Quality of Cancer Care in the South East of Scotland

Pilot review of the South East of Scotland Cancer Network

January 2020
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Introduction

Healthcare Improvement Scotland is responsible for the external quality assurance of cancer services against tumour specific quality performance indicators (QPIs). In June 2018, we developed a methodology to evaluate all QPI data collated during 2016 to 2018. In addition to this, we considered the effectiveness of the regions’ governance structures. We wanted to understand how well tumour specific networks were evaluating performance and implementing improvement. We also wanted to know how well actions to address challenges were being progressed.

We began piloting our approach with the South East Scotland Cancer Network in April 2019. This pilot will inform the methodology used to review the performance of regional cancer networks in future. It is anticipated the reviews will take place annually from 2020.

The purpose of the review was to:

- consider the effectiveness of governance arrangements within the region
- understand the performance of tumour specific networks operating within the region
- identify areas of good practice, and
- identify areas where improvement was needed.

What are cancer quality performance indicators?

Cancer QPIs are small sets of outcome and process focused, evidence-based indicators. They relate to key points in the cancer patient pathway deemed by an expert group to be critical in providing good quality care. Currently, there are 19 specific tumour type sets of indicators. These QPIs were developed collaboratively by expert groups of clinicians from:

- the three regional cancer networks
- NHS National Services Scotland’s Information Services Division, and
- Healthcare Improvement Scotland.

The QPIs’ overarching aim is to make sure that activity at NHS board level is focused on the most important areas. These are improving survival and patient experience whilst reducing variance and ensuring safe, effective and compassionate person-centred cancer care.

Patient experience and clinical trial access QPIs which apply to the management of all tumour types are also in place. Consistent measurement and reporting of the patient experience QPIs is still at an early stage nationally.

The QPIs can be found on the Healthcare Improvement Scotland website.

The South East Scotland Cancer Network and Regional Managed Networks

Regional cancer arrangements

There are three regional cancer networks operating in NHSScotland.

- The West of Scotland Cancer Network is made up of NHS Ayrshire & Arran, NHS Greater Glasgow and Clyde, NHS Forth Valley and NHS Lanarkshire.
- The South East Scotland Cancer Network is made up of NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Lothian.
- The North Cancer Alliance is made up of NHS Grampian, NHS Highland, NHS Shetland, NHS Tayside, NHS Orkney and NHS Western Isles.

Each network coordinates cancer services in the region. It acts as a forum for the NHS boards within its constituency to prioritise and deliver key tumour specific services. The make-up of the regional networks are outlined in letters from the Scottish Government to NHS managers, specifically, MEL 10 (1999) and in HDL 71 (2001).


Regional cancer networks also have a role in improving cancer services through regional governance structures. They serve as a connection between national policy and local delivery. Healthcare Improvement Scotland’s QPI programme was designed to support improvement by developing a suite of QPIs. Networks can then monitor services against these QPIs and support actions for improvement. This is outlined in CEL 06 (2012). A CEL is a publication addressed to NHS board chief executives. It also states that Healthcare Improvement Scotland will undertake national external quality assurance regularly.

https://www.sehd.scot.nhs.uk/mels/cel2012_06.pdf

The South East Scotland Cancer Network

The South East Scotland Cancer Network covers four territorial NHS boards; NHS Borders, NHS Dumfries & Galloway and NHS Fife, with NHS Lothian hosting a cancer centre. The network brings together cancer professionals and organisations from primary, secondary and tertiary care across the region to work in collaboration. Its annual report describes its ambition to help coordinate care which transcends geographical, organisational and professional boundaries to ensure equitable provision of high quality, clinically effective, patient-centred cancer services.

The South East Scotland Cancer Network has been operating since 2002. It has developed links with regional planning groups, health and social care providers, cancer patient support groups, universities and local government. The network reports to its regional cancer advisory group that provides regional governance and agrees and oversees the delivery of the network.
workplan. The South East Scotland Cancer Network connects with two regional planning groups that have different patient pathways; the West of Scotland planning group and the South East Scotland planning group.

The regional network has nine regional tumour specific groups that support the managed clinical networks. The regional network also contributes to national clinical networks. The managed clinical networks routinely use cancer QPI data to inform performance monitoring in the region and action plan for improvement. This is supported by other professional and specialty groups such as pharmacy, chemotherapy, nursing, radiotherapy and lead clinicians within the regional structure. The network also has a primary care group that aims to improve patient journeys and links to primary care services.
Review methodology

Quality of Care Approach

Our Quality of Care Approach is how we design our inspection and review frameworks and provide external assurance of the quality of healthcare provided in Scotland. There are three components.

- Our programmes of work – the inspections and reviews that we undertake to deliver on our strategic objectives.

The approach aims to shift the focus from quality assurance being ‘done to’ organisations to an approach that, where possible, provides quality assurance and any interventions are done with them. The emphasis is on regular, open and honest organisational self-evaluation using a shared quality framework.

Self-evaluation is a process by which organisations and services reflect on their own current practice. This encourages them to identify areas where action could drive improvement of service delivery and outcomes for users of the services. Quality improvement through self-evaluation can inspire greater local ownership of issues and design of more effective solutions than those which are solely mandated by external agencies. These self-evaluations are combined with other data and intelligence available from publicly available papers and reports and nationally held datasets. This then forms the basis of supportive improvement-focused review work with organisations to diagnose where there are issues or difficulties in initiating, sustaining and spreading improvement.

About this review

We used Healthcare Improvement Scotland’s Quality of Care Approach and Quality Framework to review the South East Scotland Cancer Network. Our review was made up of four parts:

- A self-evaluation and supplementary documentation were submitted to us by the South East Scotland Cancer Network in June 2019.
- We gathered intelligence on QPIs available through the Discovery Platform and provided to us by the South East Scotland Cancer Network.
- An analysis took place of the data and intelligence outlined above to create key lines of enquiry for the review team’s visit.
We visited the South East Scotland Cancer Network on 22 and 23 August 2019 with a focus on governance and QPI performance.

During our review visit, we met with a wide range of key staff including:

- East Region Regional Director of Planning
- NHS Borders Clinical Lead
- NHS Dumfries & Galloway Acute Services Manager
- NHS Fife Lead Cancer Nurse
- South East Scotland Network Manager
- South East Scotland Breast Cancer Lead
- South East Scotland Cancer Audit Manager
- South East Scotland Colorectal Deputy Lead
- South East Scotland Gynaecology Cancer Lead
- South East Scotland Haematology Deputy Lead
- South East Scotland Head and Neck Cancer Lead
- South East Scotland HepatoPancreatoBiliary Cancer Lead
- South East Scotland Lung Cancer Lead
- South East Scotland Network Clinical Lead
- South East Scotland Oesophaeal and Gastric Cancer Lead
- South East Scotland Patient Involvement Manager
- South East Scotland Project Support Manager
- South East Scotland Regional Cancer Planning Group Chair
- South East Scotland Regional Pharmacy Lead
- South East Scotland Regional Systemic Anti-Cancer Therapy Lead
- South East Scotland Skin Cancer Lead, and
- South East Scotland Urology Cancer Lead.

