Follow up review of the Beatson West of Scotland Cancer Centre enquiry visit
Introduction

In 2015, Healthcare Improvement Scotland (HIS) carried out an enquiry visit to the Beatson West of Scotland Cancer Centre (the Beatson). In 2020-21, we carried out a follow up review. This report sets out our findings on progress made against the initial recommendations from the 2015 enquiry visit.

Background to this follow up review

On 20 May 2015, 86 members of medical staff at the Beatson signed a letter to the General Medical Council (GMC). This letter described what they considered to be a number of potentially serious risks to patient safety at the Beatson. The GMC passed this letter to HIS to consider what action should be taken.

The concerns expressed were categorised under the following broad headings:

- the lack of a high dependency unit (HDU) affecting the ability to deliver level 2 (high dependency) care
- inappropriate anaesthetic cover, and
- compromised out of hours care.

In 2015, in response to these concerns, HIS carried out an enquiry visit to the Beatson and published a report. The *Enquiry visit to Beatson West of Scotland Cancer Centre* report made a number of recommendations and a link to the report is below.


All the recommendations made were accepted by NHS Greater Glasgow and Clyde (NHS GGC). It was acknowledged by both HIS and NHS GGC that a long term solution would take time to plan and implement. As a result, a set of interim arrangements for the management and transfer of patients were implemented to improve safety.

Since 2015, HIS monitored progress through our Responding to Concerns (RtC) team, who requested updates on a six monthly basis. In May 2019, a further progress update from NHS GGC was received by the RtC team. This letter provided an update on the future services model for systemic anti-cancer therapy. It informed us a short life working group (SLWG) was supporting taking this forward. Scoping the requirements for a comprehensive service for complex, multi-specialty cancer surgery was also being considered. The letter also detailed four possible options for the future of the Beatson. No plan to explore these options, or timelines, was provided.

The RtC team acknowledged the progress update. They recommended NHS GGC continue to develop this agenda, ensuring they regularly communicated and consulted on any future plans with the consultant body. The RtC team explained any further progress would be considered more broadly as part of the ongoing cancer quality performance indicator programme.
In August 2019, 71 consultant medical practitioners wrote to us as the Beatson Consultant Committee.

The letter to both the chief executive of NHS GGC and the chief executive of HIS raised concerns regarding:

- the long-term intention for location of services,
- the lack of progress made in relation to the 2015 recommendations, and
- a possibility that patient safety may be compromised.

In response to this, HIS deemed it necessary to follow up on the 2015 enquiry visit and review the progress made against the recommendations from that enquiry visit.

It is acknowledged that this follow up review has been impacted by the COVID-19 pandemic. This has resulted in extended timelines due to the capacity of the review team and the ability of NHS GGC to respond to requests for information during the pandemic.

HIS would like to thank all those involved for their support and commitment to the review process during such an unprecedented and extremely challenging period.

The follow up review methodology

The purpose of the follow up review was to consider the further concerns that had been expressed in the letter from the Beatson Consultant Committee within the context of the 2015 review. The review team considered the 2015 visit to the Beatson, and subsequent updates from NHS GGC, to form the basis for the follow up review. The recommendations from the 2015 enquiry remain valid and it is not the intention of this review to comment on, or modify them.

The review team acknowledge that cancer care is delivered at The Beatson by a diverse multiprofessional team. However, the focus of the review was on the specific concerns raised by the Beatson Consultant Committee.

Review team

HIS established a review team. This was composed of independent clinicians and clinical leaders with expertise relevant to the clinical care concerns raised, and HIS staff. Further information on the review team is provided in Appendix A.

Data collection and analysis

An initial data request was made to NHS GGC. The review team analysed the data received in response.

The review team identified further questions for consideration (set out in bullet points below). These were based on the 2015 recommendations numbers 1, 2 and 4 (set out in bold text below) and our analysis of the initial data.
1) NHS Greater Glasgow and Clyde should urgently agree and implement a risk-assessed, safe and sustainable model for the recognition and management of acutely unwell patients with oncological and haemato-oncological conditions coming into the Beatson and Queen Elizabeth University Hospital (QEUH).

- Are current interim arrangements for the transfer of acutely unwell patients acceptable?
- Are current interim arrangements being monitored and risk assessed on a regular basis?

2) NHS Greater Glasgow and Clyde should put into place governance arrangements that regularly monitor the effectiveness of the implementation of the model of care.

