Quality of Cancer Care in the West of Scotland

Pilot review of the West 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 governance structures. We wanted to understand how well tumour specific managed clinical networks were evaluating performance and implementing improvement. We also wanted to know how well actions to address these challenges were being progressed.

We began working with the West of Scotland Cancer Network to understand the feasibility of the methodology in May 2018. The pilot review began in August 2018. This pilot will inform the methodology used to review the performance of regional cancer networks in future.

The purpose of the review was to:

- consider the effectiveness of governance arrangements within regions
- understand the performance of tumour specific managed clinical 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, supported by managers, 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 while 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. Measurement and reporting of the patient experience QPIs consistently are still at an early stage nationally.

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

The West of Scotland Cancer Network and Regional Managed Clinical Networks

Regional Cancer Arrangements

There are three regional cancer networks operating in NHSScotland.

- The West of Scotland Cancer Network which is made up of NHS Ayrshire & Arran, NHS Greater Glasgow and Clyde, NHS Forth Valley and NHS Lanarkshire.
- The South East Scotland Cancer Network which is made up of NHS Borders, NHS Dumfries & Galloway, NHS Fife and NHS Lothian.
- The North Cancer Alliance which 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 a further letter from the Scottish Government to NHS board chief executives, CEL 06 (2012). This letter also states that Healthcare Improvement Scotland will undertake national external quality assurance regularly.

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

The West of Scotland Cancer Network

West of Scotland Cancer Network covers NHS Greater Glasgow and Clyde; NHS Lanarkshire, NHS Ayrshire and Arran and NHS Forth Valley. There is one regional cancer centre with a satellite radiotherapy unit in NHS Lanarkshire and 11 systemic anti-cancer therapy units distributed across the region. West of Scotland Cancer Network also provides and hosts a number of national services. As the network covers much of the central belt it oversees services which support 2.7 million people which is almost half of the Scottish population.

West of Scotland Cancer Network was established in 2002 and has a regional cancer advisory group which overarches a regional network governance structure. The network is well established and runs in parallel with regional planning structures. Regional planning structures allow constituent boards to plan and deliver services together, with the aim of
making the best use of resources. In the case of cancer services the regional planning team, informed by work undertaken by the regional cancer advisory group are able to consider where services should be based and how they are delivered.

There are nine tumour specific managed clinical networks, and three national managed clinical networks, hepatopancreatobiliary, bone and soft tissue sarcoma and adult neuro-oncology. These networks operate under the leadership of the West of Scotland Cancer Network. These networks have clinical network leads and improvement managers who are responsible for leadership and work across the region to bring the clinical community together, empowering local teams to use QPI data for improvement.
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 of services being ‘done to’ organisations to an approach that, where possible, quality assurance and any resultant intervention is done with them. The emphasis is on regular, open and honest organisational self-evaluation using a common and 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 in service delivery and ultimately, in outcomes for users of their services. Quality improvement on the basis of self-evaluation can inspire greater local ownership of issues and design of more effective solutions than that which is 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 identify 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 cancer services in the West of Scotland Cancer Network. The network declined to undertake a self-evaluation and instead submitted action plans for each tumour specific network. The West of Scotland Cancer Network also sent us audit reports, exception reports and board action plans. We conducted the review based on the information the network provided. Our review was made up of three parts:

- We considered data available through the Discovery Dashboard (although this was limited up to 2017).
- An analysis took place of the information submitted in November and December 2018.
A visit to the West of Scotland Cancer Network took place on 6-7 June 2019, with a focus on governance and QPI performance.

Following our review visit to the West of Scotland Cancer Network in June 2019, we received additional intelligence regarding the lack of on site acute services at The Beatson West of Scotland Cancer Centre. This information was not presented to us or discussed at our review visit. Therefore we will undertake a separate follow up review to look at long term planning and current arrangements for management of acutely unwell patients.

We met with a wide range of key staff and stakeholders during our review visits:

- Associate Medical Director NHS Ayrshire and Arran
- Associate Medical Director of NHS Lanarkshire
- Chair of the Regional Cancer Advisory Group
- Chief of Medicine Regional Services NHS Greater Glasgow and Clyde
- Clinical Director Beatson West of Scotland Cancer Centre NHS Greater Glasgow and Clyde
- Clinical Director Cancer Services NHS Ayrshire and Arran
- Clinical Lead Cancer Services NHS Forth Valley
- HepatoPancreatoBiliary National Managed Clinical Network Cancer Clinical Lead
- Sarcoma National Managed Clinical Network Cancer Clinical Lead
- Scottish Adult Neuro-oncology National Managed Cancer Clinical Network Cancer Clinical Lead
- Senior stakeholders involved in the governance structures from across the region
- West of Scotland Cancer Network Breast Cancer Clinical Lead
- West of Scotland Cancer Network Clinical Lead
- West of Scotland Cancer Network Colorectal Cancer Deputy Cancer Clinical Lead
- West of Scotland Cancer Network Gynaecological Cancer Clinical Lead
- West of Scotland Cancer Network Haemato-oncology Clinical Lead
- West of Scotland Cancer Network Head and Neck Cancer Clinical Lead
- West of Scotland Cancer Network Lead Cancer Care Pharmacist
- West of Scotland Cancer Network Lung Cancer Clinical Lead
- West of Scotland Cancer Network Manager
- West of Scotland Cancer Network Skin Cancer Clinical Lead
- West of Scotland Cancer Network Systemic Anti-Cancer Therapy (SACT) Lead
- West of Scotland Cancer Network Upper Gastro Intestinal Cancer Clinical Leads (current and previous)
- West of Scotland Cancer Network Urology Cancer Clinical Lead