The domains from the quality of care framework we considered for the review were:

- Domain 1: Key organisational outcomes
- Domain 2: Impact on people experiencing care, carers and families
- Domain 5: Delivery of safe, effective, compassionate and person-centred care
- Domain 6: Policies, planning and governance
- Domain 8: Partnership and resources, and
- Domain 9: Quality improvement-focused leadership.

It is important to note that we have used a selection of evidence to illustrate our findings against the Quality of Care domains; this is not exhaustive.
Summary of key findings

The key findings of the review are summarised in this section of the report. Further detail regarding the analysis and findings of the review process is included in the section titled ‘Detailed findings of our review’ on page 9.

Key areas of strength

- The governance arrangements within the South East Scotland Cancer Network are clear and robust. Groups within it have clear roles and responsibilities.
- Cancer QPI data is being used to drive quality improvement through tumour specific networks with a focus on the importance of high-quality clinical data.
- The South East Scotland Cancer Network has a dedicated patient involvement manager to facilitate change and improvement as a result of patient, family and carer feedback.
- The South East Scotland Cancer Network has worked with patients to develop services, incorporating a person-centred approach to improvement.
- Although a challenge nationally, recruitment to clinical trials across the South East Scotland Cancer Network has increased.
- The South East Scotland Cancer Network primary care group highlights and promotes cancer issues impacting on primary care and is the interface with secondary care. The group monitors regional and national initiatives and works to achieve an integrated approach by liaising with all the South East Scotland Cancer Network tumour specific groups.
- The regional systemic anti-cancer therapy review has led to many improvements as a result of strong collaborative working and stakeholder engagement.
- High quality cancer audit and data collection takes place within the South East Scotland Cancer Network by the dedicated audit manager and audit team. The audit manager has a strong facilitation role in ensuring data is at the centre of all activities within the South East Scotland Cancer Network and provides credibility and assurance to data analysis.
- The regional network demonstrates robust governance and assurance processes and effective collaborative working across managed clinical networks. There was evidence of a strong teamwork working ethos and individual empowerment.
- National ovarian cancer survival analysis identified the South East Scotland Cancer Network as having the highest survival rate out of the three regional networks. Readily available access to colorectal and upper gastro-intestinal surgeons enables the region to facilitate complete resection of ovarian tumours.
Key areas for improvement

- NHS boards within the network should ensure service managers offer increased support to clinical leads with action planning and improvement. Their involvement and support in discussions is important to ensure service and financial implications are considered and to ensure network actions deliver and support the South East Scotland Cancer Network board’s local action plans.

- Recruitment of pathology and radiological workforce is a national issue. The diagnostic tests this staff group provides are critical in the cancer patient pathway. It is therefore essential the network continues to work to seek solutions to ensure patient outcomes are not compromised.

- Although already in place in some managed clinical networks, increased use of treatment summaries would strengthen links with primary care. Given the significance of the information included in these summaries to the patient’s care, the network’s clinical leads should endeavour to ensure implementation throughout their specialty. This would help ensure patients with cancer continue to receive the highest quality of care on discharge from hospital.

- The number of patients being diagnosed with cancer is rising, which means there is an increase in activity at multidisciplinary meetings. This can be challenging for clinical teams to manage the volume of cases and make sure there are discussions of all patients with all clinical groups in attendance. Service managers must ensure that they support clinical leads across the South East Scotland Cancer Network through the job-planning process to ensure that all relevant staff are able to attend.

- The South East Scotland Cancer Network should aspire to electronically record all multidisciplinary team discussions across all managed clinical networks in real time to improve efficiency and care. This would maximise the benefits of full multidisciplinary team discussion and treatment plan development.
Detailed findings of our review

Domain 1: Key organisational outcomes

What we were looking for

We wanted to see evidence that the South East Scotland Cancer Network and managed clinical networks were considering data regularly and using this to action plan for improvement in a timely way. We also wanted assurance that the South East Scotland Cancer Network was adhering to national and statutory duties and guidelines, in order to fulfil its regional and national functions.

What we found

1.1 Improvement in quality, outcomes and impact

We found that cancer QPI data was being used to drive improvements in cancer care. In the South East Scotland Cancer Network, like other networks, there was a focus on the importance of high-quality clinical data. However, there was also a desire to truly understand what the QPIs indicated. As a result of this, we found that QPI data was not used in isolation. QPI data formed part of a broader suite of information that directly contributed to actions for improvement.

The network submitted evidence of strategies used to address QPIs that were not being met. Clinical leads also told us about steps they had taken to understand service issues before undertaking action planning.

A number of clinical leads we met with told us they were fully supportive of the cancer QPI programme. They felt the programme had driven up standards in cancer services. All clinicians we spoke with were clear that they wished to understand where QPIs were not being met and take steps to address them. The clinicians we spoke with noted their confidence in the quality of the data. We heard that when a QPI is not met, the clinical leads will initiate a review of the patient’s case notes to consider the treatment given, lessons to be learned and how to improve practice going forward.

The regional network demonstrated improvements during our review by presenting up-to-date QPI data. They also shared evidence from their self-evaluation. The clinical leads raised a desire to see the QPIs focus more on outcomes rather than measures of activity and process. They believed this change of focus would deliver greater improvements in patient safety and the quality of care going forward. It would also build on the progress already made by the QPI process.

Although we saw evidence of improvements, challenges remain. The bladder cancer network had a number of QPIs that were not being met. The regional network was carrying out work
to understand what actions were needed to address these. Specific work is now ongoing to support NHS Fife and NHS Lothian to meet these QPIs. We also saw evidence of audits being completed to ensure that all patients received clinically appropriate care. These audits assured the review team that while QPIs had not always been met, either there were clinical reasons for this or there had been no effect on outcomes. Whilst the work being undertaken was positive, we expect that the regional cancer advisory group will continue to monitor the situation.

During discussions around recording of performance status of patients with renal cancer, we were informed that this was routinely completed by surgeons in the renal cancer clinic but poorly completed by oncologists. Involving service managers for oncology might help by creating time for the oncologists to do so if their clinics were less pressured.

**Recommendation:** NHS boards within the region should consider how to increase service manager support for clinical leads around action planning and improvement.
Domain 2: Impact on people experiencing care, carers and families

What we were looking for

Cancer is a disease which has an enormous impact on patients, their carers and their families. We wanted to understand what the South East Scotland Cancer Network was doing to consider the quality of the experiences of patients receiving care and treatment. We also wanted to understand how care is individualised to meet patient needs.

What we found

2.1 Patient and service user experiences

The patient involvement manager told us about the work being carried out with clinical leads to monitor and improve patient experience.

