Acute Hospital Trust providing a range of acute services at the Ulster and Lagan Valley Hospitals, Downe Hospital, Downshire (mental health) and two community hospitals located at Bangor and Newtownards. The Trust covers the local government districts of North Down, Ards, Down and Lisburn with a total population of 346,911 residents (NI Census) together with a proportion of the East Belfast population. Although covering a relatively small geographical area, SET delivers services to 19 per cent of the total population of Northern Ireland. In addition to its geographical spread, there is also a noticeable diversity in its population characteristics, embracing areas of relative wealth and prosperity as well as pockets of considerable deprivation and need.

The reviewers were pleased to meet with the lead for the service, the acute oncology nurses, consultants within palliative medicine, haematology and emergency medicine, clinical trials and admin support together with members of the Trust management team. This allowed for an in-depth, honest discussion regarding the service delivered locally.

The Acute Oncology Services (AOS) was established locally in August 2015. There is an acute oncology group (AOG) which has developed terms of reference (TOR) confirming it has delegated responsibility from the hospital's management to act as the co-ordinating body for matters relating to acute oncology. While the TOR did not specify the frequency at which the group should meet; this information was included within the team's annual report. The reviewers were provided with copies of minutes for the AOG meetings held in the last year. It was noted whilst they recorded attendance at the meeting, there was no reference within the TOR as to the representatives required for the group to be considered quorate. The reviewers therefore encourage the team to review the TOR to include frequency of the meetings and the requirements for future meetings to be considered quorate. Membership of the group did not include a representative who would champion locally, those patients which are suspected of having metastatic spinal cord compression (MSCC). The AO team reported that they are able to refer suspected MSCC patients to the cancer centre at Belfast Health and Social Care Trust; however, the reviewers were concerned that the lack of a single point of ownership for MSCC patients, especially at weekends and bank holidays, may mean that there is little or no oversight of the referral pathway. It was also reported that in the absence of a network MSCC lead, there are acknowledged difficulties with referrals centrally. There were reported issues relating to the spinal surgery referral process with email addresses which are not always monitored. There is representation by the AO nursing staff from the Belfast Health and Social Care Trust at the weekly spinal cord MDT meetings; they are able to inform the appropriate Trust AO nursing team when treatment decisions are made. The clinical lead was confident that all local patients suspected of having MSCC have been referred to the acute oncology service. Issues with timelines of surgical opinions for this cohort of patients may be partially ameliorated by the planned appointment of a central co-ordinator, but more robust local arrangements should also be considered. The operational policy did not identify a named individual to provide administrative support to the AOG. It was reported that the Chair's secretary performs this role; this arrangement should be formalised and recognised with the TOR. During the review meeting the discussion reflected there is currently no requirement for a lay representative member of the AOG: however, the Trust representatives present considered this could be a beneficial additional to the membership. The reviewers therefore encourage the AOG to consider recruiting a lay representative.

Due to the commissioning arrangements within the NI network, malignant haematology patients are not formally covered by the Acute Oncology service. However, there was evidence of good, informal working relationships between the haematology and oncology teams to review patients when required. There is no formal Palliative Medicine membership within the Acute Oncology Team, again due to commissioning arrangements. There was however evidence of good working relationships between Palliative Medicine and the AO team enhanced by the co-location of offices within the hospital site. While there are no palliative care designated beds on site, there is a hospice located two miles away. There is a single clinical oncologist identified as undertaking assessment of AO patients; while the lead for the service described informal arrangements with visiting oncologists from the Belfast Health and Social Care Trust, there is currently no named oncologist who is able to provide cover for the service during periods of leave. A business case has been progressed and interviews for a second oncologist were held on 12 October 2018. The team were hopeful that a second appointment will be made within the near future. There are only 1.5 whole time equivalent (WTE) Acute Oncology specialist nurses. This has remained unchanged since the establishment of the service despite documented evidence of a significantly increasing workload. Data within the annual report shows that in 16/17, there were 531 referrals compared to 583 in 17/18. The reviewers were

impressed by the skills, knowledge, experience, dedication and flexibility demonstrating the AO nursing team which offers the best patient service possible over a five day period. However, there is no nursing service over a weekend. The reviewers consider the current establishment of AO nurses is not sustainable over the longer term.

The AO nurses across the region meet on a regular basis using the newly formed Macmillan Community of Practice as a forum to share areas of best practice and to offer emotional/psychological support to each other. They also have links to the site specific CNSs within the Trust and attend a "learn and share" session which is planned monthly. The support available to the AO nursing staff from both groups was considered good practice. Formal clinical supervision is offered to specialist nursing staff twice per year.