The domains from the quality framework considered as part of 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 this report contains a number of examples of evidence to support against our findings. These are only a selection and not exhaustive.

Summary of Key Findings
The key findings of the review are summarized in this section of the report. Further detail regarding the analysis and findings of the data review process is included within this report in the section titled ‘Detailed Findings of our Review’ on page 10.

Key Areas of Strength
• The clinical leadership within the managed clinical networks was motivated and quality focused, seeking to drive improvement through their respective networks. We heard a number of examples where QPI performance had improved greatly and was championed at local level by the networks. Some leads also demonstrated how they were seeking to use improvement methodology to support change.
• A number of improvements were being made, facilitated by the West of Scotland Cancer Network, such as plans to improve multi-disciplinary team working. This should be further built upon and the regional network should seek to provide greater levels of support to address region wide issues.
• We found that there were excellent examples of innovation within the managed clinical networks which were driven by the clinical community, who were working together to consider new ways of working to improve services.
• Managed clinical network leads were able to acknowledge where QPIs were not being met and were keen to identify solutions to service challenges. They were actively involved in contributing to and championing business cases and service change for improvement.
• The West of Scotland Cancer Network has implemented strong processes to ensure robust data collection, validation and dissemination. This has meant that managed clinical networks are receiving regular QPI data to use in improvement work and are able to regularly monitor performance. However, we did hear that in the case of some QPIs not being met, data reliability was the reason.
• The governance of systemic anti-cancer therapies in the West of Scotland Cancer Network is robust, with an exceptional amount of work being undertaken to ensure regional compliance against standards and that practice is aligned across all of the constituent boards.

Key Areas for Improvement
• Our review found that there was a disconnect between managed clinical networks and regional planning structures. During the visit we heard a number of clinical leads
question the priorities and position of the regional network with regards to the interface with regional planning.

- In some cases, the West of Scotland Cancer Network was not able to drive forward a uniform approach. One example of this is the proforma developed by the colorectal managed clinical network. If the use of this proforma was adopted across the network this would improve speed of reporting and better performance.

- Although recruitment and retention across the region for some specialities is recognised as challenging, there was limited evidence to suggest that the region is seeking to find creative and innovative ways to share resources. One example is recruitment, especially of radiology and pathology, which had a direct effect on some boards not meeting diagnostic and assessment QPI targets. However, we recognise that regional posts were being developed and funded in other areas. For example, the West of Scotland Cancer Network have optimised the use of nurse and pharmacy non-medical prescribing to deliver systemic anti-cancer therapy across the region.

- The West of Scotland Cancer Network was not able to provide the review team with evidence of a timely and consistent approach to action planning for improvement. The regional network devolved a great deal of action planning to boards which raised questions for us about how shared regional solutions to issues are developed. However, we recognise that risk-based exception reporting, action planning and review is being implemented in the regional cancer advisory group structure by the network. We intend to consider this during our next review.

- The West of Scotland Cancer Network vision for quality improvement was not clear. The regional network should consider how it can improve capability and capacity for improvement at the regional network level, in order to support regional action planning across networks and boards.

- The West of Scotland Cancer Network should work with boards to identify hard to recruit to posts and consider innovative ways to ensure that services have access to these key skill sets.
Detailed Findings of Our Review

Domain 1: Key Organisational Outcomes

What we were looking for

We wanted to see evidence that the West of Scotland Cancer Network and the 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 West of 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 there was a real drive and focus to produce data in which clinicians could have confidence for the purposes of improvement. Data collection and data governance was a key focus for the network.

The regional network was able to demonstrate a number of improvements in QPI targets, using the data produced to drive service change. A number of QPIs targets were being met or had been improved across several tumour types. These were presented by the clinical leads of the managed clinical networks, who also highlighted areas where improvements have been made due to the QPI process.

For upper gastrointestinal cancer the managed clinical network had recognised an issue regarding QPI 5: *Nutritional assessment (Patients with oesophageal or gastric cancer should be appropriately assessed by a dietitian to optimise nutritional status)*, which had been unobtainable across the country. The reasons for this were considered and the QPI was amended upon review; the QPI had dictated that all patients had to be referred to services, which was recognised as unnecessary. This was changed and the data used to consider pathways, with the intention of making sure that those who needed nutritional assessment were able to access the service. The West of Scotland Cancer Network have been using a triage pathway for patients which has been devised by nursing colleagues in NHS Tayside. This pathway ensures that patients’ needs are prioritised and has resulted in improvements in meeting this QPI target.