Although measuring patient experience is the responsibility of NHS boards, the South East Scotland Cancer Network has employed a patient involvement manager for the past 12 years. This role is unique in Scotland. This demonstrates positive commitment by the network and shows clear acknowledgement of the importance of measuring patient, carer and family feedback in order to drive forward change and improvement.

Good practice: The regional network employed a dedicated patient involvement manager to facilitate change and improvement as a result of patient, family and carer feedback

The South East Scotland Cancer Network signposts services effectively on their website. The website is designed to support patients through their treatment journey, covering aspects such as finance and post treatment support.

Our review team considered the South East Scotland Cancer Network patient experience data from the 2018 Scottish Cancer Patient Experience Survey. The South East Scotland Cancer Network performed well against national results as outlined in Table 1 below.

Table 1: Scottish Cancer Experience Patient Survey 2018 most positive results

<table>
<thead>
<tr>
<th>Question</th>
<th>SCAN</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, do you feel that you have been treated with dignity and respect by the healthcare professionals treating you for cancer?</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>Did a healthcare professional tell you who to contact if you were worried about your condition or treatment after you left hospital?</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>They listened to me if I had any questions or concerns.</td>
<td>95%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Overall, how would you rate your care? | 95%  | 95%  
---|---|---
They discussed my condition and treatment with me in a way I could understand. | 94% | 94%  

Table 2 highlights the lowest scoring results of the survey, although it has been identified that there was some confusion around the phrase ‘third sector organisations’, which may indicate why these scores are lower. The patient involvement manager informed us that the wording has now been changed for the next survey, so patients have a better understanding of what a third sector organisation means.

Table 2: Scottish Cancer Experience Patient Survey 2018 least positive results

<table>
<thead>
<tr>
<th>Question</th>
<th>SCAN</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once your cancer treatment was finished were you given information or support from third sector organisations?</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>During your cancer treatment, have you been given information or support from third sector organisations?</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Did healthcare professionals give you information about how to get financial help or any benefits you might be entitled to?</td>
<td>54%</td>
<td>60%</td>
</tr>
<tr>
<td>Do you feel you have been supported emotionally and psychologically by third sector organisations during your cancer treatment?</td>
<td>33%</td>
<td>35%</td>
</tr>
<tr>
<td>When you were told you had cancer, were you given written information about the type of cancer you had?</td>
<td>64%</td>
<td>63%</td>
</tr>
</tbody>
</table>

The roles of patients and carers in cancer care has been strengthened with the development of a 3-year patient involvement strategy, a patient and carers’ involvement handbook and a formalised patient carer involvement group with terms of reference written by patient representatives.

The South East Scotland Cancer Network uses a variety of way to gather patient feedback, such as:

- Care Opinion (a website where anyone can leave feedback about their experience of health and social care)
- the network’s website
- feedback from third sector organisations, and
- complaints received from NHS board care experience teams.
We heard about various patient involvement activities organised as part of the cancer experience group in NHS Borders. Improvements generated through this group included keeping patients informed in advance of any delays in treatment. This has had a positive effect with patients feeling less anxious. Patients receiving systemic anti-cancer therapy services for treatment in NHS Dumfries & Galloway asked if the treatment rooms could be brighter and cheerier. As a result, there are plans for artwork to be installed, with pictures of rolling hills and sea views. This has been positively received by patients. Similarly, as a result of patient feedback, ward 1 at the Western General Hospital in Edinburgh invited students from the Edinburgh College of Art to look at ways art can be used more effectively in a ward setting.

Patient involvement is present in some managed clinical networks such as head and neck, skin and haematology. However, not all groups have adopted a similar approach. While recognising the challenges of recruiting patient representatives, we feel creative solutions should be considered to ensure patient involvement is present across all managed clinical networks. This would build on existing good practice.

**Recommendation:** Patient representatives should be sought to take part in the managed clinical networks that do not yet have patient involvement at meetings.

The network told us about the development of the South East Scotland Cancer Network patient involvement strategy. This is supported by a strong inclusive culture and patient involvement is considered to be part of everyday practice. Patients have been involved in the development of the proposed Edinburgh Cancer Centre. Patient representatives have participated in planning workshops and contributed to scoping requirements for the centre. There was evidence that the network was exploring what matters to patients for a future service delivery model.

**Good practice:** Patient involvement in development of services such as the co-design of the new Edinburgh cancer centre.
Domain 5: Delivery of safe, effective, compassionate and person-centred care

**What we were looking for**

The QPI process was implemented in Scotland to provide a manageable way to consider data, benchmark against other centres and action plan for improvement. Under this domain we wanted to see how the region is using QPI data and responding to what they show. We also wanted evidence that the data were being considered as a whole by the South East Scotland Cancer Network to identify any emerging themes or region-wide issues which could be addressed through collective action. We specifically wished to see evidence that:

- QPI data were being used to reduce harm and improve safety
- patients were being appropriately assessed and managed (which most tumour specific data sets have QPIs focusing on i.e. radiological staging)
- the continuity of care is assured and patient journeys are seamless
- care is delivered to a level of excellence, using standardised best practice through the use of clinical management guidelines, and
- processes and systems are in place to support improvement activity.

**What we found**

### 5.1 Safe delivery of care

During our review, each of the managed clinical network leads presented the most recent QPI data, including QPI performance that had improved and QPI targets that were not being met. This allowed the review team to talk through the work being undertaken by each managed clinical network and seek the views of the leads as to whether or not these were thought to be effective. The review team felt that discussions were conducted in a very open and transparent manner. The regional clinical lead had detailed knowledge and oversight of all the work plans.

The South East Scotland Cancer Network systemic anti-cancer therapy review was commissioned by the constituent NHS board chief executives in March 2016. The purpose of the review was to ensure safe service delivery, based on best practice. The regional systemic anti-cancer therapy advisory group provided governance and oversight for the review. As a result of strong collaborative working and stakeholder engagement, we heard about many improvements arising from the regional systemic anti-cancer therapy review. Some examples include:

- the alignment of best practice across the South East Scotland Cancer Network through development of an optimal systemic anti-cancer therapy pathway
- development of an activity modelling tool supporting an understanding of the impact of service changes, including new drug regimes, immunotherapy and changes to workforce capacity or demand
- the senior nursing subgroup is working in collaboration with Napier University to update the systemic anti-cancer therapy nurse education programme which will
benefit all systemic anti-cancer therapy teams across the South East Scotland Cancer Network, ensuring regional consistency, and
• capturing the patient experience of moving through the systemic anti-cancer therapy treatment pathway together with the staff experience providing insight into issues and opportunities for service improvement.