The Trust provides a 24/7 helpline for oncology and malignant haematology patients. For those patients who attend the hospital within hours they will be assessed on the day-case unit. Staff on the unit will work additional hours to allow for patients being assessed who subsequently require admitting to have a bed identified.

The reviewers considered the development of a planned ambulatory assessment hub to potentially be a valuable and exciting service. However, it is disappointing due to the lack of funding this will only be a five day service. Funding for evening working (which was reported during the discussion as being identified as a particularly pressured time period within the ED due to high numbers of patient presentations) has not been agreed. Therefore the reviewers encourage the results of an audit showing increased activity during early evening when the day-case unit has closed, to be shared with commissioners so that consideration may be given for extended opening hours given the reported 23% increase in activity between 4.00pm and 6.00pm.

Healthcare professionals at South Eastern Health and Social Care Trust are able to access 24/7 Consultant Oncologist advice from the Cancer Centre in Belfast. The reviewers were impressed that both acute oncology nurses have completed non-medical prescribing qualifications and have been assessed as competent against the NICaN competency framework. The AO nurses also train and assess the competency of other nursing staff who answer the oncology and haematology helpline, which is available Monday to Friday between 8.00am and 5.00pm.

The reviewers were provided with evidence to confirm frequent and well-attended AO education sessions for both nursing staff and allied health professionals (AHPs). While formal evidence was not provided regarding the education of medical staff, the clinical lead informed reviewers about the ongoing education programme for doctors, particularly within the Emergency Department. The clinical lead confirmed they are due to deliver training to a new intake of junior doctors in November 2018. The reviewers encourage the team to maintain training records of medical staff alongside those of the nursing staff and AHPs The AO team has developed posters which are displayed within the clinical areas to help increase awareness of the service, and provides information and contact details.

The AO team has agreed the NICaN guidelines which are available via the Trust`s intranet. These guidelines are reviewed and updated centrally with the AO nurses providing the informal local oversight to ensure the most up to date versions only are available electronically. NICaN has developed an electronic application which stores all regional guidelines and policies. The Trust reported there had been some initial problems for staff accessing the "app" and that steps

had been taken locally to help with the initial downloading of the system and allow easy access.

The local team has adopted the NICaN comprehensive set of pathways and have amended them to ensure that the local contact details are included. The local team were candid with regard to some of the operational difficulties around the MSCC pathway centrally, but were confident that the appointment of a regional MSCC co-ordinator would improve matters. However, the reviewers were concerned that there is no identified lead locally to drive forward the NICaN diagnostic pathway for those patients with potential MSCC who are being treated at Belfast Health and Social Care Trust. The AO team reported whilst they make significant efforts to optimise the pathway, there are currently delays in assessing and offering appropriate timely surgical treatment to this cohort of patients which may seriously compromise their experience and best clinical outcome.

The reviewers were impressed by the informatics systems; the Northern Ireland Electronic Care Record and the new electronic Regional Information System for Oncology and Haematology (RISOH), which is available across all Trusts within NI; the IT 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 by the development of a "flagging" system which will alert staff within the emergency departments when known cancer patients are booking in. Consideration should also be given to an electronic alerts system to notify the members of the AO team when patients have been admitted.

Patient Experience

Number	Indicator	SD	PR	Comments
AO-18-201	Patient feedback is obtained and used to evaluate the service	**Y**	**Y**	

A feedback exercise has been undertaken specifically for those patients accessing the acute oncology service although it is noted the sample size of 32 patients was a relatively small subset of those seen by the service. Only 18 patients returned the survey (56%). The results of the exercise showed good patient satisfaction (evidence within the annual report showed a satisfaction rate greater than 90%) and as a result the team considered there were no areas which required further consideration. During the review meeting the team reported that there had been some technical problems gaining the feedback and were planning to circulate further questionnaires to a larger number of patients. The reviewers commend the plans to obtaining larger, more statistically significant samples and it may be that bespoke assessment tools could be considered for different AO patient groups such as neutropenic sepsis patients, spinal cord compression patients, newly diagnosed patients. Potentially, this may be a role for the NI Macmillan nursing community of practice to address at a regional level. The service also canvased the opinions of other healthcare professionals; one of the actions as a result of the feedback received was to provide assistance with the downloading and accessing the NICaN electronic application.

In the patient survey the reviewers identified 20% responses mentioned issues with information flow on the ward, this was not identified in the original self-analysis and therefore not part of the action plan. It was highlighted during the review and suggested by the team this was an issue of inexperienced junior doctors and the delivery of unwelcome news in diagnostic tests. The AOS team should consider including this in their action plan to support inexperienced junior

doctors in addressing this issue.