- What is the long-term plan regarding acute care service support and co-location with the Beatson?

4) NHS Greater Glasgow and Clyde should take urgent action to restore and rebuild working relationships and respect between consultants at the Beatson and the NHS Greater Glasgow and Clyde management team.

- How are clinicians engaged in planning processes and the ongoing monitoring of interim arrangements?

The review team met to discuss the four key questions and following this made a further data request to NHS GGC. When we received this, the review team met again to consider the data alongside the key questions.

The review team met separately with the NHS GGC management team and representatives of the Beatson Consultant Committee to discuss the key lines of enquiry (KLE) and other relevant issues.

**Progress update**

**2015 Recommendation 1**

NHS Greater Glasgow and Clyde should urgently agree and implement a risk-assessed, safe and sustainable model for the recognition and management of acutely unwell patients with oncological and haemato-oncological conditions coming into the Beatson and Queen Elizabeth University Hospital (QEUH).

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<tr>
<th>2019 Beatson Consultant Committee concern</th>
<th>Concerns that patient safety may be compromised, specifically:</th>
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<tr>
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<td>• Continuity of care, both clinically and psychologically.</td>
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<td>• Loss of specialist cancer care.</td>
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<td>• Delays with radiotherapy and chemotherapy.</td>
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<td>• Distress caused to patients who have been relocated.</td>
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Are current interim arrangements for the transfer of acutely unwell patients acceptable?

To ascertain if interim arrangements for the transfer of acutely unwell patients were acceptable, the review team considered 14 protocols and processes submitted by NHS GGC. These protocols were developed jointly by staff in the Beatson along with anaesthetic staff from the Queen Elizabeth University Hospital, to support the safe management and transfer of patients. They set out how to identify deteriorating patients, manage them on-site and support decisions around whether or not to transfer. Staff had also developed standard operating procedures. Regular reviews of these arrangements took place with a focus on continuous improvement.

In addition to the protocols and processes in place, NHS GGC provided a summary of Datix reports relating to safety issues. They also provided details of all significant adverse events (SAEs) that involved the transfer of patients from the Beatson site. However, they advised that there were no cases where transfer arrangements impacted on patient outcomes. Based on this evidence, the review team was content that there were clear and robust transfer arrangements and clinical governance structures in place.

Representatives of the Beatson Consultant Committee provided us with 19 case studies they had collated from 2019. They believed that these case studies indicated that the quality of care could have been better if more acute services were available at the Beatson. This supported the points in the Beatson Consultant Committee August 2019 letter to the chief executive of NHS GGC and the chief executive of HIS.

These case studies considered issues specific to each case but covered the following broad points:

- delays for patients undergoing treatment with curative intent,
- lack of continuity of care including transfer of important information across two sites,
- decreased windows of opportunity for patients to receive cancer care as planned, and
- distress to patients caused by a transfer.

We saw evidence that 12 of these case studies had been recorded and reviewed via the appropriate established governance structures. However, due to lack of patient identifiable information, neither NHS GGC nor the consultants who provided the case studies were able to confirm if the remaining 7 case studies had been recorded and reviewed via established mechanisms. We understand due to the lack of available patient identifiable information, there is limited scope to review the remaining 7 case studies. However, if these case studies were not recorded and considered through established procedures, there is a risk that any learning would not have been identified and acted upon. As such, the consultants and NHS GGC need to collectively consider the remaining case studies, to the best of their ability. This will allow them to ensure that there are no outstanding issues or patient safety concerns. Any outstanding issues identified must be dealt with appropriately.

The representatives of the Beatson Consultant Committee informed us that they did not think Datix was the appropriate mechanism to record all of the issues identified in the case studies as the findings did not allow them to share and resolve the issues relating to the impact of acute service provision on
patient outcomes. Going forward, it is imperative that the established clinical governance procedures and systems in place within NHS GGC for identifying, recording, reviewing and learning from all adverse events are followed by all parties and that everyone works together to have full confidence in them. This is what patients and the public expect and will mitigate the risk of any learning being overlooked.

NHS GGC have provided evidence that systems to monitor transfer arrangements are in place. The NHS board should continue to prioritise active monitoring of how well these arrangements are working in practice. This should be done in close collaboration with those directly providing services and especially those receiving care. All staff should continue to use established systems to record any adverse events as per the national framework. It is important that if there are differing views on the root cause of adverse events these are fully explored by both NHS GGC and the consultants. All relevant parties have a responsibility to identify individual and thematic learning and NHS GGC should use this learning to help inform the long term planning of the Beatson.