The managed clinical networks faced a number of challenges. For example, the head and neck managed clinical network noted that QPI 6: *Nutritional screening (number of patients with cancer who undergo nutritional screening before first screening)* was not being met by any of the NHS boards within the region. The regional network and managed clinical network are now supporting NHS boards to develop and implement robust action plans for this QPI. However, it was noted that nutritional scores were being recorded on systems used by dieticians. As a result, the regional network is now considering the use of standardised documentation.

We heard that the head and neck managed clinical network had changed a clinical pathway two years ago, referring patients from NHS Fife to NHS Tayside rather than NHS Lothian, specifically to the orofacial service. However, NHS Fife clinicians have recently asked for the pathway to revert back to NHS Lothian. This decision, although supported by the regional network, will have an impact on demand and activity for NHS Lothian. This raised a number of questions for our review team including how decisions are made regarding patient flow. Decision-making should be evidence based with clear rationale and awareness of impact.

**Recommendation:** The regional network and NHS boards should formalise decision making processes regarding patient flow and pathways, which should include full impact analysis.

### 5.2 Patient or service user assessment and management

We found a number of QPIs relating to assessment and management of patients with cancer that were being improved through the work of managed clinical network. For example, there are challenges faced by the urology managed clinical network in achieving bladder QPI 4: *Early re-transurethral resection of bladder tumour (TURBT) (ii) (A second resection or early cystoscopy (+ biopsy) should be carried out within 6 weeks of initial TURBT in patients with high grade and/or T1 non muscle invasive bladder cancer (NMIBC), when detrusor muscle is absent or when initial resection is incomplete).* Initial difficulties in recording the quality of bladder resections are now being addressed with the introduction of a region-wide bladder proforma. This proforma assists clinicians to record the quality of bladder resections in a consistent way. The proforma has been added to TrakCare, the electronic patient management system, to ensure that the information is available to both clinicians and audit staff. Data was presented at the 2019 conference of the British Association of Urological Surgeons shows quality of resection documentation is improving. This is associated with lower early recurrence and residual cancer rates.
Recommendation: The bladder proforma should be adopted across the South East Scotland Cancer Network and consideration should be given to the national adoption of the proforma.

The head and neck managed clinical network faced challenges in achieving QPI 7: Specialist speech and language therapist (SLT) access (patients with oral, pharyngeal or laryngeal cancer should be seen by a specialist speech and language therapist before treatment). The lead speech and language therapist visited all the South East Scotland Cancer Network NHS boards to discuss QPI 7 and speech and language therapist cover. NHS Fife has since identified funding to employ an additional speech and language therapist to provide local pre-operative assessment for head and neck patients. NHS Lothian have submitted an SBAR for additional SLT resource to support meeting this QPI.

The review team also learned about QPI targets that are particularly challenging for some managed clinical networks due to recruitment of pathology and radiology workforce. This is a national issue and the diagnostic tests these staff groups provide are critical in the cancer patient pathway. For example, the melanoma managed clinical network faces challenges with meeting the target of QPI 7: Time to wide local excision (patients with cutaneous melanoma should have their wide local excision within 84 days of their diagnostic biopsy). Although performance declined between 2016-2017 and 2017-2018, the network has the highest performance across Scotland. It achieved 79.5% against a target of 95% in 2017-2018. This QPI target is often not met in Scotland and has been discussed in depth at the multidisciplinary national skin cancer meeting. Achievement of this target is dependent on timely input by dermatology, multidisciplinary team discussion, plastic surgery appointment and definitive treatment. Capacity issues at any point in the pathway can result in this QPI target not being met. Regional leads have been asked to review the reasons for not meeting this target and report back to their managed clinical network. The South East Scotland Cancer Network audit teams have aided the review of QPI 7 by presenting data in graph and table formats that details the points in the patient pathway for those who do not meet this target.

Good practice: The melanoma managed clinical network has mapped the patient pathway, highlighting timings and pressure points. This has allowed a detailed look at the systems supporting the pathway.

QPI 2: Pathological diagnosis of lung cancer (where possible patients should have a pathological diagnosis of lung cancer). Following a change of this QPI in 2016 to include patients with poor performance status of 3 and 4, who would not be eligible for any active therapy, this has decreased in performance over the last 2 years across the South East Scotland Cancer Network and throughout Scotland. The South East Scotland Cancer Network achieved 67.4% in 2016 and 62.7% in 2017 against a target of 80%. The South East Scotland Cancer Network’s performance in the last 2 years is lower than the Scottish average of 70% and 69% for these two years. The review team would like to see commitment to improving this result and will be followed up at our next review. At the meeting the South East Scotland Cancer Network lung team agreed to undertake a review of those not receiving histological
confirmation in the South East Scotland Cancer Network region to see reasons for no biopsy e.g. comorbidity/location of tumour and also if this would change management in these patients

The haematology managed clinical network presented the challenges achieving lymphoma QPI 1: *Radiological staging (the number of patients with lymphoma undergoing treatment with curative intent who have imaging prior to treatment and within 2 weeks of request)*. The South East Scotland Cancer Network achieved 83% against a target of 90% in 2017-2018, where this is lower than the rest of Scotland. The review team heard how the added complexities of lymphoma patient pathways and the current pressure on radiology time make this QPI target difficult to achieve. The review team would like to see commitment to improving this result and will be followed up at our next review.

**5.3 Continuity of care**

A seamless delivery of provision across primary and secondary care is fundamental to ensure cancer patients receive the highest quality of care at every stage in their treatment and recovery pathway. The review team learned about the South East Scotland Cancer Network primary care group that has been put in place to help facilitate this. This group highlights and promotes cancer issues impacting on primary care and is the interface with secondary care. The group monitors regional and national initiatives and works to achieve an integrated approach by liaising with all the South East Scotland Cancer Network tumour-specific groups. The chair of the South East Scotland Cancer Network primary care group is also a member of the regional clinical advisory group and the group has representation on the Scottish primary care cancer group.

The South East Scotland Cancer Network is developing treatment summaries, which are being created as a result of the transforming care after treatment partnership. They are produced by secondary care cancer professionals at the end of treatment and sent to the patient’s GP and the patient. The treatment summary provides important information for the patient’s GP, including possible treatment toxicities, information about side effects, consequences of treatment, signs and symptoms of a recurrence and any actions for the GP. To date, treatment summaries have been challenging for the South East Scotland Cancer Network to implement across all tumour types. However, the review team feels the network and the clinical leads should encourage increased use of treatment summaries given the significance of the patient information that they contain. This would strengthen links with primary care and ensure cancer patients continue to receive the highest quality of care following discharge.

**Recommendation: Clinical leads should endeavour to ensure implementation of treatment summaries throughout their speciality**

It is well known in cancer services that discussions at multidisciplinary meetings can have a positive impact on patient outcomes. However, the rising cancer incidence means there is an increase in activity at these meetings. This can be challenging for clinical teams to manage the volume of cases and make sure there are appropriate discussions of all patients with all
clinical groups in attendance. National shortages and resultant increased workload for some medical posts can make attendance at multidisciplinary meetings challenging, especially for pathology and radiology. If some specialties are not available to attend, this can create delays in the patient pathway, of which the review team saw evidence in haematology and radiology.