The upper gastrointestinal managed clinical network demonstrated that for QPI 7: *30/90 day mortality following surgery (30 and 90 day mortality following surgical resection for oesophageal or gastric cancer)* was 0% which had improved across all boards. This was seen in all boards that are part of the West of Scotland Cancer Network.

A great deal of work was being undertaken by the managed clinical network and the West of Scotland Cancer Network regarding multi-disciplinary team functioning and performance,
which was presented to us during the review visit. A number of managed clinical networks reported that they had audited their own multi-disciplinary teams and some had visited other multi-disciplinary teams which were considered to be functioning well. This was positive action for improvement.

We heard that the colorectal managed clinical network had developed a proforma which improved speed of reporting and better performance. Our review team noted that this was a good example of improvement, to date this has been implemented in three of the four west of Scotland NHS boards. However the West of Scotland Cancer Network should seek to adopt this approach across the network.

The quality of data was important to the West of Scotland Cancer Network and it undertakes a lot of work to collate, verify and cascade data. However the West of Scotland Cancer Network was not able to say much about how they deal with the longstanding issues highlighted by QPI data.

It was unclear whether the regional cancer advisory group was facilitating action planning for improvement. The regional cancer advisory group should be driving implementation and monitoring action plans. The regional cancer advisory group was providing data to boards and networks but could better facilitate regional working and promote regional solutions. The West of Scotland Cancer Network should act as a link for managed clinical network to engage and present their priorities and risks to regional planning groups.

The review team found there was not a clear and consistent approach to action planning for improvement. The action plans we reviewed would be improved with clear timescales, outputs, anticipated improved outcomes and accountabilities. Specifically, QPIs targets which were not being met were being monitored through managed clinical networks and local boards. The West of Scotland Cancer Network devolved a great deal of action planning to boards which raised questions for us about the regional oversight and the development of shared solutions, some of which may be regional. However, we recognise that risk-based exception reporting, action planning and review is being implemented in the regional cancer advisory group structure by the network. We intend to consider this during our next review.

Our review considered a data submission from the regional network which included local tumour specific actions plans. However, the actions plans were not always comprehensive. For example, one board action plan did not reference the tumour type it related to, or the board concerned and included no timeframes. It is unclear as to whether these support the regional cancer advisory group to undertake a role in quality monitoring over and above robust improvement within boards themselves.

The review team noted that not all of the areas requiring improvement, or all QPI targets that were not being met, were presented to the review group. Our key lines of enquiry were shared with the network prior to our review visit and we expected these to be included in the presentations.

We did not see any evidence whereby the West of Scotland Cancer Network was triangulating evidence from other sources to further build the picture of quality or inform improvement.
actions. We are mindful that QPI targets provide a robust indication of where services are in terms of quality. However they should not be used in isolation, and the managed clinical networks should consider other data sources to ensure that they consider a complete picture of service delivery and outcomes for patients, such as improvement actions following the Scottish Cancer Patient Experience Survey or other methods of patient feedback.
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 West of Scotland Cancer Network was doing to consider the quality of the experiences of patients receiving care and treatment and how this is individualised to their needs.

What we found

2.1 Patient and service user experiences

During our visit we were shown a presentation which drew from patient feedback. The presentation showed evidence to the review team that the West of Scotland Cancer Network are using patient feedback to inform improvements to patient care. The data presented was qualitative, so our review team also considered the West of Scotland Cancer Network patient experience data from the Scottish Cancer Patient Experience Survey which was published in 2019.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall experience of care</td>
<td>95%</td>
</tr>
<tr>
<td>I was treated with dignity and respect</td>
<td>97%</td>
</tr>
<tr>
<td>I was involved in decisions with healthcare professionals about the right treatment options</td>
<td>80%</td>
</tr>
<tr>
<td>I was listened to, if I had any questions or concerns</td>
<td>94%</td>
</tr>
<tr>
<td>I was helped to feel in control of my treatment/care</td>
<td>82%</td>
</tr>
</tbody>
</table>

WoSCAN performs well in the vast majority of sections of the Scottish Cancer Patient Experience Survey 2018. Table 1 shows the top five scores.
Table 2: Scottish Cancer Experience Patient Survey 2018 least positive results

<table>
<thead>
<tr>
<th>Question</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel you have been supported emotionally and psychologically by healthcare professionals during your cancer treatment?</td>
<td>55%</td>
</tr>
<tr>
<td>Do you think your GP Practice did everything they could to support you during your cancer treatment?</td>
<td>68%</td>
</tr>
<tr>
<td>During your cancer treatment have you been given information or support from third sector organisations?</td>
<td>56%</td>
</tr>
<tr>
<td>Do you feel you have been supported emotionally and psychologically by the third sector?</td>
<td>36%</td>
</tr>
<tr>
<td>Once your cancer treatment finished, were you given information or support from the third sector?</td>
<td>48%</td>
</tr>
</tbody>
</table>

Table 2 highlights the lowest scoring results of the survey. Evidence around improvement in this area was not discussed during the review visit.
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 and its managed clinical networks are using QPI data and responding to what it shows. We also wanted evidence that the data was being considered as a whole by the West of 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 was 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 pathway 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

The West of Scotland Cancer Network invited managed clinical network leads to present improving QPI performance and QPI targets which were considered a challenge. This provided us with examples of escalation of issues and what the intentions were in regard to improving services. Our review team noted that the West of Scotland Cancer Network place a high value on having reliable data to inform managed clinical networks and their actions. However the review team could not establish how the West of Scotland Cancer Network is using data to drive improvement and service change.

