

Progress Review of Five Cancer Services at Colchester Hospital University NHS Foundation Trust



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NHS England

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Contents

- 1 Executive Summary..... 5
 - 1.1 Brain and Central Nervous System. 6
 - 1.2 Cancer of Unknown Primary origin. 6
 - 1.3 Radiology. 6
 - 1.4 Sarcoma..... 7
 - 1.5 Urology..... 7
- 2 Background 9
 - 2.1 Explanation of summary assessments 9
 - 2.2 Update on the Global Risks identified in December 2013. 9
- 3 Assessment by Cancer team – revisit of pathways 13
 - 3.1 Brain and Central Nervous System 13
 - 3.2 Cancer of Unknown Primary origin 19
 - 3.3 Radiology 22
 - 3.4 Sarcoma 24
 - 3.5 Urology 27
 - 3.6 Skin 31
- 4 Conclusion..... 32
 - 4.1 Conclusions on assurance. 32
- 5 Appendix 1 – Glossary of Terms 35
- 6 Appendix 2 - Clinical site re-visit reports..... 38

1 Executive Summary

This report is an update to the “Report into the Immediate review of Cancer Services at Colchester Hospital University NHS Foundation Trust” which was published on 19 December 2013.

It has been written by NHS England on behalf of the multi-agency Incident Management Team. Following the December cancer services review, an Action Plan to improve patient experience and the management of clinical pathways, was agreed by the commissioners of services and the Trust.

This report of 17 July 2014 describes the progress made by the Trust, and other parties where appropriate, in making the necessary improvements identified in the Action Plan.

In the original report six of the cancer pathways were particularly challenging as their action plans required enhanced or intensive monitoring and a follow up check of the cancer pathways by June 2014. This report details the assurance provided for five of the six pathways.

The cancer services in question have been examined by clinicians and specialist cancer pathway managers from other trusts and external organisations. A full list of the reviewers is included under each cancer speciality in Appendix 2 of this report. The external reviewers reported that there were no immediate or serious concerns in the five pathways that were revisited.

In line with routine quality visits recommendations were made as part of continuous quality improvement. The actions taken by the Trust in relation to the visits in 2013 and the current round of safety checks are documented in this report.

As a result the Incident Management Team is assured that the Trust has made changes which acceptably manage the risks and is currently assured of the safety of the cancer service provided by Colchester Hospital University NHS Foundation Trust. Since the visit in December 2013 developments in the management of cancer pathways by the Trust include but are not limited to:

- The introduction of a single point of referral for suspected cancer referrals in the two week wait process. This improves the management of all cancer pathways and is referred to in this document as the “Contact Centre – Cancer Hub”.
- The Trust has introduced the nationally recognised system for the collection of Cancer Waiting Times data and the tracking of patients known as the Somerset System in March 2014 and the rollout of Somerset for use by all the clinical teams to record the Cancer Outcomes Service Database required by the National Cancer Registry has commenced and is on target to be completed by the end of September 2014.
- The Trust Cancer Board is re-established and reports to the Trust Board. Seventeen cancer pathways were visited in 2013 and all cancer pathways have

been reviewed and agreed by clinical teams leading to approval by the Trust Cancer Board during January to April 2014.

For the six pathways, that still had some level of improvement required, five of these pathways have now been revisited. These are Brain and Central Nervous System, Cancer of Unknown Primary Origin, Radiology, Sarcoma and Urology. For skin cancer, the Trust has made progress in the areas of concern that were identified in December 2013 following a visit by external assessors. However this service remains under enhanced monitoring and the Clinical Commissioning Group and Hospital are reviewing capacity and demand management in that service before a revisit of the pathway can take place.

1.1 Brain and Central Nervous System.

The Brain and CNS service previously had an amber risk rating with enhanced monitoring. The Trust has produced revised pathways and audited these, as part of the London Cancer Alliance and East of England Specialist Commissioning Network. There is now a clear governance structure within the Trust for monitoring previous external and internal peer review concerns with reporting to the Trust Cancer Board. There is a clear treatment pathway for metastatic spinal cord compression, and the Trust has confirmed this policy with all referring clinical staff.

The need for enhanced monitoring will now revert to routine monitoring.

1.2 Cancer of Unknown Primary origin.

The Cancer of Unknown Primary Origin service previously had a red risk rating as the service was not compliant with acceptable standards. NICE guidelines were published in July 2010 to improve the diagnosis and management of malignant disease of patients with an unknown primary origin. The recent changes are to ensure that these patients are cared for by a pre-determined team. Additional measures were required by the dates recommended in the action plan with intensive monitoring in place. Recruitment into the Multi-Disciplinary Team is complete. Until the team is fully functional and as an interim measure the Trust issued guidance on which specialties would manage people with different presenting findings until the primary cancer is diagnosed. Patients' pathways are audited. The team will become fully functional with the move of services from the Essex County Hospital site.

The need for enhanced monitoring will now revert to routine monitoring.

1.3 Radiology.

The Radiology service for cancers previously had an amber risk rating with enhanced monitoring. This included reviewing the tracking of cancer related radiology requests and patients upgraded to cancer services from radiology. Now when radiology detects probable unexpected malignancy (PUM), the findings are sent electronically to the Trust Contact Centre (for central logging) and electronically forwarded securely to the Multi-Disciplinary Team Co-ordinator nhs.net email account. The clinical responsibility remains with the GP for GP direct access test, but this allows patients' progress to be tracked in the 62 day cancer pathways and avoids any delays.

The need for intensive monitoring will now revert to routine monitoring.

1.4 Sarcoma.

The management of Sarcoma previously had an amber risk rating. Although appropriate mitigation was in place, the follow up review required enhanced monitoring. The Trust is not a Diagnostic Centre for sarcoma and cannot therefore accept (under Improvement Outcome Guidance rules) 2 week waits for suspected sarcoma. Any primary care referrals received by the Trust are redirected to the appropriate diagnostic sarcoma centre, with communications and education planned for primary care.

The need for enhanced monitoring will now revert to routine monitoring.

1.5 Urology.

The Urology service previously had a red risk rating in that the service was not compliant with acceptable standards and additional measures were required by the dates indicated in the action plan. Intensive monitoring was required. Updated urology pathways for bladder cancer, prostate cancer and renal cancer were assured by the visiting external team of experts. Significant investments have been made in urology in line with the action plan agreed between commissioners and providers. New consultant and nursing posts and administration posts have been appointed. Until all the consultants are in post, outsourcing for low risk procedures continues to be an option to assist with patient access for treatments in a timely manner. There is still ongoing developmental work including the production of written fail-safe policies. The computerised database for follow up of patients on the bladder surveillance programme has been put in place.

The need for intensive monitoring will now revert to routine monitoring.

The Trust continues to audit patient care and plans to report separately on the improvements to cancer services after external assurance has been completed in October 2014.

The ongoing responsibility for the delivery of the improvements rests with the Hospital delivering on the agreed action plan with oversight by Monitor and appropriate involvement of the commissioning bodies namely North East Essex Clinical Commissioning Group and NHS England.

The Incident Management Team is led by NHS England and was established in response to the publication of the CQC inspection report into cancer standards at the Trust on 5 November 2013. This is a time limited team established to provide strategic direction, co-ordination between all organisations, and external assurance in order to resolve all concerns associated with Cancer services at Colchester Hospital University Foundation Trust.