The review team learned about the challenges previously faced by the hepatopancreatobiliary national network due to incomplete referral information. The referring teams need greater awareness of the importance of complete referral information as without it, the QPIs for hepatopancreatobiliary cancers will not be met and it can compromise quality of management discussions at the time of the multi-disciplinary team meetings. It was recognised that it is imperative that referrals are fully completed as they are specifically designed to inform decision making and meet a minimum QPI dataset. We heard that the hepatopancreatobiliary network is working to increase the amount of electronic information available from the referrals uploaded prior to the multidisciplinary meeting electronically to improve efficiency of discussion and propagation of outcomes. Investing in IT support for such initiatives would be extremely beneficial and help in quicker dissemination of complex multi-disciplinary team discussions.

We heard that the hepatopancreatobiliary network is working to have all multidisciplinary meeting notes transcribed electronically to improve efficiency and patient care. Investing in IT systems to allow electronic transcribing of these meetings to take place would be extremely beneficial. This would result in further and faster outcome-based discussions and planning.

**Recommendation: All Health Boards should invest in IT systems to support multi-disciplinary team meetings to allow meetings to be transcribed electronically to improve efficiency and patient care.**

5.4 Clinical excellence

The clinical leadership across the South East Scotland Cancer Network are responsible for driving forward change and improving services. For example, the national ovarian cancer survival analysis identified the South East Scotland Cancer Network as having the highest survival rate out of the three regional networks. Notably, a significant survival difference was observed at 1 and 3 years with the difference being attributed to the significantly improved survival of patients with advanced disease (stages 3 and 4). This level of analysis is very useful. It has shifted the focus from process measures to outcomes. As a result, it has the potential to identify the underlying service variations impacting on survival differences. We heard that clinicians in the South East Scotland Cancer Network work on the basis that all patients will have surgery unless unsuitable. Collaboration with colorectal and upper gastro-intestinal surgeons in the South East Scotland Cancer Network enables the region to achieve higher rates of primary radical resection of the tumour.

**Good practice: The South East Scotland Cancer Network surgical model of care has resulted in the highest survival rates for ovarian cancer across the three networks.**
Despite a challenging target, the colorectal managed clinical network demonstrated improved performance against QPI 2: Pre-operative imaging of the colon (patients with colorectal cancer undergoing elective surgical resection should have the whole colon visualised pre-operatively) across all NHS boards from 2016-2017 to 2017-2018. QPI 4: Stoma care (patients with colorectal cancer who require a stoma are assessed and have their stoma site marked pre-operatively by a nurse with expertise in stoma care) has also seen marked improvements across all NHS boards, with the South East Scotland Cancer Network achieving the target of 94% in 2017-2018.

The upper gastro-intestinal managed clinical network was able to demonstrate improved performance for QPI 10: Resection margins (oesophageal and gastric cancers which are surgically resected should be adequately excised. Performance increased to 74% for oesophageal cancer circumferential margins and 100% for oesophageal and gastric cancer longitudinal margins. This was achieved through action planning and work across the region, facilitated by the network and its leadership. The sarcoma national managed clinical network demonstrated improved performance from 2015-2016 to 2017-2018 against QPI 1: Histological diagnosis (patients with extremity sarcoma should have a histological diagnosis before undergoing a planned surgical resection). The South East Scotland Cancer Network achieved 85% in 2017-2018.

5.5 Data for improvement and evidence-based learning

High quality cancer audit activity takes place within the South East Scotland Cancer Network and allows scrutiny of the quality of cancer care data. This in turn enables comparisons to be made nationally, facilitating improved patient care and outcomes. The South East Scotland Cancer Network audit data has been presented at various national network meetings over the past 3 years, for example lung, upper gastro-intestinal, melanoma, breast and hepatopancreatobiliary. The team also observed the good relationships that existed between the clinicians and the audit team present at the review.

Good practice: The high standard of the South East Scotland Cancer Network clinical audit allows scrutiny of the quality of cancer care data facilitating improved outcomes and care for cancer patients across the network.

In the breast cancer managed clinical network, there was an issue with clinicians not documenting PREDICT oncology scores at the multidisciplinary meeting. PREDICT is an online tool that helps patients and clinicians see how different treatments for early invasive breast cancer might improve survival rates after surgery. If PREDICT scores are not documented, this would result in the data being reported as ‘not recorded’, making results against QPI 5: Surgical margins (proportion of patients where final radial excision margins are <1mm) meaningless. This was resolved by developing an algorithm using the data fields available in the QPI dataset. The South East Scotland Cancer Network was then able to calculate the PREDICT score retrospectively for all breast cancer patients to ensure that the data was complete and correct for calculating QPI 11: Adjuvant chemotherapy (Patients with breast...
cancer should receive chemotherapy post operatively where it will provide a survival benefit for patients). This led to accurate audits being undertaken that found patients who did not receive adjuvant chemotherapy treatment did so because of their choice. Without the PREDICT score, this would not have been accurately captured and the regional network could not be assured that care was appropriate. The algorithm developed by the South East Scotland Cancer Network is being incorporated into the patient database used by the regional network, so that the other networks can now benefit from this approach. However, the review team was concerned that PREDICT should be used in real time as a shared decision-making tool and not filled in afterwards electronically.

The South East Scotland Cancer Network recognises safe delivery of care is fundamental to delivering high quality cancer services. Datix reviews and lessons learned are standing items on the agendas of regional network and local NHS board ChemoCare management groups. Adverse events are discussed at the lead cancer team meetings and the systemic anti-cancer therapy management group. As a result of adverse events reporting, the South East Scotland Cancer Network discovered some patients were receiving systemic anti-cancer therapy appointments before they had an opportunity to discuss treatment options with their doctor. A review of these adverse events revealed that in these cases the clinicians were advancing the patient through the electronic management system too quickly. In the light of the review practice was changed and now all patients receive an outpatient appointment prior to receiving systemic anti-cancer therapy.

The importance of clinical trials to improving patient outcomes in cancer services is well known. The review team were encouraged to learn that recruitment to trials across the South East Scotland Cancer Network had increased. First stage studies are new clinical trials that demonstrate the validity and importance of new discoveries or treatments. The breast managed clinical network, in particular the local cancer units in NHS Fife, NHS Borders and NHS Dumfries & Galloway, have produced good numbers from the limited trials they are able to offer at these hospitals.

The review team learned how the South East Scotland Cancer Network had taken proactive steps to help increase capacity for clinical trials. This included the development of a new clinical trials facility as part of the ward one refurbishment at the Western General Hospital in Edinburgh. This will help develop capacity for a wider range of access to all phases of clinical trials that aren’t currently possible.