We were advised that (in January 2021) there were 24 critical care nurses who work within the Beatson. These critical care nurses work in the Beatson HAU for three months on a rotational basis with 24-hour on-site anaesthetic cover. This approach allows staff to manage deteriorating patients on-site, reducing the need to transfer. In 2020, a total of 30 patients remained on-site who would have otherwise been transferred. Only five patients were transferred during 2020. Of those patients, two required surgery, two required the renal HDU and one required isolation. The review team acknowledged this development and its positive impact on continuity of patient care on-site.

The review team was also pleased that NHS GGC had responded to the pandemic by providing an ‘Enhanced Care Unit’ at the Beatson HAU. This had become a permanent arrangement. This meant that some patients who would previously have been transferred to the QEUH could be managed within the Beatson. These patients now had face-to-face input from their specialist oncology or haematology team as well as anaesthetist and critical care nurses. The arrangement also helped to reduce the additional pressure on QEUH critical care bed capacity caused by the pandemic.

In conclusion, the review team was satisfied that current interim arrangements for the transfer of critically ill patients were acceptable. These arrangements protected the safety of patients during transfer. The enhanced arrangements introduced during the COVID-19 pandemic have had a number of positive impacts and the review team would like to see this momentum maintained. However, the 2019 case studies – though not properly reviewed – give cause for concern that transfer may still impact on the quality of patients’ care. The themes and learning from these case studies and future intelligence must inform the development of a long term plan for the Beatson and the wider delivery of cancer care across NHS GGC.

**Recommendation 1**

NHS Greater Glasgow and Clyde should urgently agree and implement a risk-assessed, safe and sustainable model for the recognition and management of acutely unwell patients with oncological and haemat-o-oncological conditions coming into the Beatson and Queen Elizabeth University Hospital (QEUH).
Lack of progress made to address the patient safety concerns outlined above.

Are current interim arrangements being monitored and risk-assessed on a regular basis?

The review team considered evidence of how the arrangements in place since the 2015 review had been monitored. A timeline provided details of a long process with multiple meetings taking place to monitor and discuss arrangements. However, there was no evidence of a planned date for completion of a long term solution.

The interim arrangements were graded as a high risk with a risk rating of 16 on NHS GGC’s risk management system (Datix). It was unclear when the risk was added to Datix but as the controls in place mention the Moving Forward Together Programme this is indicative of the risk being recorded around September 2017. The risk was recorded as “Lack of co-location of the BWoSCC (the Beatson West of Scotland cancer centre) with acute services and reliance on the provision of the HAU model with anaesthetic medical cover on a voluntary basis.” Controls in place stated “Regular dialogue was taking place at board level around this matter to determine the future provision of the Beatson.” It was not clear from evidence submitted to the review team which groups were monitoring this risk. The review team was also unclear what actions were being taken either at NHS board or regional level.

Staff at the Beatson have used Datix to record adverse events relating to patient safety since April 2008. Since 2016, a multidisciplinary group has met monthly to discuss incidents, identify themes and share learning. Staff also discuss incidents at the regular high acuity incident meeting and morbidity and mortality meetings.

NHS GGC has a monthly teleconference where all SAEs and potential SAEs are discussed. This is chaired by the chief nurse and attended by the chief of medicine, all general managers in regional services and clinical risk managers. All SAEs relating to the Beatson are discussed at this meeting.

The review team reviewed a Beatson SAEs summary paper which provided details of the investigations following each SAE. The review team agreed that, in each case, investigations were carried out to ascertain if protocols had been followed. The review team also noted examples of improvement following such investigations. For example, staff had developed an algorithm to ensure patients who did not need HDU or Intensive Treatment Unit support were transferred to the appropriate ward at QEUH. They had also improved communication and documentation about critical care treatment available in the Beatson and updated patient information.

The review team also asked NHS GGC if any Datix reports indicated interim arrangements had impacted on patient outcomes. NHS GGC advised that, to date, no such Datix reports had been submitted. Evidence provided in some of the case studies indicated patient care may have been affected by transfer but it has not been possible to clarify from the evidence provided whether all the case studies were recorded on Datix.
The representatives of the Beatson Consultant Committee agreed that SAE protocols had been followed. However, they believed that the impact of transfer on patient outcomes was not routinely reviewed as part of an SAE. They felt that this meant the SAE process did not provide a complete clinical overview. Some consultants were not content that the learning from SAEs had been fully explored and requested an external review of some of the SAEs. We were informed by NHS GGC that no external input had been given to these reviews as only in exceptional circumstances would an external view be sought.