16th July 2014

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2 Background

The immediate review of cancer services at Colchester Hospital University NHS Foundation Trust was published in December 2013. This was conducted as part of the work of an Incident Management Team (IMT), led by NHS England in response to a Care Quality Commission (CQC) inspection into cancer standards at the Trust published on 5th November 2013.

At the request of IMT and under the direction of the Clinical Oversight Group, the East of England Strategic Cancer Network organised and conducted clinically-led visits to each of the cancer teams in the Trust. These visits took place over a two week period on November 2013.

Further assurance was required for six of the pathways. This report describes the revisit of five cancer pathways.

2.1 Explanation of summary assessments

The Incident Management Team (IMT) made a summary assessment of the safety of each cancer pathway at the Trust on the basis of the reports of the clinical site visits, the Intensive Support Team visit and the recommendation of the Clinical Oversight Group. These were based primarily on the immediate risks and serious concerns identified, if any, and whether the Trust had been able to take appropriate steps already to manage these risks.

For each cancer team the IMT made a judgement on the safety of each service, as of 13th December 2013. The judgements were interpreted as follows:

Judgement at 13/12/13	Interpretation and subsequent actions
YES	Either the IMT were assured of the safety of the cancer service or the Trust has made changes which acceptably manage the risks
NO	The Trust has made changes, which if consistently followed, will manage the cancer service risk or general risk. However, further review will be required to confirm that the changes are fully embedded in normal practice. At present the IMT judges that enhanced monitoring of the service is required to assure that it is safe meanwhile.
NO	The service was not compliant with acceptable standards. The commissioners (NHS England and NHS North East Essex CCG) have put in place immediate additional actions or required the trust to take further immediate action to ensure safety. The service will undergo intensive monitoring by Commissioners, the Trust and regulators.

2.2 Update on the Global Risks identified in December 2013.

The IMT had identified some general immediate risks that were common to several cancer teams or were general risks in Cancer Services. Each of these risks were significant when identified. The main purpose of this report is to describe the

improvements that have been put in place for five of the six pathways that were subject to enhanced monitoring. However in this report we give a general update on the improvements that have been put in place as identified in the table below.

Risk identified	Improvements	Action taken
Cancer pathways	Yes	The pathways have been reviewed and agreed by the clinical teams. All the cancer pathways have been approved by the Trust Cancer Board during January to April 2014.
Failsafe paper processes	Yes	<p>Implementation of a single point of referral for suspected cancer referrals in the 2 week wait process took place in December 2013, now known as the "Contact Centre- Cancer Hub". There is a Standard Operational Policy for the Cancer Hub, which reduces the risk of inadequate transfer of information.</p> <p>GPs have been encouraged to use Choose and Book for the referral of 2 week waits. There is a failsafe central nhs.net email address which can be used by GPs if there is no Choose and Book slot available. GPs request read and delivery receipts to ensure that they know when the referral is received and when it is actioned. The volume of faxes has reduced to about 10 a week and the Trust is working to eradicate the use of faxes across the organisation.</p> <p>Work is ongoing on inter Multi-disciplinary Team (MDT) transfers as well as inter-trust referrals, particularly with Mid Essex Hospitals Trust.</p> <p>In radiology a process is in place to ensure that all probable unexpected malignancies are identified, routed through the Cancer Hub (single point of referral) and that patients' progress is tracked including that the GP has completed the 2 week wait referral process.</p> <p>Training on consultant upgrades has taken place at the Trust Cancer Board.</p> <p>The nationally recognised system for the collection of Cancer Waiting Times data and tracking of patients in the Somerset system was successfully implemented with a Go-Live date of 6th March 2014. Since Go-Live, the Trust has continued with electronic matching of the data on the Patient Administration System and the Cancer Waiting Times database for first seen</p>

		<p>appointments and first treatments. This reduces the risk of errors when monthly performance data is uploaded onto the Open Exeter system.</p> <p>The rollout of Somerset for use by the clinical teams to record the Cancer Outcomes Service Database required by the National Cancer registry has commenced and is on target to be complete by the end of September 2014. This ensures that data relating to cancer staging, clinical nurse specialist contact and other tumour-site specific data items are collected in real time during the Multi-disciplinary Team (MDT) discussion.</p>
Audit of Cancer Waiting Times Data.	Yes	There is an ongoing weekly meeting between the Clinical Commissioning Group (CCG) and Trust to monitor the functioning of the Cancer Patient Targeted List (PTL). The PTL process is where all patients on a cancer pathway are reviewed to see if there is any remedial action required to expedite the pathway.
Oncology workload	Yes	Two additional oncologists have been recruited
Review of all cancer services workforce	Yes	4.26 additional whole time equivalent staff members have been recruited to these roles within the MDT Co-ordinator team. There is a review of cancer nurse specialists underway. An additional Acute Oncology Service/Cancer Nurse Specialist has been appointed. Two nurses in urology have been upgraded to cancer nurse specialists. There is a review of the medical workforce as part of the trust job-planning round.
Governance arrangements	Yes	<p>The Trust Cancer Board was reconstituted in December 2014 and reports to the Trust Quality and Patient Safety Committee. The operational lead for cancer and the Executive lead for cancer is the Chief Operating Officer. An appointment has been offered for the lead cancer nurse.</p> <p>There is a process for root cause analyses for all pathways that exceed 62 days.</p> <p>The Trust is developing a programme of review of effectiveness of MDTs using the National Cancer Action Team published paper as "Effectiveness of MDTs".</p>

		There are training events for MDT Co-ordinator/Data Clerk training on understanding of Cancer Waiting Times Guidance. The Trust is in discussions with an external company to develop an e-learning tool which will test the understanding of CWT guidance.
Safeguarding adults and children	Yes	The Trust has revised its 2 week wait referral forms to enable GPs to highlight more easily those patients with learning difficulties and/or mental capacity issues, mobility and transport requirements. The trust's internal intranet has a section containing an e-learning module advice and information on safeguarding vulnerable adults. These will be available for GPs to use on the Trust website from 28 th July 2014.

3 Assessment by Cancer team – revisit of pathways

3.1 Brain and Central Nervous System

Cancer service name	Brain and Central Nervous System
Was the service safe as of May 2014?	YES
Have further immediate measures been taken to improve the safety of this service?	None required
When are all required improvements expected to be completed?	N/A

Cancer service name	Brain and Central Nervous System
Was the service safe as of 13th December?	NO Appropriate mitigation in place, but follow-up review required. Enhanced monitoring
Have further immediate measures been taken to improve the safety of this service?	YES North East Essex CCG will continue to monitor the progress of all patients on the cancer waiting list on a weekly basis and to investigate the management of any patients whose care is not proceeding in line with national standards
When are all required improvements expected to be completed?	End of February 2014

What Immediate Risks were identified in December 2013 and how have they been addressed since December 2013?

Immediate Risk as stated in site visit report	How has this been addressed?
Lack of clear documented pathway	<p>A revised pathway was produced. Pathways for solitary and oligometastases pathways have been provided. The Brain/CNS audit is being presented to the Trust Cancer Board in August 2014.</p> <p>The Brain MDT is participating in the audit of the pathway for Glioblastoma Multiforme (WHO 2007) grade IV (the most common type of brain tumour) for 6</p>

	months commencing January 2014 as part of the London Cancer Alliance and East of England Strategic Clinical Network (SCN).
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What other concerns were identified and what actions have been taken since December 2013?