One concern was the upper gastrointestinal managed clinical networks. The targets for QPI 10: \textit{Resection margins (oesophageal and gastric cancers which are surgically resected should be adequately excised (i))} and QPI 11: \textit{Curative treatment rates (patients with oesophageal or gastric cancer should undergo curative treatment whenever possible)} were not being met, resulting in outcomes for patients being adversely effected. We saw evidence being addressed through the development of a business case to reconfigure upper gastro-intestinal pathways and service provision in the region. However, representatives from the region were unable to say how long it would be before service reconfiguration was achieved. We were not satisfied with the position of the network and the regional planning board on this and we believe that there is a lack of urgency regarding the situation.
Recommendation: Regional Planning Structures should consider the upper GI business case as a matter of urgency, agreeing timelines for conclusion as part of the planning process.

Upper gastro intestinal services within NHS Lanarkshire were not meeting the targets for a number of QPIs. However, NHS Lanarkshire believed that the data presented was inaccurate and that the targets were not being met because the patient group in the board area was different to other boards. When challenged, the NHS board was unable to provide any evidence that this was the case.

Recommendation: An investigation to establish if the individual boards’ patient groups are substantially different and the impact this has on their ability to meet the targets for relevant QPIs.

The review group felt that the work undertaken by the regional systemic anti-cancer therapy executive group warranted specific mention. We heard a comprehensive presentation from representatives from the regional systemic anti-cancer therapy executive group and saw evidence of the significant work undertaken to improve the safe delivery of systemic anti-cancer therapy through standardisation of practice and protocol driven treatment and care. In undertaking their role in systemic anti-cancer therapy governance for the region they have sought to implement key national mandates, through CEL 30 (2012).

5.2 Patient or service user assessment and management

We found that there were a number of QPIs relating to assessment and management of cancer patients, where performance was improving through the work of managed clinical network.

The head and neck cancer managed clinical network was able to demonstrate that the target for QPI 8: Surgical margins (patients with head and neck cancer undergoing open surgical resection with curative intent should have their tumour adequately excised) was being met across the region. This is an important predictor of patient outcomes. All boards were achieving the QPI target of below 10% with the West of Scotland Cancer Network achieving 4%.

The skin cancer managed clinical network reported that QPI 1: Diagnostic biopsy (patients with cutaneous melanoma should have their initial diagnostic biopsy carried out by a skin cancer clinician) was being met across the region. This is an important QPI for patient outcomes as it allows accurate evaluation of tumour thickness and other prognostic factors. All the West of Scotland Cancer Network boards demonstrate good performance in comparison to a national level. The West of Scotland Cancer Network achieved 100% against a target of 90%.

Despite being a challenging target, the haemato-oncology managed clinical network demonstrated that performance against QPI 1: Complete diagnostic panel (patients with acute leukaemia should have complete diagnostic panel undertaken to inform appropriate management). The West of Scotland Cancer Network performance has gradually increased from 49% to 76% against a target of 90%. Improvements have included identification of an
issue regarding data collection of storage of genetic material. Regional action was taken to standardise text within molecular reports.

The breast cancer managed clinical network reported that the West of Scotland Cancer Network has demonstrated sustained improved performance over the last 3 years (82%) and is now meeting the target of 80% for QPI 9: HER2 status for decision making (HER2 status should be available to inform treatment decision making).

The neuro-oncology managed clinical network presented data for QPI 7: Early post-operative imaging (patients with malignant glioma (with enhancing component on preoperative imaging) undergoing surgical resection should be subject to early post-operative imaging). This QPI provides measurement of surgical performance and helps to assess prognosis and determine requirements for further treatment. The West of Scotland Cancer Network has demonstrated significant improvements in performance from 52% in 2015 to 90% in 2017 meeting the QPI target of 90%. Improvement action has included education provided to the entire neurosurgery team regarding the importance of prompt post-operative MRI. This now means that centres are making more timely requests for MRI before and after surgery. Sub-specialisation of neurosurgeons in Glasgow has also contributed to improved performance.

Whilst our review heard of areas of improvement which has seen managed clinical networks meet, or work towards meeting, QPI targets, we also noted a number of challenges facing the West of Scotland Cancer Network as detailed below.

