Follow Up Review Visit to Beatson West of Scotland Cancer Centre

Draft Terms of Reference

Release: Version 1
Date: 22 October 2019

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1 Background

During 2015 the consultant body within the Beatson Cancer Centre raised concerns regarding the lack of acute support for seriously ill cancer patients, who required to be transferred outwith the centre during time of critical illness. This was investigated by both HIS and the GMC and recommendations were made regarding interim arrangements to ensure patient safety and for longer term planning to resolve the situation. In 2016 the NHS Greater Glasgow & Clyde board accepted the recommendation that non-surgical oncology services at the Beatson Cancer Centre should be co-located with acute services support.

Since 2015 ongoing monitoring of progress by HIS has continued, undertaken through the Responding to Concerns team who have requested updates on a six monthly basis. During May 2019 a further NHS board progress update was received by the Responding to Concerns team and was felt to be satisfactory. The Responding to Concerns team then wrote to NHS Greater Glasgow & Clyde explaining that monitoring would now continue through the Cancer QPI Workstream. The Cancer QPI Workstream within HIS undertook a review visit of the West of Scotland Cancer Network (WoSCAN) in June 2019. During the visit no issues were raised regarding the topic of co-location at the Beatson.

In August 2019 the consultant body wrote to both the Chief Executive of NHS Greater Glasgow and Clyde and the Chief Executive of Healthcare Improvement Scotland raising concerns regarding the long term intention for location of services, the lack of progress made and concerns that patient safety may be compromised.

2 Remit

The purpose of this review is to follow up on these concerns raised by the consultant body and to assess any potential impact/implication on the quality and safety of care for patients. Specifically;
- Are current interim arrangements for the transfer of critically ill patients acceptable?
- Are current interim arrangements being monitored and risk assessed on a regular basis?
- What is the long term plan regarding acute care service support and co-location with the Beatson Cancer Centre?
- How are Clinicians engaged in planning processes and the ongoing monitoring of interim arrangements?

3 Method

A team with external and independent experience, knowledge and skills will be established to represent Healthcare Improvement Scotland. The review will be underpinned by The Quality of Care Approach.

3.1 Data Collection and analysis

An initial data request will be made to NHS Greater Glasgow and Clyde, seeking the following:

- Terms of Reference, minutes, action plans and progress updates etc from the existing work stream group and any working groups which considered current arrangements and long term plans.
• Any risk assessments undertaken at board or regional level relating to lack of co-located acute care service support at the Beatson Cancer Centre and any interim arrangements in place.
• Any audit of the interim arrangements and its impact on patient outcomes
• Any documents relating to the ongoing and regular monitoring of arrangements at board and regional level
• Any communications to or from the consultant body in relation to acute care service support and co-location of the Beatson Cancer Centre with these services.
• Any regional and local planning documentation including options appraisal, exception reports, business cases regarding co-location of the Beatson Cancer Centre with acute care service support.
• Any correspondence regarding the lack of acute care service support at the Beatson Cancer Centre and resulting patient safety issues
• Data on number of patients required to be moved from the Beatson Cancer Centre to a hospital with acute care service support and any recorded adverse events/outcomes
• Patient experience data including complaints and/or feedback data
• WoSCAN regional cancer network exception reporting regarding the co-location of the Beatson Cancer Centre and any paperwork arising from meetings with the consultant body and board
• Any other evidence or information the board, regional planning groups or networks wish to submit

Data collection and analysis of the above will be undertaken by the review team and provide the key lines of enquiry which will be further investigated during a review visit to the Beatson Cancer Centre. Further requests for data may be made by the review team if required during the course of the review.

3.2 Review Visit

A visit to the Beatson Cancer Centre will then take place, allowing the key lines of enquiry to be investigated. During the visit there will be:

• pre-arranged meetings will take place with key individuals identified in advance
• sessions of invited staff groups, and
• informal staff drop in sessions.

All Beatson staff will be invited to contribute to submit comments using a confidential email address. Staff groups invited to speak to the review team during a visit will include all pertinent specialties and this will be agreed prior to the review visit and make up a set programme. The review team will also invite regional planning and regional cancer network colleagues to contribute. The review team will consider whether further evidence of patient experience is required beyond any data submitted by NHS Greater Glasgow and Clyde in relation to 3.1 above.

3.3 Reporting

Following the visit a report will be produced and will set out findings and recommendations agreed by the review team, and this report will be published on Healthcare Improvement Scotland’s website. The report will be shared with NHS Greater Glasgow and Clyde and the regional network and planning structures. If further escalation is required, this will be undertaken and the board notified.
4 Review Team

Prof. Sean Duffy will chair a small team involving external reviewers with relevant expertise, supported by Healthcare Improvement Scotland staff:

- Medical Director from leading Centre
- Consultant in Acute Medicine
- Consultant in Intensive Care
- Director of Pharmacy
- Director of Nursing/Nurse Consultant

Healthcare Improvement Scotland’s Quality Assurance team will provide all necessary support to the group.

5 Timescale

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<tr>
<th>Key stage</th>
<th>Indicative Timescale</th>
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<tbody>
<tr>
<td>Planning: Assembly of review team and initial communications</td>
<td>October – November 2019</td>
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<tr>
<td>Assessment: Request / analysis of key documentation</td>
<td>November - December 2019</td>
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<tr>
<td>Review: Visits / meetings with key stakeholders</td>
<td>December 2019 – January 2020</td>
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<td>Reporting: Consideration and collation of findings</td>
<td>January - March 2020</td>
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<td>Drafting and publication of report</td>
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ANNEX A – Quality of Care Approach and Quality Framework