Serious concern as stated in site visit report	What will be done about it?	Completed?
Oncology consultant has multiple responsibilities	Two additional oncology consultants have been appointed. Another consultant is now back from leave, part time.	Completed
Pathway issues for metastatic spinal cord compression with clinicians referring to 3 different pathways	There is a policy in place for all referrals to be to the one official referral centre for metastatic spinal cord compression (MSCC), which is Queens Hospital, Romford. The Trust has confirmed this policy with all referring clinical staff.	Completed
There is no clearly identified point of contact for an MSCC co-ordinator (at the neurological centre)	The MSCC co-ordinator is always the on- call neurosurgical registrar at Queens Hospital Romford, contactable on a dedicated phone, via Queens Hospital main switchboard, as documented in the MSCC pathway in the local operational policy. This can also be found in the Trust's Acute Oncology Operational Policy There appears to be a clear pathway to a neurosurgeon for discussion of MSCC patients. There is a consultant telephone on call service with a clear staff rota and a number known to the Trust.	Completed
Provision over weekends for patients with spinal cord compression is	There is availability of MRI scanning on site at Colchester 365 days a	Completed

<p>limited to an emergency MRI list on Saturday mornings.</p>	<p>year. The Trust has confirmed this policy to staff. MRI policy circulated to all staff on 12th December 2013</p> <p>The pathway for Metastatic Spinal Cord Compression is now clearly signposted to Queens Hospital in Romford</p> <p>There is an MRI service now at weekends</p>	
<p>in the original report in the Operational Policy outlines a referral pathway but does not give any contact details.</p>	<p>The Trust has reviewed Appendix K in the original report and updated as appropriate. All the contact numbers are at the bottom of Appendix K in the original report labelled "contacts" on page 37</p>	<p>Completed</p>
<p>No policy within the Trust to undertake a system of referral when there is a suspect tumour.</p>	<p>There is a clear operational policy for radiology which has spread throughout the Trust.</p>	<p>Completed</p>
<p>GPs refer to neurologist, there has been a staffing issue and posts filled by locums. There does not seem to have been consultant upgrade</p>	<p>There are 2.5 permanent neurologists on staff with locums to support. Staffing establishments are being reviewed as part of the overall trust-wide workforce review.</p> <p>The operational policy has been amended to include prompts for consideration of upgrade in clinic.</p>	<p>Ongoing</p>
<p>Appendix K in the original report outlines a pathway for patients with 1 brain metastases but not guidance for oligometastases or leptomeningeal disease</p>	<p>Oligometastases treatment is covered in the local operational policy.</p>	<p>Completed</p>
<p>No representation from the hospital management so it is not clear if there is a</p>	<p>There is now a clear governance structure within the Trust for</p>	<p>Completed</p>

governance structure	<p>monitoring previous external and internal peer review concerns with a dedicated action log that is reported to the Cancer Board.</p> <p>Concerns from that Board are now linked to the Executive Board through the Medical Director.</p>	
There does not appear to be a Trust policy for internal validation of standards for peer review.	The Terms of Reference of the Trust Cancer Board cover the responsibility and accountability of the Board in relation to peer review standards as ratified in May 2014. A formal policy document relating to the Peer review process/methodology is expected to be presented to the Cancer Board in July 2014.	Ongoing
Lack of evidence that there is sufficient team working between Colchester and Ipswich for MSCC.	Referral pathways have been simplified.	Completed

What other concerns were raised in 2014 following the latest safety check and what will be done about them?

Concern as stated in site visit report	What will be done about it?	Completed?
The panel had concerns about the transition of services from Essex County to the main hospital site with the current staffing concerns. It is strongly recommended that careful planning is undertaken to ensure a safe service is provided by consultant oncologists at both sites during the transition process	There is a plan in place to aid the transition of services from Essex County Hospital to the main hospital site and support the staff. The transition is expected to be complete by October 2014.	Ongoing
There are still staffing issues as the lead clinician	June 2014: The lead clinician has now returned	Ongoing

is away from clinical duties and the Cancer Nurse Specialist (CNS) is leaving. There is a new consultant but his workload is already excessive	to clinical duties. CNS post appointed to. All medical job plans are in the process of being reviewed.	
The capacity issues are preventing participation in clinical trials. The team used to link in with the Royal Marsden.	An additional Consultant Oncologist has been appointed and there is a clinical lead for research trials.	Ongoing
There does not appear to be primary care guidelines for the MSCC process ((linked to Acute Oncology Services (AOS) measures))	There is a regional network meeting being held on 28 th July which will be attended by the Clinical Lead where any existing primary care guidelines will be explored with the Strategic Clinical Network.	Ongoing
There are still gaps around attendance at NSSG. No neurologists attend.	Neurologists are included in mailing list for Neuro-oncology Disease Site Group (NDSG). There is no requirement for Neurologists to be present within the peer review measures, however the Trust will ensure that Consultant Neurologists are aware of the date/time of future meetings.	Completed

What recommendations were made in May 2014 on the Brain and Central Nervous System site visit?

The lead clinician's job plans still need addressing to assure work is evenly distributed	This is in hand. All medical job plans are in the process of being reviewed.	Ongoing
All pathways need to be clear and in diagrammatic form with telephone numbers, so there is no confusion as to where patients are referred both within the hospital and in primary care	Two week wait referral forms have been revised and will be available on the Trust website for GPs to use with effect from 15 th July 2014.	Ongoing
CNS is leaving so cover for her will need to be agreed as she is	Post appointed to; postholder will be in place early September 2014.	Completed

instrumental to patient experience		
Cancer remedial action plan needs to be given some attention in order for it to be useful so that the dates tally with the Blue, Red, Amber, Green (BRAG) rating.	This is reviewed and updated regularly. Discussed with Commissioner.	Ongoing

Areas of good practice in Brain and CNS in May 2014

Dedicated clinicians
Clear radiology pathway in place
Good CNS support
Pathways between neurology and oncology improved
Access to neurorehabilitation

The external experts' report is in Appendix 2

3.2 Cancer of Unknown Primary origin

Cancer service name	Cancer of Unknown Primary Origin (CUP)
Was the service safe as of April 2014	Yes
Have further immediate measures been taken to improve the safety of this service?	None required
When are all required improvements expected to be completed?	N/A

Cancer service name	Cancer of Unknown Primary Origin (CUP)
Was the service safe as of 13 th December?	NO The service was not compliant with acceptable standards. Additional measures required by dates indicated. Intensive monitoring in place.
Have further immediate measures been taken to improve the safety of this service?	YES North East Essex CCG will continue to monitor the progress of all patients on the cancer waiting list on a weekly basis and to investigate the management of any patients whose care is not proceeding in line with national standards. This will include patients who are transferred from one cancer service to another which is often the case with Cancer of Unknown Primary Origin.
When are all required improvements expected to be completed?	End of June 2014

What immediate risks were identified and how were they addressed in December 2013?