In conclusion, there was evidence that NHS GGC was monitoring the interim arrangements in the form of SAEs and a risk register. It was not clear from evidence submitted to the review team who had ownership of the risk, or what actions were being taken either at Board or regional level to manage it. Going forward there should be clarity and transparency on these points. The adverse events recorded on Datix do not always reflect the consequences of transfer for patients. It is important that any incidents where patients may have been impacted by transfer are reported, reviewed and appropriately responded to through the established board reporting and clinical governance systems.

2015 Recommendation 2

NHS Greater Glasgow and Clyde should put into place governance arrangements that regularly monitor the effectiveness of the implementation of the model of care.

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In early 2020 the review team considered data and evidence received from NHS GGC to assess if our 2015 recommendations had been actioned and implemented. The team also assessed whether a long term plan for acute service support and co-location had been developed.

There was evidence of in-depth discussions of future plans and critical care options from 2015-2019. One example was the extensive minutes of the Moving Forward Together (MFT) programme. However, the review team was unable to identify a long term plan for the Beatson from this evidence. We did not see any evidence of any tangible movement towards a long term arrangement until shortly after our follow up review began in autumn 2019. In December 2019, the MFT programme board accepted a paper outlining potential options for the provision of oncology services in NHS GGC. This included both interim and longer term options. Key to several of these was the availability of increased medical and
surgical support on the Gartnavel General Hospital (GGH) campus. Several also relied on the availability of higher acuity care, potentially including a full critical care unit.

To explore the critical care options, a short life working group (SLWG) was formed in January 2020. This included nursing and medical representatives from theatres; critical care and intensive care medicine from north and south sectors; the MFT programme and medical education. The recommendation of the SLWG was to establish an enhanced care unit in the Beatson in the first instance. Where ward level = Level 1, HDU = Level 2 and ICU = Level 3, an enhanced care unit covers patients who fall between ward level care (level 1) and HDU care (level 2). We were informed in January 2021 that a move towards establishing an enhanced care unit had made good progress over the last few months. Work towards it had been accelerated in order to protect the Beatson as a COVID-19 negative (green) site.

It was the view of the SLWG that establishing a full critical care unit on the GGH site would pose a number of unacceptable risks. These included retention, recruitment, training and skill retention of both medical and nursing staff. The projected small numbers of patients and their level of care would not sustain a viable service. Nevertheless, the SLWG recognised that there remained a need to enhance support for both GGH and the Beatson patients. This was due to the expected increasing numbers of patients requiring acute care on both sites over the next few years.

When we asked about the long-term plan regarding acute care service support and co-location with the Beatson Cancer Centre, NHS GGC informed us that the model of acute care provided at the Beatson will be continuously evolving. Reflections on how the enhanced care unit, introduced in 2020, is working will inform the long term future of the service. We were advised that any proposals to change the location of the Beatson would require significant NHS board-wide planning and capital investment. NHS GGC explained that there was a range of pressing priorities within the NHS board area and that the future of the Beatson needed to be considered in that wider context.

In conclusion, there was no evidence of an agreed long term plan or settled model of acute care service support for the Beatson. Planning and decision making were accelerated following the COVID-19 pandemic. However, there was no evidence of a clear vision or timescale for a settled plan to be developed and implemented. We acknowledge the constraints highlighted by NHS GGC, but it is important the recent momentum of change continues. A decision should be reached on a settled model of care for the management of acutely unwell patients at the Beatson.

2015 Recommendation 4

NHS Greater Glasgow and Clyde should take urgent action to restore and rebuild working relationships and respect between consultants at the Beatson and the NHS Greater Glasgow and Clyde management team.

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We wanted to understand the level of communication and engagement between the Beatson clinicians and the NHS GGC senior management team. We asked NHS GGC senior managers how they engaged clinicians in the planning processes and the ongoing monitoring of the interim arrangements.