As detailed above, the West of Scotland Cancer network is achieving the target for QPI 9: HER2 status for decision making (HER2 status should be available to inform treatment decision making) however, achieving the target for this QPI was a challenge in the region. Although the West of Scotland Cancer Network meeting this target, performance in NHS Ayrshire and Arran has declined over the last 3 years. We heard that this is now being investigated and was largely due to batching of samples requiring FISH testing. Unlike the other areas, NHS Ayrshire and Arran carry out the HER2 themselves and send FISH samples to NHS Greater Glasgow and Clyde. The actions undertaken to improve performance against this QPI should be closely monitored by the board and the region.

Recruitment issues, especially in radiology and pathology, have a direct effect on some boards not meeting diagnostic and assessment QPI targets. We were unable to establish that they had been able to overcome the problems. During the review visit, the team enquired as to how the regional network were addressing this situation and found that there had been some attempts to find creative and innovative ways to share resources to ensure that services have access to key skills sets.

**Recommendation:** the West of Scotland Cancer Network should work with boards to identify hard to recruit to posts and consider innovative ways to ensure that services have access to these key skill sets.
5.3 Continuity of care

Despite the large amount of work that has been done to transform cancer care further work is needed to create a seamless service across the region. The constituent health boards, with support from the West of Scotland Cancer Network need to do more to ensure seamless care is delivered, particularly when services cross board boundaries. This was demonstrable during discussions regarding the need for a more centralised surgical oncology service in upper gastrointestinal cancer services.

The West of Scotland Cancer Network has demonstrated that they can bring clinicians together to develop and agree clinical management guidelines which improve treatment by reducing variation in clinical practice. A good example of this was the work undertaken by multidisciplinary teams to develop systemic anti-cancer therapy protocols and the development of regional clinical management guidelines. This involved rigorous engagement with all stakeholders’ engagement, identified the clear governance processes and included a peer review of systemic anti-cancer therapy pathways by the prescribing advisory subgroup.

5.4 Clinical excellence

We did see areas which were improving services, through robust championing and leadership of clinicians within managed clinical networks. We found the following examples -

The urology cancer managed clinical network recognised the importance of volume and outcome relationships on quality and safety. QPI 6: *Volume of cases per surgeon (number of radical prostatectomy procedures performed by a surgeon over a one year period)*. In 2013/14, 13 surgeons carried out over 12 procedures each but during 2017/18 3 surgeons were carrying out over 50 procedures each.

There was an improvement in the performance for lymphoma QPI 4: *Cytogenetic testing (patients with Burkitt lymphoma and diffuse large B-Cell lymphoma (DLBCL) should have MYC testing as part of diagnostic process, to identify those who may require central nervous system (CNS) prophylaxis and alternative treatment (i))*. QPI data demonstrated increasing performance from 43.9% 2013/14 to 68.5% 2017/18 against a target of 60%. The managed clinical network molecular diagnostics subgroup progressed this work with colleagues involved within molecular pathology and identified a number of measures to minimise delays in the testing pathway. A good example of this was the development of a more efficient sample preparation for FISH testing, a type of genetic test.

Another example of improvement was presented by the lung cancer managed clinical network. QPI 7: *Lymph node assessment (in patients with non small cell lung cancer (NSCLC) undergoing surgery adequate assessment of lymph nodes should be made)* showed a consistent improvement over 5 years from 11% to 91%. The review team heard that improvements in communication had been key to this improved performance with a consistent approach to specimen preparation and reporting being developed.
The review heard from the national hepatopancreatobiliary cancer managed clinical network lead who highlighted improvements made in QPI 12: *Volume of cases per centre/surgeon (HPB resectional surgery should be performed in hospitals where there is an appropriate annual volume of such cases)*. Evidence shows a direct relationship between increasing surgical volumes for major hepatopancreatobiliary resections and improved patient outcomes. Despite a trend in Scotland indicating a reduction in the national volume of surgical procedures, NHS Glasgow performs well above the target of 10 (18 surgical procedures) and better than the other three cancer centres. NHS Glasgow is concentrating volume between three surgeons and has moved to two consultants working in line with other resectional hepatopancreatobiliary work.

### 5.5 Data for improvement and evidence based learning

During our review visit, we heard a number of managed clinical network leads discuss and acknowledge the importance of clinical trials within the region. However, the ability to maximise participation in clinical trials is limited due to consultants’ time constraints and access to support from clinical trial nurses and, therefore, the QPI targets are not being met for most tumour types. Despite this, the team recognise that in head and neck cancer clinical trials access has increased steadily over 3 years from 1.9% in year 1 to 8.1% in year 3 (target 7.5%). This was achieved because consultants have dedicated research time and an onsite research team and can proactively identify patients for clinical trials at the multidisciplinary team meeting.
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 boards. We considered this important in ensuring openness to talk about issues of safety.

Due to the importance of this part of the review, we met with individuals involved in the governance and functioning of the West of Scotland Cancer Network.

What we found

6.1 Governance Arrangements

The West of Scotland Cancer Network office and its managerial resource work on behalf of its constituent boards. It also leads and manages the QPI development, review and revision project and undertakes a great deal of work for the national programme.