Immediate Risk as stated in site visit report	How has it been addressed?
The Trust is currently setting up the MDT structure	The Trust now has an investigation and management policy so that patients can be picked up quickly and dealt with appropriately by the central cancer hub. Where possible patients still go to site specific teams, with upper gastrointestinal services covering liver

	<p>metastases.</p> <p>All radiology incidental findings where cancer is suspected are sent electronically to the Contact Centre (for central logging) and electronically forwarded to the MDT Co-ordinator Team nhs.net email account.</p> <p>The membership of the MDT has been defined, including the appointment of a cancer nurse specialist who will start duties soon. There is ongoing work to ensure robust cover arrangements.</p> <p>The full MDT is dependent on the conclusion of services moving from the Essex County Hospital to the Colchester General Hospital site. The current timetable for completion is the end of October 2014.</p>
The Trust has not audited CUP patients	The Trust has carried out an audit of the last 13 cancer of unknown primary origin patients, which is scheduled to be presented to the cancer board in September 2014.
No capacity or defined pathway to manage isolated liver lesions.	Patients with liver metastases of unknown origin are referred to upper gastro-intestinal MDT.

What other concerns were identified and what actions have been taken since December 2013?

Serious concern as stated in site visit report	What will be done about it?	Completed?
No Trust guidelines for systemic therapy treatment for these patients	The Trust is using the systemic anti-cancer therapy guidelines (previously agreed by the Essex Cancer network), developed by the Essex Cancer Network.	Completed
No evidence that patients are being entered into CUP trials	There is currently one open clinical trial which is due to close. There is a named clinical research lead and access to trials will be monitored through	Ongoing

	monthly reporting to the Trust Cancer Board.	
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What recommendations were made on the site visit in May 2014?

Maintain connection with clinical trials when clinical lead back at work (One open trial)	There is currently one open clinical trial which is due to close. There is a named clinical research lead and access to trials will be monitored through monthly reporting to the Trust Cancer Board.	Ongoing
Continue to finalise MDT structure when new appointments are all in place	Since the visit the new appointments have been made.	Ongoing

Areas of good practice in Cancer of Unknown Primary Origin in May 2014

A lot of work has gone into making this area safe for patients and it was evident that patients are referred, seen and treated in a timely way.

The external experts report is in Appendix 2

3.3 Radiology

Cancer service name

Was the service safe as of April 2014

Have further immediate measures been taken to improve the safety of this service?

When are all required improvements expected to be completed?

Radiology
Yes
None required
N/A

Cancer service name

Was the service safe as of 13th December?

Have further immediate measures been taken to improve the safety of this service?

When are all required improvements expected to be completed?

Radiology
NO Appropriate mitigation in place, but follow-up review required. Enhanced monitoring
YES North East Essex CCG will continue to monitor the progress of all patients on the cancer waiting list on a daily basis. This will include reviewing the tracking of cancer related radiology requests and patients upgraded to cancer services from radiology.
End of February 2014

What immediate Risks were identified and how were they addressed in December 2013?

Immediate Risk as stated in the site visit report	How has it been addressed?
Only the chest team appeared to have a direct referral process for suspect cancers picked up by radiology	<p>The Trust has implemented a policy and protocol whereby all radiology incidental findings where cancer is suspected are sent electronically to the Contact Centre (for central logging) and electronically forwarded to the MDT Co-ordinator Team nhs.net email account (clearly identifying the tumour site) – 16th Dec 2013.</p> <p>The radiology report highlights the presence of a probable unexpected malignancy and the GP is requested to</p>

	complete a 2 week wait referral via Choose and Book. The Cancer Hub has a process for tracking these patients to ensure there is no delay for patients. Regular monthly reports to the Cancer Board audits the effectiveness of this process (both internally and externally with GPs).
If liver lesions are seen (as an incidental finding) they may phone a consultant but no formal protocol is in place.	The Trust has implemented a policy and protocol whereby all radiology incidental findings are detailed in the response - 16 th December 2013.
No protocol in use for urgent findings	<p>A clear policy is now in place agreed by the Board and now in practice for suspicious/urgent findings. In addition there is now a policy for out of hours MRI.</p> <p>There are two new leads in post.</p> <p>Radiology does not outsource patients on suspected cancer pathways.</p> <p>The Trust has recently introduced an internal tracking system, managed by two individuals for target patients.</p>

What other concerns were raised in 2014 following the latest safety check and what will be done about them?

Continue to monitor capacity	This is part of on-going assurance in the Trust.	Ongoing
Monitor that the new policy works and patients are all flagged to the cancer hub.	This is part of a monthly audit presented to the Trust Cancer Board.	Ongoing
Audit how it works with patients who are referred back to GPs to be referred back in on two week wait. There is a fail- safe mechanism in place in the central hub	This is part of a monthly audit presented to the Trust Cancer Board.	Ongoing

Areas of good practice in Radiology in April 2014

Two new leads in post
Radiology does not outsource patients with suspected cancer on a two week wait pathway
The Trust has recently introduced an internal tracking system, managed by two

individuals for patients with suspected cancer.

The external experts report is in Appendix 2

3.4 Sarcoma

Cancer Service Name	Sarcoma
Was the service safe as of April 2014	Yes
Have further immediate measures been taken to improve the safety of this service?	None required
When are all required improvements expected to be completed?	N/A

Cancer Service Name	Sarcoma
Was the service safe as of 13th December	No Appropriate mitigation in place, but follow-up review required. Enhanced monitoring
Have further immediate measures been taken to improve the safety of this service?	Yes North East Essex CCG will continue to monitor the progress of all patients on the Cancer waiting list on a weekly basis and to investigate the management of any patients whose care is not proceeding in line with the national standards. In addition it has embedded a full-time commissioning manager and a full-time quality manager in the Trust to assure the safe management of Cancer services on a daily basis; they will review communications between Histopathology and Oncology.
When are all required improvements expected to be completed?	End of June 2014

What immediate Risks were identified and how were they addressed in December 2013?

Immediate Risk as stated in site visit report	How has it been addressed?
Histopathology could go to	The Trust is not a Diagnostic Centre for 2 week

<p>London without the Oncology Department knowing it was a diagnosed sarcoma for 2nd review</p>	<p>wait sarcoma referrals. Any suspected Sarcoma 2 week wait referrals received from primary care are redirected to the appropriate Diagnostic Sarcoma Centre. The pathway was received by the clinical site visit team for assurance. Patients have their specialist surgery in two centres in London, mainly UCLH and the Royal Marsden who jointly send bone tumours to Stanmore Orthopaedic hospital.</p>
<p>No safety netting internally with no clear pathway structures in place.</p>	<p>The Trust has implemented a policy and protocol whereby all radiology probable unexpected malignancy are sent electronically to the Contact Centre (for central logging) and electronically forwarded to the MDT Co-ordinator Team nhs.net email account (clearly identifying the tumour site).</p> <p>Since December 2013 The Trust has audited the last 13 patients with sarcoma.</p> <p>On receipt of the copy of the abnormal radiology report, the MDT co-ordinators add the patient to the MDT meeting for discussion of the on-going care.</p> <p>Patients who leave the Trust are now tracked on the Somerset system and the MDT co-ordinator is aware of this.</p>

What other concerns were identified and what actions have taken place since December 2013?