The Beatson Consultant Committee is a group of medical consultants from the Beatson. This committee is not recognised by NHS GGC as a formal part of the Board’s established governance structure. Nevertheless, senior managers assured us there had been engagement with the consultants from 2015-2020. The representatives of the Beatson Consultant Committee we spoke with acknowledged many conversations had taken place with NHS GGC. However, they did not feel that all of their systemic concerns were listened to.

We were advised by senior managers that the change to offer better on-site critical care had been largely driven by engagement with the clinical teams. The NHS GGC managers explained the process through which consultants are able to escalate any concerns not dealt with in local teams or units.

The consultants we spoke with told us that the escalation processes were not robust enough to ensure the issues they raised were addressed. This led to the Beatson Consultant Committee decision to write to the GMC in 2015 and to HIS in 2019.

In conclusion, it was clear that discussions had taken place and escalation processes were available. However, the review team noted some consultants felt these mechanisms did not allow them to share and resolve the issues they had identified. A lack of trust that will drive change and improvement seems to be a central issue. Both NHS GGC leadership and the Beatson Consultants Committee need to commit to urgently working together to resolve this. The priorities should be to strengthen engagement with the established clinical partnership process, escalation processes and policies. It is essential that all staff feel confident any concerns will be listened to and acted upon and NHS GGC must ensure their systems of clinical governance are effective so that patients can be assured everyone is working together to provide safe, high quality care.

The consultants we spoke with also raised concerns with the review team about patients requiring transfer for a procedure that is not available at the Beatson. This potentially reduced opportunities for these patients to be involved in specialist clinical trials. Through discussions with both the consultants and NHS GGC there appeared to be a miscommunication or misunderstanding between the two parties around which clinical trials could go ahead at the Beatson. This was not a central issue for our review but it is a further example of the need for clear and open dialogue between consultants and NHS GGC in order to reach a consensus view.
Conclusion

Healthcare Improvement Scotland acknowledge the hard work, commitment and dedication of NHS GGC and the Beatson staff. We are satisfied the current interim arrangements are acceptable and in particular, protect the safety of patients. We also acknowledge the improvements introduced during the 2020 pandemic and welcome the move towards having an enhanced model of care at the Beatson.

However, there is still not a settled model of care for acutely unwell patients at the Beatson. The review team feel this is contributing to a lack of trust between the Beatson Consultant Committee and NHS GGC. The review team are concerned that this lack of trust is impacting the confidence that some consultants have in the established mechanisms for capturing and resolving issues relating to the acute care arrangements and patient outcomes. We were advised this was the reason why some consultants collated a separate list of case studies and concerns, outside of the formal mechanisms for identifying, recording, reviewing and learning from adverse events. NHS GGC leadership and members of the Consultants Committee need to commit to urgently working together to resolve this and re-establish trusting and effective working relationships.

We strongly recommend representatives of the Beatson Consultant Committee and NHS GGC re-establish trusting and effective relationships and work together to develop an improvement plan. This should address the following.

- 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.
- 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.
- 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.
- 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.
- 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.

HIS will seek evidence that NHS GGC and the Consultants Committee have taken positive steps to develop mutual trust and build good working relationships. We will also seek evidence that all relevant health professionals, staff and patient groups are actively engaged in developing a settled model of care for acutely unwell patients at the Beatson. We will check progress in 6 months’ time and seek evidence to ensure progress has been sustained in 12 months’ time.
Appendix A: the review team

External Clinicians:

Professor Sean Duffy (Chair) – Programme Clinical Director and Alliance Lead Director, West Yorkshire & Harrogate Cancer Alliance, and Strategic Clinical Lead/Programme Director, Leeds Cancer Programme

Dr Tim Cooksley – Consultant in Acute Medicine, The Christie Cancer Centre

Helen Flint – Consultant Pharmacist/Principal Pharmacist, Clatterbridge Cancer Centre

Dr Helgi Johannsson – Consultant Anaesthetist, Imperial College Healthcare

Dr Sheena Khanduri – Medical Director, Clatterbridge Cancer Centre

Dr Christopher Scott – Consultant in Intensive Care Medicine, Sheffield Teaching Hospitals

Cara Taylor – Macmillan Cancer Nurse Consultant, NHS Tayside

Healthcare Improvement Scotland:

Kevin Freeman-Fergusson – Head of Service Review

Lesley Aitken – Senior Reviewer/Inspector

Belinda Henshaw-Brunton – Senior Reviewer/Inspector

Tiffany Bonnar – Programme Manager

Tammy Nicol – Project Officer