

Board of Directors

Report

Subject: TRUE FOR US - REPORT IN RESPECT OF CANCER SERVICES AT COLCHESTER HOSPITAL

Date: 18th DECEMBER 2014

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

Lead Director: KERRY ROGERS, DIRECTOR OF CORPORATE SERVICES/ COMPANY SECRETARY

Executive summary

In December 2013 NHS England published a report into the immediate review of cancer services at Colchester Hospital University NHS Foundation Trust; this report was followed up in July 2014 with a progress report against the actions identified. The initial review was initiated by the Incident Management Team (IMT), led by NHS England, in response to a Care Quality Commission (QCQ) inspection into cancer standards at Colchester.

The IMT established a Clinical Oversight Group which together with the East of England Strategic Clinical Cancer Network organised and conducted clinically-led visits to each of the Cancer teams. The purpose was to determine if cancer services were safe. A progress report written by NHS England on behalf of the multi-agency Incident Management Team was published in July 2014.

As part of Sherwood Forest Hospitals True for Us Programme the board requested a True for Us assessment to clarify the Trusts position against the recommendations in the NHS England report. The initial report made fourteen recommendations which were specific to Cancer Services in Colchester. These recommendations have been reviewed by Cancer Services at SFHFT as part of the True for Us self-assessment process and where appropriate will be included in their action plan.

As part of the Colchester review clinical site visits were undertaken. The purpose of these was to provide expert external assessment of the current safety of Cancer Services. These site visits included a detailed questionnaire for each of the 14 services reviewed in order that the review teams collected robust evidence which focused on directly viewed evidence or direct testimony from staff. SFHFT have replicated this questionnaire across 12 services in this True for Us process to self-assess the safety of cancer services at Sherwood Forest

The full analysis is provided in the private board papers. From this process of self-assessment an action plan has been developed to ensure the Trust has plans in place to progress the actions identified from the analysis of the responses to the questionnaire. These actions will be driven and monitored via the Cancer Management team and reported regularly to the Cancer Unit Management Board and escalated where appropriate to the Trust Management Board and Board of Directors/ Quality Committee.

As the True for Us process is new to Cancer Services, further work is required to improve the focus and timeliness of actions to address the weaker controls identified through the self-assessment process and the Director and Deputy Director of Corporate Services will work with the CMT to produce a more robust action plan to be delivered by the teams and overseen by the Cancer Unit Management Board and others.

The outcome of this assessment has not identified any patient safety issues, but in terms of the quality of systems and processes and therefore the quality of the controls that safeguard effective pathways for patients (and subsequent national target achievement) and timely responses, there is work to be completed to strengthen these and ensure resilience. The key themes identified which will form the focus of the action plan are as follows:

- 2ww C&B slots and timely appointments
- Bottlenecks – eg Diagnostics
- Evidence of challenge from and involvement of Board
- MDT attendance across all specialties
- Potential/actual breaches not discussed at MDT (to support learning and rapid action)
- Audit programmes (to support learning)

The Corporate Services Directorate would wish to acknowledge the enthusiasm and willingness of the Cancer Management Team in engaging in this process and in particular their honest and critical evaluation of their services and it is important that for the True for Us process to be effective, it needs to be a constructive stimulant for improvement, such that those delivering services to patients who know more than most the quality of those services, feel able to honestly report up to Board, and as a result receive the support they need to deliver change and improvement.

Actions required by the Board

- Board members are invited to agree a robust and transparent process has been undertaken to self-assess the quality of Cancer Services against the findings of the Colchester Inquiry
- Board members are invited to accept the newness of this process to the particular area under review, and agree further support from the Corporate Services Department in strengthening the action plan in order to assure Board a robust improvement plan is in place
- Approve the process of driving and monitoring the final action plan through the Cancer Management Team and Cancer Unit Management Board
- Support the Executive team to work constructively with Cancer Services in order to help them mitigate system and process shortcomings and to thank CMT on behalf of the Board for their honest appraisal.

Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	
Links to the BAF and Corporate Risk Register	Principal Risk 1 – Failure maintain the quality of patient services demanded Principal risk 4 – Failure to deliver and maintain clinical sustainability
Details of additional risks	n/a
Links to NHS Constitution	Duty of Quality
Financial Implications/Impact	
Legal Implications/Impact	
Partnership working & Public	n/a

Engagement Implications/Impact	
Committees/groups where this item has been presented before	n/a

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Background

In December 2013 NHS England published a report into the immediate review of cancer services at Colchester Hospital University NHS Foundation Trust; this report was followed up in July 2014 with a progress report against the actions identified.