<p>Serious concerns as stated in site visit report</p>	<p>What will be done about it?</p>	<p>When will this be done?</p>
<p>When patients were returned post-surgery, there was no dedicated team other than the oncologist who said he referred back to London if there were post-operative complications.</p>	<p>Sarcoma patients are referred back to Colchester from London for radiotherapy. All inter-Trust referrals are directed to Trust contact centre in accordance with revised management of all Cancer referrals.</p> <p>Specialist rehabilitation is undertaken in London</p>	<p>Completed</p>
<p>Not clear how the patient is tracked through the system and how they are put on a pathway. No single consultant in charge.</p>	<p>There is a bespoke sarcoma policy in place. Tracking detailed above.</p> <p>There is a new clinical lead for sarcoma and a dedicated cancer specialist nurse.</p> <p>If pathology picks up a sarcoma it</p>	<p>Completed</p>

	<p>automatically now goes into the cancer hub for co-ordination so that it can be tracked.</p> <p>Primary care clinicians who are suspicious of sarcoma should now refer direct to sarcoma centres</p>	
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What recommendations were made following the latest safety check and what will be done about them?

<p>The clinical key worker for these patients in the community is the GP so some education around the topic may need to be put in place</p>	<p>The trust will work with the Clinical Commissioning Group to attend one of its education events to ensure this becomes widely known.</p> <p>The Trust will put a notification on its website with the 2 week wait referral forms explaining what primary care colleagues need to do.</p>	<p>Ongoing</p>
<p>Rehabilitation locally should be explored especially for patients who have had amputations.</p>	<p>The Trust is exploring an expansion of local rehabilitation to support all client groups.</p>	<p>Ongoing</p>
<p>The Trust needs to sort out the video link with the SMDT in London.</p>	<p>The Trust is exploring with London how this can be improved.</p>	<p>Ongoing</p>

The external experts report is in Appendix 2

3.5 Urology

Cancer service name	Urology
Was the service safe as of April 2014?	YES
Have further immediate measures been taken to improve the safety of this service?	None required
When are all required improvements expected to be completed?	N/A

Cancer service name	Urology
Was the service safe as of 13th December?	NO The service was not compliant with acceptable standards. Additional measures required by the dates indicated. Intensive monitoring in place.
Have further immediate measures been taken to improve the safety of this service?	YES North East Essex CCG has embedded a full-time commissioning manager and a full-time quality manager in the Trust to assure the safe management of Cancer services on a daily basis.
When are all required improvements expected to be completed?	End of June 2014

What immediate Risks were identified and how were they addressed in December 2013?

Immediate Risk as stated in site visit report.	How has it been addressed?
Lack of up to date, accurate and agreed timed pathways for prostate, renal and bladder cancers	The updated pathways for bladder cancer, prostate cancer and renal cancer were assured by the visiting external team of experts. There was evidence that the updated pathways were being followed with excellent awareness by the whole MDT. These were developed with input from the whole MDT.
Capacity issues/waiting time breaches in the urology service	There is evidence of on-going audits for pathway breaches and the team is aware of causes and taking mitigating actions. The team now has dedicated time for this after the MDT (0.5 hours per week). Significant appropriate human resources have been put into place from administration to management and extra consultants.

	The prostate cancer active surveillance clinic had not yet started in April 2014
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What other concerns were identified and what actions have been taken since December 2013?

Serious Concern as stated in site visit report.	What will be done about it?	When will it be done by?
Lack of clarity between primary care and urology MDT around access for patients onto a 2 week wait pathway	The CCG has encouraged the use of Choose and Book by all GPs since March 2014. All of the 2 week wait referral forms have been revised and this includes referral guidance for each tumour site to aid GPs in determining which patients to refer under the 2 week wait. These will be live on the Trust website from Monday 28 th July 2014.	Ongoing
Team did not demonstrate a current, robust failsafe system across all elements of cancer pathways, including not losing patients to follow up.	In April 2014 there was no written protocol for failsafe for follow up and DNA, though members of the team were able to describe the process. Every member of the MDT has an awareness of the whole pathway, which is also available for patients The computerised database for follow up of patients on the bladder surveillance programme has been implemented. Temporary administration support in post whilst recruitment of permanent member of staff is undertaken.	To be completed by end September 2014 Completed
Logistics of implementing necessary identified service redesign	A dedicated full time manager post with sole responsibilities in urology has been established.	Completed
MDT and SMDT do not have sufficient time allocated to adequately discuss all cases.	The team now has dedicated time for audit after the MDT (0.5 hours per week). More time will still be needed for the SMT when recording of decisions is live on the Somerset information system. Therefore the MDT clinical lead will continue to monitor the SMDT to ensure sufficient time is available for each patient discussion. Consultants have agreed to modify job plans to reflect the above changes.	Completed

	The Somerset system was implemented in urology in May 2014 for live clinical data recording (which includes staging and management of the patient pathway).	
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What other concerns were raised in 2014 following the latest safety check and what will be done about them?

Improve the template biopsy capacity/turnaround on histology and capacity for major surgery	Additional theatre sessions commenced in January 2014. Additional day case list each week since February 2014. Two additional consultants have been appointed, one of whom started in March 2014. The permanent associate specialist job plan accommodates extra theatre sessions and additional fixed term contract associate specialist for this next year. Two nurses have been upgraded to cancer nurse specialist standard and an additional post is out to advert. Improvements in the turnaround time for histology are being explored across all specialties.	Ongoing
Increase time allocation for SMDT in light of imminent changes due to Somerset	The MDT clinical lead will continue to monitor the SMDT to ensure sufficient time is available for each patient discussion.	Completed
Active surveillance clinic to be up and running, but complete on Blue Red Amber Green (BRAG) chart	CCG notified of this. Currently the clinic is being run with a Middle Grade doctor on an adhoc basis. Advanced nurse practitioner appointed who will run this clinic. Clinic to be run fortnightly from mid-August.	Ongoing
MDT co-ordinator not yet operational	Two MDT co-ordinators and data clerk in post since the end of February	Completed

	2014 to support the clinical team and track patients.	
More room space required for Out Patients clinics	The Trust management is aware of this. The urology day unit is operational.	Ongoing
Research nurses not yet on site, therefore may affect recruitment into trials	This is subject to the move from Essex County Hospital to the Colchester General Hospital site. There is a dedicated clinical research lead and recruitment to trials will be monitored monthly through the Trust Cancer Board.	Ongoing
Put in a written protocol for failsafe for follow up and Do Not Attenders.	The Urology MDT Operational policy is being updated with details of how patients who Do Not Attend appointments will be managed. Timescale for sign off of the operational policy is in line with upload of peer review documents for 2014.	To be completed by end September 2014
The team needs to be mindful of the needs of people with Special Needs (e.g. learning difficulties, sensory impairments etc.).	A section is written into all the tumour site new 2 week wait referral forms for GPs to identify any special needs or assistance for patient requirements.	Ongoing

What recommendations were made in the April 2014 visit for Urology

Add follow up information on correspondence to GP (e.g. date of next clinical appointment on clinic letter)

Tighter version control of documents

What good practice was found in Urology in April 2014?

Significant investment in a short space of time, increasing capacity for administrative, managerial and clinical staff and equipment and resources

Clinically led team with better co-ordination between management and clinical teams with clear lines of escalation

Every member of the MDT has an awareness of the whole pathway, which is also available for patients

Weekly clinical governance meetings

PSA clinic seems to be making a difference in terms of clear decision making as it is consultant led.