At a national level, the regional office supports the national cancer quality operational group and acts as secretariat for the national cancer quality steering group. This is a strength as it means that the network operates at both a national level as well as a regional level. During our review visit, we found that there was a focus on regional and national data processes, the national QPI review process and the national level engagement of clinical communities in order to discuss QPI data. However we found enduring local issues which are highlighted within the QPI data itself, which have not been fully addressed. Both roles of the West of Scotland Cancer Network should be balanced but the core requirement of the network should be to facilitate the improvement of services within its region.

The regional cancer advisory group directly reports into the planned and cancer care group which then in turn represents the views of the regional cancer advisory group to the west region health and social care delivery plan programme board. Two working groups, the clinical working group and the finance working group feed into the planned and cancer care group in order to support its decision making. We heard that these working groups help support decision making within the planned and cancer care group. However, we were unclear as to how these specific working groups related to clinical groups within the west of Scotland cancer advisory network, specifically the managed clinical networks.

An organisational chart was given to us which detailed all of the groups involved within the regional network (APPENDIX 4) and how they related to each other. However, lines of accountability and responsibility were not clear. As a result, we could not comment on whether the regional structure was adequate in dealing with issues and escalations. Regional cancer networks support the improvement of cancer services and in order to do this they
have to provide feedback on performance to their constituent boards and facilitate actions to address the issues identified.

The regional delivery plan does go to the regional cancer advisory group for sign-off and this indicates that planning at the regional level is inclusive. The priorities for cancer within the plan are then devolved to the regional cancer advisory group who are expected to take service planning forward. This is supplemented by chief executive leadership within each planning workstream and it is the same chief executive who chairs the regional cancer advisory group and the planned care and cancer care group. We heard from multiple stakeholders during the review that this high-level leadership has been beneficial in presenting the priorities of the regional cancer advisory group to the west region health and social care delivery plan programme board.

Good practice: chief executive leadership of the planned and cancer care group and the regional cancer advisory group is an effective way to ensure that cancer services are given their due priority in resource allocation and decisions around cancer services are not made in isolation of non-cancer services.

A benefit of integration of the regional cancer advisory group into regional planning structures and the use of a planned and cancer care group, was that cancerous and non-cancerous diseases were being considered together. This means that two-tier systems do not develop, patients with non-malignant disease are not disadvantaged and that planning is based upon clinical requirements.

6.1 Policies and Procedures

Through the course of our visit, we heard that a number of policies and procedures were in existence to support network governance arrangements. We asked whether the network had ever encountered a situation where a clinical management guideline could not be agreed and we were informed that this had not happened in the West of Scotland Cancer Network. However, there was an escalation process in place to deal with such an eventuality.

We heard that a number of clinical management guidelines and protocols had been developed through the regional systemic anti-cancer therapies executive group and the tumour specific clinical networks themselves. We were told that 62 regional clinical management guidelines had been signed off and were being used within the region. These were hosted on a virtual platform which allowed clinical teams to access them easily. Over 250 protocols have been developed to ensure robust governance of the delivery of systemic anti-cancer therapies. This will make a contribution to the safe delivery of systemic anti-cancer therapies in the region as well as nationally as a number have been shared. This is important for the network and its constituent boards as it seeks to meet the requirements set out within CEL 30 (2012).
6.2 Risk management and audit

We were informed that the network uses a risk based approach to the regional cancer advisory group exception reporting. This gives regional cancer advisory group sight of enduring issues identified through the use of QPI data.

The work undertaken by the regional systemic anti-cancer therapies executive group can demonstrate many examples where learning is spread across the West of Scotland Cancer Network through the use of audit specifically the systemic anti-cancer therapies 30 day mortality review. We heard that the reporting processes are well established and used to make improvements in services.

It is unclear how risk is managed and supported when certain situations are escalated and outcomes for patients are potentially compromised. We heard that business cases had been submitted to the regional planning board in order to improve services which were consistently unable to meet specific QPI targets. However, we did not see how the risk to patients and boards were monitored and managed in the interim. Protracted timeframes for service change cases could increase risks to patients, boards and other stakeholders and this should be considered by the regional planning board and the regional cancer advisory group.

6.3 Assurance framework and governance committees

The key group within the regional network governance structure is the regional cancer advisory group which links to the regional planned and cancer care programme group. We found that these groups share leadership, which has been beneficial, and this was expressed by all of the stakeholders we talked with during our review visit. However, the nature of the regional cancer advisory group is advisory and this will likely make it difficult for the group to act as the conduit for change on behalf of the managed clinical networks. We heard from managed clinical network leads that regional planning structures were not supporting the pace of change required to make service change but is due to the advisory nature of network governance arrangements.

6.4 Planning

The regional planning governance arrangements are clear and well established. The regional planned and cancer care workstream is accountable to the west region health and social care delivery plan programme board and is strategically aligned to;

- the integrated care, urgent and emergency care groups
- shared services workstreams
- the west region clinical board, and
- the west regional workforce planning network.