The initial review was initiated by the Incident Management Team (IMT), led by NHS England, in response to a Care Quality Commission (QCQ) inspection into cancer standards at Colchester.

The IMT established a Clinical Oversight Group which together with the East of England Strategic Clinical Cancer Network organised and conducted clinically-led visits to each of the Cancer teams. The purpose was to determine if cancer services were safe

A progress report written by NHS England on behalf of the multi-agency Incident Management Team was published in July 2014. This report followed up on six of the cancer pathways in the original report which were deemed particularly challenging:

- Brain and Central Nervous System
- Cancer of Unknown Primary origin
- Radiology
- Sarcoma
- Urology
- Skin

For five of the pathways the IMT was assured that the service had made changes which acceptably manage the risk and therefore IMT were assured of the safety of the services provided.

For skin cancer it was noted in the report that although progress had been made the service remained under enhanced monitoring and the local CCG and the Trust were to review capacity and demand management in that service before a revisit of the pathway could take place.

As part of Sherwood Forest Hospitals True for Us Programme the board requested a True for Us review to clarify the Trusts position against the recommendations in the NHS England report.

Response to the recommendations in the Report

The initial report made fourteen recommendations which were specific to Cancer Services in Colchester, these recommendations have been reviewed by Cancer Services at SFHFT as part of the True for Us process and where appropriate improvements will be included in their action plan. These include:

1. **The Trust must ensure it has up to date pathways for all Cancer teams** – SFH are currently developing specific pathways which align with Cancer Network pathways
2. **The Trust must ensure milestones are agreed for all Cancer clinical pathways and establish mechanisms to monitor these** – SFH has milestones in place for all patient pathways to ensure all quality targets are met e.g. how long for diagnostic tests, turnaround times etc. However these milestones must be reinforced.
3. **The Trust needs to confirm the expectations regarding timeliness of data validation by MDT coordinators and agree on-going monitoring and escalation where appropriate** – SFH has robust data validation processes however timeliness can be an issue this will be addressed through the actions developed in response to recommendations 1 & 2
4. **NHS England with the Trust must conduct retrospective reviews** – SFH currently carries out an RCA for each patient who has been more than 100 days on the pathway and this is reported by the Cancer MDT to all relevant clinicians and the Division.

As part of the Colchester review clinical site visits were undertaken, the purpose of these were to provide expert external assessment of the current safety of Cancer Services. These site visits included a detailed questionnaire for each of the 14 services reviewed in order that the review teams collected robust evidence which focused on directly viewed evidence or direct testimony from staff. SFHFT have replicated this questionnaire across 12 services in this True for Us process to self-assess the safety of cancer services at Sherwood Forest

The full analysis is provided in the appendix to this report

The key themes identified from the analysis are:

- Availability of choose and book slots for 2WW
- Appointments sent in a timely manner – patients being contacted by telephone late in the pathway
- Bottlenecks in the pathway – large number of referrals of ‘worried well’, availability of radiologists
- Evidence of challenge from and involvement of Board
- MDT attendance across all specialties
- Potential/actual breaches not discussed at MDT (to support learning and rapid action)
- Audit programmes (to support learning)

From this process an action plan has been developed to ensure the Trust has plans in place to progress the actions identified from the analysis of the responses to the questionnaire. As identified in the Executive Summary, the current draft plan will be enhanced with the support of the Corporate Services Department and the Director of Operations. These actions will be driven and monitored via the Cancer Management team and reported regularly to the Cancer Unit Management Board and escalated where appropriate to the Trust Management Board and Board of Directors

Actions required by the Board

- Board members are invited to agree a robust and transparent process has been undertaken to self-assess the quality of Cancer Services against the findings of the Colchester Inquiry
- Board members are invited to accept the newness of this process to the particular area under review, and agree further support from the Corporate Services Department in

strengthening the action plan in order to assure Board a robust improvement plan is in place

- Approve the process of driving and monitoring the final action plan through the Cancer Management Team and Cancer Unit Management Board
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