Good practice: High levels of recruitment and participation in breast cancer clinical trials were seen within the South East Scotland Cancer Network. The process of achieving this outcome should be shared with other networks.

The review team were encouraged to learn that recruitment to trials across the South East Scotland Cancer Network had increased. First stage studies are new clinical trials that demonstrate the validity and importance of new discoveries or treatments. The breast managed clinical network, in particular the local cancer units in NHS Fife, NHS Borders and NHS Dumfries & Galloway, have produced good numbers from the limited trials they are able to offer at these hospitals.

5.6 Quality improvement processes, systems and programmes

We learned about ways the South East Scotland Cancer Network and the Edinburgh Cancer Centre are using innovative digital technology to capture patient reported outcomes measures (PROMS) in breast cancer services. The ‘O Wise’ tool is a mobile or website
application that enables patients to track and record the impact of their diagnosis treatment and condition on a regular basis.

Patient feedback on the usability of the ‘OWise’ mobile application was reported to have been positive. The application has enabled the multidisciplinary team access to more in-depth feedback from patients between appointments. This has helped monitor progress, outcomes and informed decision making leading to a higher quality of cancer care. However, this application is only accessible for use on mobile phones, electronic devices which may be a barrier for patients who do not have or use a mobile phone, tablet or computer.

The review team was impressed to learn ways the South East Scotland Cancer Network, as a network, are working collaboratively using advances in technology to improve processes. All NHS boards within the South East Scotland Cancer Network are not always receiving information on multidisciplinary meeting outcomes. In order to improve this, the regional network is deploying a new system called Clinical Viewer. This system has replaced the clinical portal application previously used by NHS boards to access data. This is currently in place in NHS Lothian, and NHS Borders. The Golden Jubilee Hospital will integrate their data later this year. NHS Fife will continue to use its current system; however the South East Scotland Cancer Network are looking into ways to improve upon the Lothian information displayed by the portal.
Domain 6: Policies, Planning and Governance

What we were looking for

We wanted to understand governance arrangements, processes and policies within the region and how these support ongoing use of QPI data for improvement. We also wanted to consider how the network deals with concerns and issues across its constituent boards, engaging clinicians and bringing together the constituent boards. We considered this important in ensuring openness to talk about issues of safety.

What we found

Governance arrangements

During our visit, we saw evidence that the South East Scotland Cancer Network operates effectively with strong governance arrangements in place. The governance arrangements within the network are clear and groups within it have clear roles and responsibilities. We were presented with charts (appendices 3 and 4) that set out the governance and related team arrangements within the South East Scotland Cancer Network.

The South East Scotland Cancer Network audit team and the South East Scotland Cancer Network network office are based within NHS Lothian, with the audit team on the same site as the regional cancer centre. We saw that leadership operations in the South East Scotland Cancer Network ensure that the regional network does not appear to be centred around Lothian. This approach has built strong links with constituent NHS boards and clinical teams. This has supported a number of improvements but has also supported a ‘close to home as possible’ approach for patients.

A key governance group within the network is the regional cancer advisory group, chaired by a medical director. The regional network was able to demonstrate that this group monitors performance and drives service change for quality. However, there are some challenges around the regional network and its links to two regional planning groups; the west of Scotland planning group and the south east and Tayside planning group. This has led to differing arrangements for some tumour types which funnel patients from NHS Dumfries & Galloway to NHS Greater Glasgow and Clyde.

6.1 Policies and Procedures

During our visit we heard that the South East Scotland Cancer Network have policies and procedures in place to support network governance arrangements and it is clear that these are fully embedded.

We found that the network had used self-evaluation as an opportunity to review existing governance arrangements and associated policies and procedures. This had led to some escalation processes being refined.
There are clinical management guidelines for each tumour type. The individual clinical oncology and haematology teams keep up to date with latest evidence and Scottish Medicines Consortium approvals to ensure clinical management guidelines remain current. There is a robust network level clinical governance process for the development of guidelines through the oncology team in the Edinburgh Cancer Centre. There is a similar process for haematology run locally across all the South East Scotland Cancer Network NHS boards. The regional tumour specific groups consider and approve surgical clinical management guidelines then disseminate these to all the South East Scotland Cancer Network NHS boards. Each guideline is reviewed by the managed clinical networks before it is made available on the South East Scotland Cancer Network website. The tumour specific groups update the website content as necessary. This is facilitated by the the South East Scotland Cancer Network patient involvement manager. The South East Scotland Cancer Network keeps up with the pace of change within the network and within cancer care, and the governance processes are upheld by their levels of interaction between the various groups and committees.

6.2 Risk management and audit

The South East Scotland Cancer Network is making important advances in Scotland in its collection and reporting of data and QPI performance to support service improvement. High quality cancer audit and data collection takes place within the South East Scotland Cancer Network, by the dedicated audit manager and audit team, which supports service improvement. Clinicians working with services and managed clinical network leads have robust data to learn from. The South East Scotland Cancer Network audit manager has a strong facilitation role in ensure data is at the centre of all activities and provides credibility and assurance to data analysis. Where QPI targets are not being met, data is being used to inform actions for improvement.

6.3 Assurance framework and governance committees

During our visit we heard about the governance groups within the South East Scotland Cancer Network structure and how they work together to address common issues within the region. The network manager and/or the regional clinical lead endeavour to attend all managed clinical network meetings. This has led to managed clinical networks within the region being well supported. Leadership within the regional network office are fully informed about the work being undertaken by each managed clinical network.

We heard that the South East Scotland Cancer Network regularly review governance arrangements to ensure efficient delivery. For example, the regional cancer advisory group terms of reference and the associated governance process were reviewed and updated in March 2019, detailing accountability and escalation.

Across the South East Scotland Cancer Network, systemic anti-cancer therapy governance is a key strength with evidence of robust clinical management guidelines and operational processes. The South East Scotland Cancer Network have processes in place for the production of systemic anti-cancer therapy protocols and corresponding drug administration
prescription charts for oncology and haematology. Systemic anti-cancer therapy is complex with around 250-300 live systemic anti-cancer therapy protocols within the South East Scotland Cancer Network, which we found to be similar in numbers to other networks. The systemic anti-cancer therapy leads within the South East Scotland Cancer Network felt that having a national depository within Chemocare to keep and share protocols with other NHS boards and regional networks would be beneficial. We heard that the Scottish oncology practice group has worked on a template for systemic anti-cancer therapy protocols to help with sharing between NHS boards, and whilst this is in the early stages, this is a positive development.

Local systemic anti-cancer therapy services are monitored through the regional systemic anti-cancer therapy advisory group. Any exceptions that arise are escalated to the regional cancer planning group or the regional cancer advisory group. This level of governance is critical as systemic anti-cancer therapy protocols rapidly develop and change. Systemic anti-cancer therapy must continue the existing good practice, ensuring these are monitored and updated in a timely fashion.