The regional cancer advisory group regularly reports to the regional planned and cancer care workstream and this helps to inform their prioritisation which is then fed to the regional
planning board. We were told that the regional planned and cancer care workstream will regularly report progress to the west chief executive group who have governance oversight.

There was a strong focus on planning, which was supported through integration into the regional planning structure. Our review heard from the chair of the regional cancer advisory group that the sustainability of services was a key priority for the west of Scotland regional planning board and recognised the significant challenges faced by services, specifically regarding workforce. Recruitment and retention across the region for some specialties was recognised as challenging and this was being addressed through the work of the workstream groups and a resource group. We heard that there was a desire to ensure that all services across the region are delivering to a high standard and that steps were being taken to try to ensure that patients were empowered in their care as much as possible. Part of this drive for quality across the region was acknowledgment that some services did not have the required volume to support good outcomes. We heard during our visit that work was taking place to explore and consider this through the development of a business case. In the case of Upper GI cancer, we were told it would be medium to long term to implement the business case. The review team’s concern is that certain QPI targets may not be met until this happens. Change and improvement are hindered by a long winded business case process.
Domain 8: Partnerships and Resources

What we were looking for

We wanted to understand how effective the West of 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 the West of Scotland Cancer Network shares learning and intelligence.

What we found

8.1 Collaborating and Influencing

The west region covers a large portion of the population. Whilst there is one large cancer centre within the region, there are multiple units delivering cancer care. As a result of this, the West of Scotland Regional Cancer Network must facilitate collaboration between large health boards which cover highly populated areas.

During the course of our review we found that there a number of QPIs where targets are not being met. Through discussion with representatives from the West of Scotland Cancer Network and its constituent boards it is clear that some of these issues could be addressed through collaborative working. We found that when pressed further regarding their intentions to reconfigure or link services, representatives were not able to give definitive assurances that plans would be in place or confidence that it was possible to address these issues through shared agreements and collaborative working. This was of concern to the review group as delay in addressing issues could lead to poorer outcomes for patients using these services.

During our review visit, 37 representatives attended from across the region and each constituent board. These individuals were present during each of the managed clinical network presentations. On a number of occasions, local boards cited issues regarding data collection, stating that the reason QPI targets were not being met was because the data was inaccurate, predominantly where SMR01 data had been used. The review group noted that several of these QPIs had data collection spanning more than five years.

The review team felt that whilst a robust regional planning structure which integrated the West of Scotland Cancer Network could be demonstrated, close collegiate working facilitated by the network to address specific QPI performance could not.

During the review the team learned of examples of collaborative working where a regional approach has been adopted to improve the delivery of cancer services. A regional robotic prostatectomy service commenced in the West of Scotland Cancer Network in April 2016. This has led to significant improvements measured in several QPIs. QPI 5: Surgical margins (organ confined prostate cancers which are surgically treated with radical prostatectomy should be completely excised) has fallen from 15.8% in 2015 to 3.2% in 2017. In addition, QPI 6: Volume of cases per surgeon (surgery should be performed by surgeons who perform the procedure...
which is a surrogate marker for the quality of surgery. In 2013/14 13 surgeons carried out over 12 procedures however in 2017/18 three surgeons carried out over 50 procedures.

Analysis following the west of Scotland systemic anti-cancer therapies future service strategic review demonstrated a 31% increase in total episodes of systemic anti-cancer therapies delivered from 2013 to 2016. This review recommended that the West of Scotland Cancer Network optimise the use of nurse and pharmacy non-medical prescribing to deliver systemic anti-cancer therapy across the region. The West of Scotland Cancer Network have implemented this recommendation, thus ensuring medical resource is targeted at the most appropriate patient groups. In order to support the non-medical prescribing systemic anti-cancer therapy clinics, a robust regional west of Scotland competency framework has been developed.

8.2 Cost Effectiveness and Efficiency

Cost effectiveness, efficiency and sustainability were key priorities for the west of Scotland regional planning board, thus planning decisions for cancer services were also a priority. This was reiterated to the review group a number of times by various stakeholders and by constituent board representatives themselves. However, no documented evidence was submitted to support this. There was an understanding amongst representatives from the network and their constituent boards that sustainability of services was key in supporting quality, specifically when specialist resource was a difficult to secure.

We did see evidence that some boards had sought to address challenges through consideration of efficiency. For example the head and neck cancer managed clinical network found QPI 7: Specialist speech and language therapy access (patients with oral, pharyngeal or laryngeal cancer should be seen by a specialist speech and language therapist (SLT) before treatment to assess voice, speech and swallowing) a challenge, although this QPI is challenging across all regions. NHS Lanarkshire developed a joint clinical nurse specialist and speech and language therapy clinic which has resulted in significant improvements from 46.5% to 86.7% falling just short of the target of 90% with no additional resources.