The Trust Cancer Board appears to be well-functioning.

The prostate pathway is ahead of NICE guidance indicating a pro-active workforce dedicated to service improvements for patients.

The external experts report is in Appendix 2

3.6 Skin

Cancer Service Name	SKIN
Was the service safe as of 13th December?	NO Appropriate mitigation in place, but follow-up review required. Enhanced monitoring.
Have further immediate measures been taken to improve the safety of this service?	YES North East Essex CCG has embedded a full-time commissioning manager and a full-time quality manager in the Trust to assure the safe management of Cancer services on a daily basis. This will include reviewing the attendance at the MDTs on a weekly basis to assure compliance with national standards.
When are all the required improvements expected to be completed?	End of April 2014

The Trust has made progress in the areas of concern that were identified in December 2013 following a visit by the external assessors, however, further work is required in relation to the wider dermatology service and therefore the follow-up visit has not yet taken place to enable this work to be completed. This therefore remains under enhanced monitoring.

We anticipate that the follow up visit will be undertaken before the end of the year.

4 Conclusion

4.1 Conclusions on assurance.

The “Report into the Immediate Review of Cancer Services at Colchester Hospital University NHS Foundation Trust”, included a recommendation that the Trust must address all the concerns raised in the pathway reviews as presented in that report. The recommendations were part of the improvement action plan with Monitor, through the Incident Management Team.

Six of the pathways were particularly challenging, necessitating a revisit of these pathways by external clinical experts. The findings and subsequent actions are described in this report.

The external reviewers concluded that there were no longer any immediate or serious concerns in five of the six pathways. These are Brain and Central Nervous System, Cancer of Unknown Primary Origin, Radiology, Sarcoma and Urology. For skin cancer, the Trust has made progress in the areas of concern that were identified in December 2013 following a visit by external assessors. However this service remains under enhanced monitoring and the Clinical Commissioning Group and Hospital are reviewing capacity and demand management in that service before a revisit of the pathway can take place.

The Trust is deemed to have made the necessary changes in these five pathways that acceptably manage risks and the Incident Management Team is currently assured of the safety of the cancer service provided by Colchester Hospital University NHS Foundation Trust. The North East Essex CCG continues to monitor the progress of all patients on the cancer waiting list on a weekly basis and to investigate the management of any patients whose care is not proceeding in line with national standards. This will continue as part of routine monitoring, but the need for intensive or enhanced monitoring on these five pathways will now revert to routine monitoring.

The Brain and CNS service previously had an amber risk rating with enhanced monitoring. The Trust has produced revised pathways and audited these, as part of the London Cancer Alliance and East of England Specialist Commissioning Network. There is now a clear governance structure within the Trust for monitoring previous external and internal peer review concerns with reporting to the Trust Cancer Board. There is a clear treatment pathway for metastatic spinal cord compression, and the Trust has confirmed this policy with all referring clinical staff. The need for enhanced monitoring will now revert to routine monitoring.

The Cancer of Unknown Primary Origin service previously had a red risk rating as the service was not compliant with acceptable standards. NICE guidelines were published in July 2010 to improve the diagnosis and management of malignant disease of patients with an unknown primary origin. The recent changes are to ensure these patients are cared for by a pre-determined team. Additional measures were required by the dates recommended in the action plan with intensive monitoring in place. Recruitment into the Multi-Disciplinary Team is complete. Until the team is fully functional and as an interim measure the Trust issued guidance on which

specialties would manage people with different presenting findings until the primary cancer is diagnosed. Patients' pathways are audited. The team will become fully functional with the move of services from the Essex County Hospital site. The need for enhanced monitoring will now revert to routine monitoring.

The Radiology service for cancers previously had an amber risk rating with enhanced monitoring. This included reviewing the tracking of cancer related radiology requests and patients upgraded to cancer services from radiology. Now when radiology detects probable unexpected malignancy (PUM), the findings are sent electronically to the Trust Contact Centre (for central logging) and electronically forwarded securely to the Multi-Disciplinary Team Co-ordinator nhs.net email account. The clinical responsibility remains with the GP for GP direct access test, but this allows patients' progress to be tracked in the 62 day cancer pathways and avoids any delays. The need for intensive monitoring will now revert to routine monitoring.

The management of Sarcoma previously had an amber risk rating. Although appropriate mitigation was in place, the follow up review required enhanced monitoring. The Trust is not a Diagnostic Centre for sarcoma and cannot therefore accept (under Improvement Outcome Guidance rules) 2 week waits for suspected sarcoma. Any primary care referrals received by the Trust are redirected to the appropriate diagnostic sarcoma centre, with communications and education planned for primary care. The need for enhanced monitoring will now revert to routine monitoring.

The Urology service previously had a red risk rating in that the service was not compliant with acceptable standards and additional measures were required by the dates indicated in the action plan. Intensive monitoring was required. Updated urology pathways for bladder cancer, prostate cancer and renal cancer were assured by the visiting external team of experts. Significant investments have been made in urology in line with the action plan agreed between commissioners and providers. New consultant and nursing posts and administration posts have been appointed to. Until all the consultants are in post, outsourcing for low risk procedures continues to be an option to assist with patient access for treatments in a timely manner. There is still ongoing developmental work including the production of written fail-safe policies. The computerised database for follow up of patients on the bladder surveillance programme has been put in place. The need for intensive monitoring will now revert to routine monitoring.

The Skin cancer service had an amber rating in that appropriate mitigation was in place, but follow-up review required enhanced monitoring. This included the review of the attendance at the MDTs on a weekly basis to assure compliance with national standards. The Trust has made progress in the areas of concern that were identified in December 2013 following a visit by external assessors. The Clinical Commissioning Group and Hospital are reviewing capacity and demand management in that specialty prior to revisit of the pathway. The need for enhanced monitoring remains.

The recommendations made by the external clinical teams are now part of the updated trust action plan to be delivered by Colchester Hospital University NHS

Foundation Trust in partnership with the commissioners of services and associated specialist centres.

5 Appendix 1 – Glossary of Terms

Term	Definition
Cancer Network	Cancer networks consist of a number of NHS organisations working together to deliver high quality, integrated Cancer services for their local population. They focus on delivering the national Cancer strategy, improving performance of Cancer services and to facilitate communication and engagement around Cancer issues.
Cancer of Unknown Primary origin	When a Cancer is found but the source is unable to be located.
Care Quality Commission (CQC)	The Care Quality Commission makes sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high quality care, and encourages these services to make improvements.
Clinical nurse specialist (CNS)	A qualified nurse with a special interest
Concern	A concern is an issue that is affecting the delivery or quality of the service that does not require immediate action but can be addressed through the work programme of the teams/services.
Gynaecology	The science dealing with the diseases of the female reproductive system.
Immediate risk	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.
Improving Outcomes Guidance (IOG)	Cancer service guidance published by National Institute for Clinical Excellence (NICE). Hospitals are required to comply with this guidance
Incident Management Team (IMT)	Led by NHS England in response to the publication of the CQC inspection report in November 2013. This is a time limited team established to provide strategic direction, co-ordination between all organisations, and external assurance in order to resolve all concerns associated with Cancer services at Colchester Hospital University Foundation Trust.
Intensive Support Team (IST)	Since April 2009, the NHS Interim