6.4 Planning

The regional cancer planning group brings together managers and clinicians from across the region. It considers region-wide solutions to issues and works with the regional cancer advisory group. We heard how this planning group leads on effective engagement and collaborative cancer service redesign, to deliver high quality, efficient services for patients. Clinical leads present their QPI performance annually to the regional cancer planning group which allows NHS boards to deal effectively with difficulties or concerns by collaborating across the South East Scotland Cancer Network network. During this meeting, NHS board level action plans are proposed and discussed, then shared with the regional cancer advisory group. The learning from this approach could be employed on a national level.

Good practice: The effective collaboration and engagement between clinical leads across the South East Scotland Cancer Network network that takes place during the regional cancer planning group leading to higher quality services for patients.

The network was able to demonstrate a number of areas where the network had worked closely with regional planning colleagues to use QPI data to drive improvement. For example, the South East Scotland Cancer Network was not meeting the target in head and neck cancer QPI 7: Specialist speech and language therapist access (patients with oral, pharyngeal or laryngeal cancer should be seen by a specialist speech and language therapist before treatment) in NHS Fife. The QPI process provided benchmark information to support NHS Fife in developing a case for funding for additional speech and language therapy resource that has resulted in improved QPI performance in NHS Fife.
Good practice: The QPI process has provided benchmark information to support NHS Fife in developing a case for funding for additional speech and language therapy resource, supporting access to speech and language therapy pre-treatment.
Domain 8: Partnerships and Resources

What we were looking for

We wanted to understand how effective South East Scotland Cancer Network processes are in encouraging improvement through collaboration with stakeholders. We also wanted to consider how the region identifies and overcomes challenges to cost effectiveness and efficiency, and how South East Scotland Cancer Network shares learning and intelligence.

What we found

8.1 Collaborating and Influencing

The review team recognised the regional network’s awareness of the possible impact of having only one cancer centre leading to a situation whereby services became centred around Lothian. The South East Scotland Cancer Network actively sought to avoid this through its regional planning group.

We heard examples of the network office team travelling to NHS boards on a regular basis to work with services to consider QPI data and action plan for improvement. We also saw evidence that the network had successfully acted as a link between NHS boards, the regional cancer advisory group and regional planning structures.

Improvements were made to pathology pathways and diagnostic turnaround times through the work of the network. This improvement was identified through the QPI process, where a review of the FISH testing approach used to identify HER2 status in breast cancer was undertaken. This was completed without requiring escalation to the regional cancer planning group or regional cancer advisory group. This demonstrates the strength of process within the network and its constituent NHS boards.

We saw evidence that the work of regional planning group, the regional cancer advisory group and the network is undertaken in an open and transparent way that encouraged participation from stakeholders within services. We found that managed clinical network leads attend the regional cancer planning group. This has given them an opportunity to meet with clinical leaders and managers from NHS boards to discuss areas of good practice and raise any issues or concerns. They are also able to discuss potential service improvement ideas and to seek support or guidance on any proposed developments.

We found that the South East Scotland Cancer Network works in a collaborative way and seeks to bring its constituent boards together. We heard from stakeholders that the visibility of network colleagues and their support to local teams was greatly valued.

8.2 Cost Effectiveness and Efficiency
The financial challenges faced by NHS boards in the region were articulated by regional network leadership. The South East Scotland Cancer Network assist constituent boards to be as efficient as possible. We saw evidence of this taking place in regional cancer planning and advisory groups.

We heard that there is a lengthy wait for patients to receive a PET scan, which is impacting on the network meeting lymphoma QPI 1: *Radiological staging (patients with lymphoma should be evaluated with appropriate imaging to detect the extent of disease and guide treatment decision making).* There has been a service improvement initiative which has led to an increase in PET scanning in Edinburgh hospitals that may address this QPI. We will follow this up at our next review.

NHS Fife did not have a haematology clinical trials nurse for some time, which meant that the QPI target for trial access was not met in this board. This has since been addressed. A clinical trial nurse is now in post and it is hoped that trial accrual in NHS Fife will increase with this additional support. However, this raised concerns for us that access to clinical trials was person dependent as there was only one clinical trials nurse.

The South East Scotland Cancer Network is introducing several standardised approaches to treating patients to improve the efficiency and effectiveness of services. For example, the development of the robotic prostatectomy service, which aims to improve QPI performance for surgical margins. The introduction of robotic prostate surgeons will also reduce the burden on the current workforce.

The team learned that recruitment and retention of a permanent workforce in NHS Dumfries & Galloway and NHS Borders is impacted by their remote and rural location. This can have an effect on achieving certain QPI targets involving diagnostic testing. There is also a high level of locum cover across all tumour specific groups and specialties which can have financial implications as well as continuity of care.

### 8.3 Sharing Intelligence

We heard that sharing data and methods of improvement across the network is a priority for South East Scotland Cancer Network and the network has several mechanisms to share good practice, both at a regional and national levels.

The cancer audit team provides audit update papers detailing progress with the QPI developments and action plans for each tumour type. The tumour specific group meetings then review progress against the action plans to address areas of non-compliance.

We heard that when a QPI target is not met the clinical leads will initiate a review of the patient’s case notes to consider if treatment was appropriate, if there are lessons to be learned and how to improve practice going forward. The review team were provided evidence in supporting documents of this taking place during the regional cancer planning group meetings.
The South East Scotland Cancer Network actively encourage and work towards sharing good practice across the network and within each individual NHS board. Sharing of good practice is facilitated through the tumour-specific groups and the cancer teams in each NHS board.

We heard that regular education sessions are held for each of the tumour specific groups, where good practice is shared. The South East Scotland Cancer keeps up with the pace of change within cancer care, and the region’s governance processes are upheld by their strong levels of interaction between the various groups and committee.
Domain 9: Quality improvement focused leadership

What we were looking for

We wanted to find out about the South East Scotland Cancer Network strategy, vision, values and aims and how widely these are understood. We also wanted to consider how well leadership within the organisation inspires, empowers and motivates staff, giving them opportunities and the skills to innovate and contribute to quality improvement.

What we found

9.1 Vision and Strategic direction

The South East Scotland Cancer Network has a clear vision and seeks to deliver this through regional leadership. There was strong evidence that the South East Scotland Cancer Network understands how pivotal its role is in facilitating the development of quality patient treatment journeys within the region. There was a clear understanding that the network was enabling meaningful and positive dialogue at a regional level, using QPI and other data sources to support this.

The chair of the South East Scotland Cancer Network regional cancer planning group is a medical director of acute services, which has ensured that discussions regarding improvement and service delivery have been clinically focused. Throughout the review process, and during our visit, we saw evidence that clinical engagement and leadership were key in realising the network’s strategic aims and vision. We found that having such senior clinical leadership as the chair of the regional cancer advisory group ensured that the clinical evidence and rationale for prioritisation was incorporated into regional planning structures. In addition to this, it shows the commitment of the network to ensure that change for improvement is clinically championed and led.