8.3 Sharing Intelligence

We heard from the systemic anti-cancer therapy lead within the West of Scotland Cancer Network that the systemic anti-cancer therapy governance group was a hub of data and intelligence sharing, which had led to a number of service improvements. Regional extravasation guidelines had been developed and were under regular review. In addition to this, local monitoring of extravasation incidents allowed shared learning across the region. An annual update and analysis of trends is sent to the regional systemic anti-cancer therapy executive group.

We found that clinicians involved in the systemic anti-cancer therapy work had to share intelligence and develop shared practice in the region. This was highlighted as an area of
exceptional practice by the review group. Two examples of sharing best practice being the
development and sharing of a systemic anti-cancer therapy booklet across the West of
Scotland Cancer Network and engagement with Healthcare Improvement Scotland to develop
Scotland wide standard consent documentation.

Domain 9: Quality Improvement Focused Leadership

What we were looking for
We wanted to find out about the West of 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 review team found that the west of Scotland planning board had a very clear vision and strategy for the region. There was a clear intention to create sustainable services for the region whilst acknowledging the need to balance this with centres of excellence and the need for local services. The vision for the region stretched beyond service provision at an acute level and into health and social care.

9.2 Motivating and Inspiring Leadership

Quality improvement was discussed during the review by managed clinical network leads, some of whom were involved in quality improvement work and were familiar with quality improvement methodology, actively pursuing it within their networks. Exemplary work is evident, in particular in sarcoma cancer care, of clinicians who are Scottish improvement leaders who effectively deploy quality improvement methodology which challenges current practice to actively seek creative solutions. The result of this is improved performance against the cancer QPIs.

**Good practice: Sarcoma clinicians in the West of Scotland Cancer Network are Scottish improvement leaders and use quality improvement methodology to seek solutions to challenges. This in turn has improved performance to meet cancer QPI targets.**

The dedication and enthusiasm for change in the managed clinical network leads was evident in discussions. There was commitment from the national managed clinical network leads, who wished to ensure that services across the country were operating and delivering to a high standard. We believe that their achievements are in part due to their transformational clinical leadership.

However, it is unclear how the West of Scotland Cancer Network aims to develop a culture of creativity and innovation by harnessing this wealth of knowledge and talent amongst the clinical staff.

**Recommendation: the West of Scotland Cancer Network should consider how it can improve capability and capacity for improvement at a regional level and develop a culture which harnesses the knowledge of the clinical staff.**

9.3 Developing People
The review team recognised how motivated the clinical community were. All the lead clinician posts were filled by a person with relevant clinical expertise and there were no unfilled lead clinician posts. All posts have a fixed tenure and are appointed with a formal process allowing turnover and opportunities for other individuals to develop these clinical leadership skills.
## 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>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>
</tr>
<tr>
<td><strong>MPEP</strong></td>
<td>Molecular Pathology Evaluation Panel</td>
</tr>
<tr>
<td><strong>QPI</strong></td>
<td>Quality Performance Indicators – key measures showing how well services are performing</td>
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## APPENDIX 2: Review team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<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</td>
<td>Senior Inspector/Reviewer</td>
</tr>
<tr>
<td>Ian Smith</td>
<td>Head of Quality of Care</td>
</tr>
<tr>
<td>Jill Sands</td>
<td>Programme Manager (Observer)</td>
</tr>
<tr>
<td>Kat Wilkinson</td>
<td>Project Officer</td>
</tr>
<tr>
<td>Lesley Aitken</td>
<td>Senior Reviewer (Observer)</td>
</tr>
<tr>
<td>John Woods</td>
<td>Public Partner</td>
</tr>
</tbody>
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APPENDIX 3: Regional planning structure
APPENDIX 4: Organisational Chart

Organisational Chart, West of Scotland Cancer Network

- Healthcare Improvement Scotland
- Royal Colleges
- SGHD
- NES
- NCA
- SCAN

- NHS Areas, Local Cancer & Palliative Care Groups / Networks
  - Ayrshire and Arran
  - Forth Valley
  - Greater Glasgow and Clyde
  - Lanarkshire
    - Dumfries & Galloway (Haematology)
  - Highland (Argyll)
- Regional Managed Clinical Networks
  - Regional
    - Managed
    - Clinical
    - Networks
- National Managed Clinical Networks
- Formalised Regional Networks
- Sub-Groups
  - Regional
    - Cancer
    - Advisory
    - Group
- Regional Cancer Clinical Leads Group
  - Scottish Cancer Taskforce
  - Scottish Cancer Clinical Services Group
  - National Cancer Clinical Services Group

- West of Scotland Health and Social Delivery Plan Programme Board
- Regional Services
  - National Services
    - BMT
    - Ophthalmic
    - Genetics
    - Screening
  - Paediatrics
  - Living With & Beyond Cancer Oversight Group
  - Regional Services

- West of Scotland Population
- Local Authorities
- Universities
- Voluntary Organisations

- Transforming Care After Treatment Programme Board
- Finance Sub Group
- Radiotherapy Sub Group

- National Cancer Quality Assurance Group
- Detect Cancer Early Programme Board
- Scottish Primary Care Cancer Group