	<p>Management and Support service has incorporated the Intensive Support Teams (ISTs) who specialise in Urgent and Emergency Care, Elective Care and Cancer, focusing on improving performance, quality assurance and programme enhancement.</p> <p>Assignments typically include working with local health communities jointly to diagnose areas for performance improvement; supporting implementation planning and delivery; and transferring knowledge to produce sustainable and resilient solutions.</p>
Metastatic Spinal Cord Compression (MSCC)	Is an uncommon condition that affects people with certain Cancers that have spread to the bones in the spine, or have started in the spine.
Multi-Disciplinary Team (MDT)	A team made up of clinical and support staff from a variety of disciplines who provide the range of expertise required to effectively manage Cancers. Core membership is defined for each Cancer team and usually includes a surgeon, oncologist, histopathologist and radiologist plus a clinical nurse specialist and an MDT co-ordinator
Multi-Disciplinary Team co-ordinator	The MDT co-ordinator is a non-clinical member of the MDT whose role is to co-ordinate the work for each patient and to ensure that patients are treated as quickly as possible and that problems are identified and reported to the MDT
Monitor	Monitor is the sector regulator for health services in England. Their job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit. They exercise a range of powers granted by Parliament which include setting and enforcing a framework of rules for providers and commissioners, implemented in part through licences they issue to NHS-funded providers.
Network Site Specific Group (NSSG)	A multi-disciplinary group which brings together representatives from professionals across the care pathway, all MDT leads from the relevant network organisations, and patient

	representatives.
Oncology incl. Acute oncology	The science of Cancer medicine
Paediatric	The branch of medicine dealing with children and their diseases.
Patient Tracking lists (PTL)	Provides a prospective viewpoint and so can act as a planning tool for managing patient waiting lists in a way that the (retrospective) monthly RTT data collection cannot. PTL at patient level is used to identify groups of patients who may be at risk of waiting longer than 18 weeks, to enable intervention which may include the commissioning of care from an alternative provider. PTL at aggregate level is used to inform the Commissioners of numbers waiting and length of wait to support commissioning and performance management decisions.
Pathway	Care pathways describe the route that a patient will take from their first contact with an NHS member of staff to the completion of their treatment.
Radiology	The use of medical imaging
Radiotherapy	Treatment with radiation
Risk Summit	A meeting of high-level leaders called to shape a programme of action which is focussed on sharing information willingly, to help achieve a consensus about the situation under scrutiny and the actions required to mitigate the identified risks.
Safeguarding	The multi-disciplinary work undertaken to minimise and manage risk to adults and children who may be vulnerable.
Sarcoma	A rare soft tissue or bone Cancer
Serious Concern	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 require urgent action to resolve.
Skin	The tissue which forms the outer covering of the body.
Urology	The surgical specialty of the urinary tract

6 Appendix 2 - Clinical site re-visit reports

Brain Clinical Team Review Summary Report

Clinical Team: Brain and Central Nervous System	Date: 20/5/2014
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Review Team:

Sarah Jefferies (Clinical Lead, Oncologist, Addenbrookes Hospital)
Yomi McEwen (Area Team representative)
Tonia Dawson (East of England Strategic Clinical Network Cancer Manager and Lead Nurse)

Team Members Interviewed (Name & Role):

Bruce Sizer - Lead Clinician
Suat Loo- Oncology Consultant
Richiander Clayton – MDT coordinator
Elaine Westall – Brain Cancer Nurse Specialist
Kate Patience- Specialist Physio and Network Cancer Group Chair (declared possible conflict of interest. Attended today on behalf of the Trust)
Karen Hull- Interim cancer service manager
Julie Hopping- Cancer project manager

Summary of Review:

- The team is enthusiastic about the progress made with the Brain and CNS service.
- Team members are working well together to provide a good service to patients.
- The nurse specialist works both at Chelmsford and Colchester
- There is a new Oncology clinician who had just started and will be supported by the Lead Oncologist for CNS on his return.
- The issues and communication with the tertiary centre, Queens appears to be working much better.
- They have a clear operational policy for radiology which has spread throughout the Trust.
- The pathway for Metastatic Spinal Cord Compression (MSCC) is now clearly signposted to Queens in Romford
- There is an MRI service now at the weekend
- There appears to be a clear pathway to a neurosurgeon for discussion of MSCC patients. There is a consultant telephone on call service with a clear staff rota and a number known to the Trust
- If a patient is referred to the neurology team with a query Brain tumour the Oncologists know about them now and have communication if they are referred out of the hospital so they can be put on a pathway and tracked
- There is a clear governance structure within the Trust for monitoring previous

external and internal peer review concerns with a dedicated action log that is reported to the Cancer Board.

- Concerns from that Board are now linked to the Executive Board through the Medical Director.
- The peer review internal validation process has been reviewed and departments are not allowed to sign off their own reports now.
- They have specialist neuro-rehabilitation one day a week which should be commended.

Immediate Risk:

None identified

Serious Concerns:

None identified

Concerns:

- The panel had concerns around the transition of services from Essex County to the main hospital site with the current staffing concerns. It is strongly recommended that careful planning is undertaken to ensure a safe service is provided by consultant oncologists at both sites during the transition process.
- There are still staffing issues as the lead clinician is away from clinical duties and the CNS is leaving. There is a new consultant but his workload already is excessive.
- The capacity issues are preventing participation in clinical trials. The team used to link in with the Royal Marsden. Sarah Jefferies, reviewing, agreed to send a list of trials open in the East of England.
- There did not appear to be Primary care guidelines for the MSCC process. (linked to Acute Oncology Services (AOS) measures).
- There are still gaps around attendance at the NSSG. No neurologists attend.

Recommendations:

- Lead Clinicians Job Plans still need addressing to assure work is evenly distributed (this is in hand we were told)
- All pathways need to be clear and in diagrammatic form with telephone numbers, so there is no confusion as to where patients are referred both within the hospital and in Primary care
- CNS was leaving so cover for her will need to be agreed as she is instrumental to patient experience.
- The cancer action remedial plan we were presented with, had columns on that were green where actions hadn't commenced or where dates didn't match the colours. This needs to be given some attention in order for it to be useful so that the dates tally with the BRAG rating

Areas of good practice:

- Dedicated clinicians
- Clear radiology pathway in place
- Good CNS support
- Pathways between Neurology and Oncology improved
- Access to neurorehabilitation

Cancer of Unknown primary Clinical Team Review Summary Report

Clinical Team: CUP pathway

Date: 14/4/14

Review Team:

Rory Harvey- Clinical Director, East Of England Strategic Clinical Network Cancer Team

Tonia Dawson – East of England Strategic Clinical Network Cancer Manager and Lead Nurse

Team Members Interviewed (Name & Role):

Bruce Sizer - Lead Oncologist

Donna Booton - Cancer Matron

Samantha Cooper - Cancer Lead Clinician

Sarah Steward - MDT coordinator

Julie Hopping - Cancer project manager

Summary of Review:

The NICE guidelines were published in July 2010 to improve the diagnosis and management of malignant disease of patients with an unknown primary origin. These patients often are not treated by one particular team and can be passed from test to test. The Cancer of Unknown Primary (CUP) pathway is to try and get these patients cared for by a set team. The measures for the guidance were published in April 2013

- The Trust now has an investigation and management policy so that patients can be identified quickly and dealt with appropriately by the central cancer hub. Patients still, where possible, go to site specific teams, with Upper gastrointestinal covering liver metastases.
- Safety netting is through their PUM's policy with radiology
- Acute Oncology Service nurse capacity being looked at in order to take on cancer of unknown primary patients as well.