The links to regional planning structures were well established and the governance arrangements shown to us were considered robust. The chair of the regional cancer planning group described the region’s ambitions and how the network works with the regional planning structure and integrates into regional planning activities.

We heard a number of times that senior leadership noted that the regional network and its planning structure were mindful that it was a collective of NHS boards, each with its own priorities and local needs. They were keen to stress that this meant that they wished to avoid an NHS Lothian-centred approach, and this was considered during strategic planning discussions.

9.2 Motivating and Inspiring Leadership

During the review we found that there was authentic, motivational and inspiring leadership. We saw many examples to support this view; our review team heard professionals working within the network and the region who noted that effective quality of leadership.
We heard that a number of the tumour specific group clinical leads were new to post, as the previous leads term in post had come to an end. These individuals presented to us during the visit and had contributed to the self-evaluation undertaken by the region. We found that they had an in-depth knowledge of data and also of the clinical teams working within their constituent NHS boards. We heard that the retention of clinical leads for tumour specific groups was generally long term, with most clinical leads completing their 3-year tenure in post.

The regional network manager was present throughout the course of the review visit and was responsible for the self-evaluation and supporting evidence submission. It was noted from the evidence submitted that this individual has been key in supporting the drive for clinical improvement across the regional network’s constituent NHS boards. The regional network manager has worked to ensure robust governance and clinical engagement where this was clear through the evidence at which we looked. We heard that their role was key to clinical engagement and, alongside the regional clinical lead, had supported clinical leads to make meaningful changes which improved QPIs and thus services. During our review we noted they had an in-depth understanding of all of the managed clinical networks and the challenges they faced. In this respect there was evidence to show that they had worked with colleagues across the region to find solutions to issues and facilitate cross NHS board discussions as well as discussions at regional planning level.

There was evidence that the network has been led in a collaborative way, with a safe space for clinicians to have open and meaningful conversations regarding the data. In turn this led to action planning for improvement. During our review visit we found clinicians presented data in an open and candid way and did not shy away from discussions regarding the challenges they had faced or continued to face.

**9.3 Developing People**

The quality of leadership within the regional network office was clear. However, we were informed that the regional network manager would soon be leaving the post, as would their deputy. The regional network office, and regional planning structure, should note this as a potential risk given the experience and leadership style of these individuals.

Through the course of the review we did not hear about succession planning for the regional clinical lead or network manager. However, there was evidence that a number of tumour specific leads had spent significant terms as tumour specific leads and this will likely mitigate against risks associated with succession planning.

Learning and development is actively encouraged at all levels by clinical leads across South East Scotland Cancer Network. We heard about various examples of tumour specific education days and study days.
The South East Scotland Cancer Network hosted a head and neck study day in September 2017 with international speakers. Feedback was extremely positive with the session being recorded for The Royal College of Surgeons as an educational resource on their website.

The South East Scotland Cancer Network hosted the Annual Scottish Skin Cancer Meeting in March 2019. The event was attended by over 120 individuals from a number of specialities including dermatology, oncology and plastics.

The South East Scotland Cancer Network primary care group had a variety of different guest speakers from various tumour specific groups attend meetings. In addition, a GP specific cancer training course planned for late 2019.

The South East Scotland Cancer Network pharmacy network is a collaborative group led by the associate director of pharmacy for NHS Lothian acute and South East Scotland Cancer Network. The group meets three or four times a year to develop regional models of service delivery, align practice, provide peer support and share good practice.
## APPENDIX 1: Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>CEL</strong></td>
<td>A type of published letter issued by the Scottish Government to NHS board Chief Executives.</td>
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<tr>
<td><strong>ChemoCare</strong></td>
<td>A chemotherapy electronic prescribing system</td>
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<tr>
<td><strong>Clinical Viewer</strong></td>
<td>Software that displays aggregated data for an individual, making it easy to view a patient’s records.</td>
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<tr>
<td><strong>Discovery Platform</strong></td>
<td>An online database</td>
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<tr>
<td><strong>eCase</strong></td>
<td>Web-based patient database</td>
</tr>
<tr>
<td><strong>FISH</strong></td>
<td>Fluorescence in situ hybridisation – a type of genetic test.</td>
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<tr>
<td><strong>HDL</strong></td>
<td>A type of published letter issued by the Scottish Government.</td>
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<tr>
<td><strong>HER2</strong></td>
<td>Human epidermal growth factor receptor 2 - a protein which promotes the growth of cancer cells. Tumours which test positive for this protein are less likely to respond to hormone treatments and more likely to respond to treatments which specifically target HER2.</td>
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<tr>
<td><strong>MEL</strong></td>
<td>A type of published letter issued by the Scottish Government.</td>
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<tr>
<td><strong>MYC</strong></td>
<td>Protein coding gene</td>
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<tr>
<td><strong>OWise</strong></td>
<td>A website and mobile app specifically designed for people with breast cancer.</td>
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<tr>
<td><strong>PREDICT</strong></td>
<td>Predict is an online tool that helps patients and clinicians see how different treatments for early invasive breast cancer might improve survival rates after surgery.</td>
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<tr>
<td><strong>QPI</strong></td>
<td>Quality Performance Indicators – key measures showing how well services are performing</td>
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<td><strong>R0 resection</strong></td>
<td>R0 resection indicates a microscopically margin-negative resection, in which no gross or microscopic tumour remains in the primary tumour bed</td>
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<tr>
<td><strong>SBAR</strong></td>
<td>SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication.</td>
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<tr>
<td><strong>SLT</strong></td>
<td>Speech and language therapy</td>
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# APPENDIX 2: Review team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Dr Nadeem Siddiqui</td>
<td>Review Chair – Consultant Gynaecological Oncologist, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Dr Peter Sandiford</td>
<td>Review Deputy Chair, Consultant in Public Health Medicine</td>
</tr>
<tr>
<td>Professor Sean Duffy</td>
<td>External Clinical Advisor – Programme Clinical Director and Alliance Lead, West Yorkshire &amp; Harrogate Cancer Alliance, and Strategic Clinical Lead / Programme Director for Leeds Cancer Programme</td>
</tr>
<tr>
<td>Belinda Henshaw-Brunton</td>
<td>Senior Reviewer</td>
</tr>
<tr>
<td>Lesley Aitken</td>
<td>Senior Reviewer</td>
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<tr>
<td>Tiffany Bonnar</td>
<td>Programme Manager</td>
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<tr>
<td>Kat Wilkinson</td>
<td>Project Officer</td>
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<tr>
<td>John Woods</td>
<td>Public Partner</td>
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<tr>
<td>Fiona Milligan</td>
<td>Public Partner</td>
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APPENDIX 3: Governance chart
APPENDIX 4: Organisational Chart