Feedback is also obtained from chemotherapy patients regarding their views on person centred care; this looks at three ways of collecting information which includes time being spent with patients, the use of patient stories and the distribution of 100 questionnaires.

The Trust participates in the NI cancer patient experience survey; however, the results of the 2018 survey have not yet been released. The addition of a patient representative on the AOG may help to support the design of service evaluation and redesign

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.)	N/A	N/A	

The service is supported by the Trust clinical research nurses who have been actively helping to recruit AO patients to the "Easi-Switch Clinical Trial" which is a multi-centre UK trial, looking at issues including uncomplicated neutropenic sepsis and use of IV versus oral antibiotics.

The Trust submits information to the regionally agreed data set, which allows valuable cross-site comparison. The team's annual report contained a broad range of data relating to the service for which the team are commended. It was apparent during the discussions that the information collected is being utilised to help inform future development within the service, such as demonstrating the times of high activity. There was also a discussion regard the door-to-needle times for potential neutropenic sepsis patients which was reported to be achieved in 61% of cases. The reviewers congratulate the team for the good collaboration between the oncology and Emergency Departments teams to try and improve door-to-needle times, although further improvements may be limited by pressures in the Emergency Department. The extent to which this is relieved by the introduction of the oncology ambulatory hub will depend very much on any extended hours offered by this service. There are Patient Group Directives (PGD) available within the MacDermott Oncology / Haematology Unit, regarding the administration of medicines to patients, usually in planned circumstances. This helps to significantly reduce the amount of time and resource in prescribing antibiotics. There are plans to develop the current PGD to include patients who are penicillin allergic, but it was unclear if this would impact greatly on the time from door to needle.

Definitive care for patients with MSCC is undertaken at the Cancer Centre in Belfast; the trust is therefore not required to collect and review the minimum dataset.

Data provided in the annual report showed that 70% of patients referred to the service are assessed in less than 24 hours, with 2% being assessed over 24 hours from referral. The average length of hospital stay for all AO episodes between October 2016 and March 2018 was 10.1 days. NICaN have recently agreed to include rates of readmission within the minimum data set: this information was therefore not provided within the annual report but collection and reporting of this data is now ongoing.

Good Practice / Significant Achievements

Strong clinical leadership and a committed team who are delivering a commissioned AO service.

Clinical research nurses help the service to actively recruit to trials including the "Easi-Switch" trial relating to neutropenic sepsis and use of antibiotics

Comprehensive education programme for medical and nursing staff plus allied health professionals.

Posters within clinical areas to help increase awareness of the service.

CNS peer support both within the Trust from the site specific teams and across NI from the other AO nursing teams.

Good collaboration between the AOS, palliative care, emergency department and senior management within the Trust.

AO nurses have completed non-medical prescribing course.

Range of awareness training for the nursing, AHP and junior medical staff.

NI Cancer Network App which provides access to clinical guidelines and pathways.

Infrastructure which provides access to electronic patient records across NI

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 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. There are only 1.5 WTE Acute Oncology specialist nurses. This has remained unchanged since the establishment of the service despite documented evidence of significantly increasing workload. The reviewers were impressed by the expanded skills, dedication and flexibility demonstrated by the AO nursing team to offer the best patient service possible during week days especially when one of the members was absent. However, the reviewers were concerned the service is not sustainable with only 1.5 WTE nurses over the longer term and this may compromise patients care and their experience and is not sufficient to provide the required 7 day AO nursing service.

Post review: An action plan to address the serious concern has been received and passed to the commissioners to monitor implementation.

2. Whilst there are plans to appoint a MSCC coordinator at the cancer centre, the reviewers were concerned there is no identified lead to drive forward the NICaN diagnostic pathway locally for those patients with potential MSCC who are being treated at Belfast Health and Social Care Trust. The AO team reported that there are currently delays in assessing and offering appropriate timely surgical treatment to this cohort of patients which may seriously compromise their experience and best clinical outcome.

Post review: An action plan to address the serious concern has been received and passed to the commissioners to monitor implementation.

3. There is a single handed consultant oncologist for the expanding acute oncology service. The reviewers were concerned that in times of absence, patients may not be receiving timely assessment which could have a direct serious adverse impact on patient care.

Post review: An action plan to address the serious concern has been received and passed to the commissioners to monitor implementation.

Areas for Improvement **General concerns**
Terms of reference for the Acute Oncology Group to be reviewed to reflect frequency of meetings and attendance required for meetings to be quorate. Lack of palliative care input to the AOG meetings. Increase cohort of patients surveyed for feedback on the AO service. Consider having a user representative on the AOG to support the design of service evaluation and redesign.