Immediate Risk:

None

Serious Concerns:

None

Concerns:

None

Recommendations:

- Maintain connection with clinical trials when clinical lead back at work (One open trial)
- Continue to finalise MDT structure when new appointments all in place.

Areas of good practice:

- A lot of work has gone into making this area safe for patients and it was evident that patients are referred, seen and treated in a timely way.

Radiology Clinical Team Review Summary Report

Clinical Team: Radiology

Date: 14/4/14

Review Team:

Rory Harvey- Clinical Director SCN

Tonia Dawson – SCN Cancer Manager and Lead Nurse

Team Members Interviewed (Name & Role):

Will Howard - Lead Radiologist

Donna Booton - Cancer Matron

Samantha Cooper-Cancer Lead Clinician

Julie Hopping - Cancer project manager

Summary of Review:

A review of Radiology took place

Radiology was assured as safe as a clear policy is now in place and agreed by the Board and now in practice for suspicious/urgent findings

- In addition there is now a policy for out of hours MRI

Immediate Risk:

none

Serious Concerns:

none

Concerns:

None

Recommendations:

- Continue to monitor capacity.
- Monitor that the new policy works and patients are all flagged to the cancer hub.
- Audit how it works with patients who get referred back to GPs to be referred back in on two week wait. There is a fail- safe mechanism in place in the central hub.

Areas of good practice:

These remain:

- Two new leads in post.
- Radiology does not outsource patients with suspected cancer on a two week wait pathway.
- The Trust has recently introduced an internal tracking system, managed by two individuals for patients with suspected cancer.

Sarcoma Clinical Team Review Summary Report

Clinical Team: Sarcoma

Date: 14/4/14

Review Team: :

Rory Harvey- Clinical Director, East of England Strategic Clinical Network Cancer Team

Tonia Dawson – East of England Strategic Clinical Network Cancer Manager and Lead Nurse

Team Members Interviewed (Name & Role):

Bruce Sizer -Lead Oncologist

Donna Booton - Cancer Matron

Samantha Cooper-Cancer Lead Clinician

Sarah Steward - MDT coordinator

Julie Hopping – Cancer project manager

Key Lines of Enquiry Summation:

We had the Sarcoma pathways explained to us, which described patients having their specialist surgery in two centres in London, mainly UCLH and the Royal Marsden who jointly send bone tumours to Stanmore Orthopaedic hospital.

- They have undertaken an audit of last 13 Sarcoma patients since review in December.
- Patients that leave the trust are now tracked on the Somerset system and MDT coordinator is aware of them.
- New Clinical lead for Sarcoma Patients will be in post from May.
- Primary care who are suspicious of Sarcoma should now refer direct to sarcoma centres.
- Dedicated CNS now for Gynaecology and sarcoma.
- Bespoke sarcoma policy in place.
- If pathology picks up a sarcoma it automatically now goes into cancer hub for coordination so can be tracked.
- Specialised Rehabilitation is undertaken in London.

Immediate Risk:

Nil

Serious Concerns:

Nil

Recommendations:

- The clinical key worker for these patients in the community is the GP so some education around the topic may need to be put in place
- Rehabilitation locally should be explored especially for patients who have had amputations

- The Trust said it was still sorting out the video-link with the Specialist Multi-Disciplinary Team in London but communications were good. This will need to be kept on the risk register and monitored until complete.

Site Specific Clinical Team Review Summary Report

Clinical Team: Urology

Date: 28.04.14

Review Team:

Mr Robert Brierly, Consultant Urologist, Ipswich Hospital
Charlotte Etheridge, Macmillan Urology CNS, Ipswich Hospital
Dr Richard Wright, GP, North East Essex CCG representative
Kate Patience, SCN representative
Mr Vivek Kumar, Consultant Urologist, Norfolk & Norwich
Wendy Baxter, Uro-oncology CNS, Norfolk & Norwich Hospital
Christine Macleod, Medical Director, Essex Local Area Team
Srilatha Vijay, Programme Manager, Essex Local Area Team
Dr Linda Mahon-Daly, GP, North East Essex CCG representative

Team Members Interviewed (Name and Role):

John Corr, Consultant Urologist, SMDT Lead
Rowan Casey, Consultant Urologist, LMDT Lead
Samantha Cooper, Trust Cancer Lead
Karen Hull, Cancer Manager
Melanie Newnham, Urology Service Manager
Julie Hopping, Cancer project manager
Bruce Sizer, Oncologist
Dr Muthu Kumar, Oncologist
Anne Morris, Clinical Services Manager
Sian Gooding, MDT Co-ordinator
Lucy Powell, CNS
Maggie Braithwaite, CNS,
Rossa Baker, Matron

Summary of Review:

The clinical team members were interviewed in small groups by job title (surgeons, oncologists, CNSs, Admin and managers).

The updated documentation was reviewed as well as several sets of patient notes covering the three remaining pathways (prostate, bladder and renal).

There was evidence from the discussions that the updated pathways are being followed with excellent awareness by whole MDT, and that they were developed with input from whole MDT.

There is evidence of on-going audits for pathway breaches and the team is aware of causes and taking mitigating actions. The team now has dedicated time for this after MDT (0.5 hrs per week)

Significant appropriate human resources have been put into place from admin to management and consultants.

The impact of the recent service developments has not yet been reflected in the clinical notes as such changes have been established over recent weeks and will therefore require time for patients to move through the pathway to evidence effect. While it appears that changes have taken place the case notes provided were for patients already on a urology pathway for some time and therefore such changes were not clear. The team will need to continue to review results through their trust

governance procedures.

The review panel has been assured that the pathways for prostate, renal and bladder cancer are safe.

Immediate Risks:

The review team is satisfied that there are no immediate risks.

Serious Concerns:

The review team is satisfied that there are no serious concerns.

Concerns:

- Template biopsy capacity/turnaround on histology and capacity for major surgery.
- Time allocation for SMDT in light of imminent changes due to Somerset.
- Active surveillance clinic is not yet up and running but complete on Trust BRAG chart.
- MDT co-ordinator training not yet operational.
- Room space for Out-patient clinics.
- Research nurses not yet on site therefore may affect recruitment into trials.
- No written protocol for failsafe for follow up and DNA, though team able to describe process.
- The team needs to be mindful of the needs of people with Special Needs (e.g. learning difficulties, sensory impairments etc.).

Recommendations:

- Add follow up information on correspondence to GP (e.g. date of next clinical appointment on clinic letter).
- Tighter version control of documents.

Areas of good practice:

- Significant investment in a short space of time, increasing capacity for admin, managerial and clinical staff and equipment and resources.
- Clinically led team with better co-ordination between management and clinical team with clear lines of escalation.
- Every member of the MDT has an awareness of the whole pathway, which is also available for patients.
- Weekly Clinical Governance meetings.
- PSA clinic seems to be making a difference in terms of clear decision making as it is Consultant-led.
- The Trust Cancer Board appears to be well-functioning.
- Prostate pathway is ahead of NICE Guidance, indicating a proactive workforce dedicated to service improvements for patients.