Dear Ms Grant

Follow up review of the Beatson West of Scotland Cancer Centre Enquiry Visit
Progress Update

In December 2021, Healthcare Improvement Scotland (HIS) published the Follow up Review of the Beatson West of Scotland Cancer Centre (BWoSCC) Enquiry Visit report. At that time we made a commitment to check progress in 6 months’ time and seek evidence to ensure progress has been sustained in 12 months’ time for both the follow up report and the original enquiry visit from 2015.

In July 2022, in response to our request, NHS Greater Glasgow and Clyde (NHS GGC) sent a progress up-date co-produced by the Regional Services Management team and by the BWoSCC Consultants Committee. This up-date provided evidence of progress made against an action plan which was developed in response to the five recommendations in the HIS follow up report. In January 2023, we met representatives from the Regional Services Management team and representatives from the BWoSCC Consultants Committee in person to discuss the progress made over the last year.

Following the discussions with both parties and having considered the evidence detailed in the progress up-date, we acknowledge that NHS GGC and the BWoSCC Consultants Committee have taken positive steps to develop mutual trust and build good working relationships. In addition, we are satisfied all health professionals, staff and patient groups have worked hard to develop a safe, settled model of care for acutely unwell patients at the Beatson. We believe sustained progress has been made and have now concluded our follow up review.

We have provided more details of the improvements made by NHS GGC in response to the five recommendations in the 2021 HIS follow up report in the attached summary.
We plan to publish this letter on our website alongside the other two BWoSCC review reports and will advise of the publication date in due course.

Yours sincerely

Kevin Freeman-Ferguson
Head of Service Review
HIS Recommendation 1

Incidents where it is felt that patients may have been impacted by transfer should be recorded and reported through established board reporting and clinical governance systems.

Following the review process and the progress update, we are content any patients that may be impacted by transfer are recorded and reported through the established reporting and clinical governance system at the BWoSCC. We acknowledge the move to provide the Enhanced Care Unit (ECU) at the BWoSCC has led to decreased numbers of patients requiring transfer. However, we understand in some cases, patients will still require transfer. Following discussions with NHS GGC, we are assured a robust transfer process and procedures are in place to protect the safety of patients.

At the BWOSCC, any clinical concerns relating to any patient transfer issue are initially recorded on Datix with Datix review meetings taking place on a monthly basis. The Regional Services Clinical Governance Forum considers any issues that require escalation. Datix incidences of 4 or 5 severity are classified as Significant Adverse Event Reviews (SAERs) and have an established investigative mechanism is in place.

We acknowledge the steps taken by NHS GGC to drive forward improvement with the recent review and update of the SAER response process to ensure consistency across the NHS board. The Regional Chief of Medicine chairs the Acute SAER Quality Assurance Group, which is responsible for over-arching scrutiny of the quality of SAERs across the Acute Services Division. In addition, the Specialist Oncology Services and Clinical Haematology directorate introduced a Datix newsletter in October 2021, which was developed to increase awareness of the importance of recording incidents and improving learning.

Following the HIS review, BWoSCC Regional Services Management, Clinical Directors and Lead Consultants agreed to establish the BWoSCC Clinical Quality Group. NHS GGC explained changes in staff has led to a delay of the initial meeting of this group however, a meeting is planned for February 2023. We have considered the agenda and the Terms of Reference of the clinical quality group and are satisfied once established this group will support the BWoSCC’s commitment to continuous improvement. The group will allow quality of care issues and opportunities for improvement to be reviewed outwith the safety incidents reported via the Datix system and will form part of the BWoSCC formal governance arrangements. NHS GGC advised that any concerns that arise while this group is being established are addressed through the existing clinical governance structures.

HIS Recommendation 2

Both parties need to determine, as far as possible, that there are no patient safety concerns arising from the case studies which have not already been addressed. Any outstanding issues identified must be dealt with appropriately.

We are satisfied the Consultants Committee and NHS GGC have made every effort to establish there are no existing safety concerns with the remaining seven cases identified through the HIS review.
HIS Recommendation 3

Members of the Consultants Committee and NHS GGC need to build effective relationships to enable open discussion of concerns, good clinical governance and collaborative long term planning for the future.

Following the HIS review, we heard that positive and open discussions had taken place between members of the Consultants Committee and the Regional Services Management regarding the future of the BWoSCC. The Regional Services Management confirmed there were no plans for the BWoSCC to re-locate, or for some tumour groups to move to other sites and the present model of care will be in place for the foreseeable future. The Consultants Committee has accepted this decision.

During our discussions in January, it was evident both parties have worked well to build positive relationships and restore trust. We also heard that if the consultants do have any issues, the Regional Services Management have an open door policy in place and both parties agree that this is working well.

HIS Recommendation 4

A decision should be reached on a settled model for the management of acutely unwell patients at the Beatson, building on the progress made during 2020.

NHS GGC advised the current clinical arrangements at the BWoSCC is the settled model of care.

The High Acuity Unit/Critical Care Outreach service was first established at the BWoSCC in March 2015. The move to provide an enhanced level of care within the unit in March 2020 proved successful and in July 2021, the NHS GGC Acute Clinical Governance Committee approved the Critical Care Outreach/Enhanced Care Unit (ECU) and Specialist Referrals Pathway, which is the current model of care at the BWoSCC.

During discussions, NHS GGC representatives were positive about the impact of the ECU. It has reduced the need for the transfer of patients to other hospitals and created clarity around the acuity of patients that can be managed on site and the level of treatment available. All unscheduled admissions to the BWoSCC now routinely have a treatment escalation plan in place to ensure when transfers are still required, they are carried out smoothly and promptly. A treatment escalation plan is agreed for scheduled admissions on an individual patient basis. The escalation plans also allow for consistency in decision making and agreed thresholds for transfer between the cancer care teams and the Intensive Care Unit at The Queen Elizabeth University Hospital. This has resulted in patients only being transferred when they need to be and reduced anticipatory transfers. The ongoing monitoring of the ECU’s safety and effectiveness is reviewed via the organisation’s extant clinical governance framework.

NHS GGC representatives explained that when there is a known risk of patient deterioration during clinical trials, the ECU now fully supports participation in such trials. Although no patients participated in the current trial available at the BWoSCC it has set a precedent when considering and accommodating future clinical trials at the BWoSCC.

We heard from NHS GGC representatives that relationships with clinicians from other hospital sites have developed well. Doctors from other sites, such as orthopaedics, are now coming to the BWoSCC to see patients rather than patients having to travel to access other acute services. Consultant to consultant discussions across hospital sites are encouraged and are working well.
HIS Recommendation 5
The importance of effective communication and engagement with patients, family, carers, staff and other interested parties on long term plans, to understand the impact of plans on patients.

We heard NHS GGC staff will discuss the settled model of care at the BWoSCC with patients, family and carers on an individual basis, where appropriate.

We acknowledge the actions taken by NHS GGC to improve communication with staff, with a proposed communication plan and a view to establish an embedded communication framework across the Specialist Oncology Services and Clinical Haematology directorate. In addition, the NHS GGC Corporate Communications Lead with responsibility for BWoSCC, is now a regular attendee of the monthly BWoSCC Senior Management Team meeting.