

DRAFT ACTION PLAN FOLLOWING THE LUNG CANCER PEER REVIEW

Health Board: **Abertawe Bro Morgannwg University**

Named Health Board contact: **Melanie Simmons – Directorate Performance Manager – Regional Services**

Cancer Network: **South Wales Cancer Network**

Named contact for Cancer Network: **Debra Bennett – Information Manager & Service Improvement Lead**

Health Inspectorate Wales contact: **Gareth Brydon**

MultiDisciplinary Teams/ Leads Reviewed:

Swansea – **Dr Emrys Evans/ Dr Rhian Finn**
Neath Port Talbot – **Dr Martin Eberjer**
Princess of Wales – **Dr Martin Sevenoaks.**





Date of Peer Review Visit:

March 6th 2013

Review process:

The MDT's will be monitored on a yearly basis by Cancer Performance Team and South Wales Cancer Network.


Areas of immediate risk and concern that are still outstanding will be brought to the Executive Board on a six monthly basis


-  Action incomplete and overdue
-  Action ongoing but completion date not yet reached
-  Action completed
-  Action to be implemented

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Action Number	Immediate Risk (I), Serious Concerns (SC) & Concerns (C) – as stated in the report. Further Considerations (F)	Action plan details.	Directorate responsible for Action	Directorate Manager responsible for Action	Key Milestones	Date of Completion	Status
1 (SC)	The Neath Port Talbot MDT does not practice as a fully functional MDT.	Task and Finish group to be established to review the functionality of the MDT and possibility of reconfiguration of the service.	Cancer Services	Martin Rolles	Initial meeting arranged for 22 nd July 2013	March 2014	
2 (SC)	Non- attendance of histopathologists at all the Swansea and Neath Port Talbot MDT meetings.	Management to understand fully the current attendance and future requirements in relation to attendance at the Swansea and Neath Port Talbot MDT's.	Clinical Support Services	David Roberts	Microscope needs to be identified for the Swansea MDT facility. MDT room identified in new outpatient build at Morriston Hospital. Infrastructure; technology and equipment discussed with Planning Team.	October 2013	
1 (C)	The cover for the Clinical Nurse Specialist at Neath Port Talbot and Princess of Wales Teams need to be strengthened and supported	Review of current cover arrangements to establish required resource.	Neath Port Talbot Locality	Kim Beddow	Cover arrangements are currently being finalised and implemented	September 2013	
		Review of role responsibilities of Princess of Wales Lung Clinical Nurse Specialist.	Princess of Wales Locality	Martin Sevenoaks	Identified non clinical work undertaken by CNS that could be undertaken by administrative staff	September 2013	
		Health Board review of Clinical Nurse Specialist roles to be undertaken	Cancer Services	Martin Rolles	Initial survey completed. CNS requirements to be discussed 22nd July 2013		

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		To be reviewed as part of the Lung MDT reconfiguration within the Health Board	Cancer Services	Martin Rolles		September 2013	
2 (C)	The diagnostic pathway in Neath Port Talbot is not in keeping with NICE guidance.	Task and Finish group to be established to review the functionality of the MDT and possibility of reconfiguration of the service.	Cancer Services	Martin Rolles	Initial meeting arranged for 22 nd July 2012	September 2013	
3 (C)	Inadequate Radiology attendance at all 3 MDT's	Issue addressed and resolved by Clinical Support Services in 2012.	Clinical Support Services	David Roberts	Attendance of Radiologists' at the 3 Lung MDT's in the Health Board is compliant with Cancer Standard requirements for 2012/13.		Completed
4 (C)	Inadequate Radiology preparation time within clinicians job plans	MDT preparation time to be addressed and reviewed in the 2013/14 job planning schedule.	Clinical Support Services	David Roberts	Radiologists' job planning currently being undertaken.	January 2014	
5 (C)	Inadequate facilities within the MDT meeting room at Morriston Hospital	Accommodation to be located within the Health Board, in line with the recommendations detailed in the South Wales Cancer Network Multidisciplinary Team Working Charter	Regional Services	Melanie Simmons	MDT room identified in new outpatient build at Morriston Hospital. Infrastructure; technology and equipment discussed with Planning Team.	July 2013	Completed
6 (C)	Underdeveloped Pleural Service: a)no ward based thoracic ultrasound at Neath Port Talbot or Swansea	Thoracic ultrasound scan to be purchased for use on Morriston and Neath Port Talbot sites to investigate pleural disease.	Swansea Locality	Fiona Hughes	Case developed to outline the need to invest in thoracic ultrasound scan on Morriston site and charitable funds secured.	July 2013	Completed


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					Scan purchased in June 2013 and will be fully functional on respiratory July 2013.		
6 (C)	b) No medical pleuroscopy service within Swansea Locality	Develop business case to detail benefits and costs of development of a medical pleuroscopy service	Swansea Locality	Fiona Hughes	<p>Business case submitted to the Health Technologies Fund (HTF) in June 2013 and expected response to the Health Board by end July 2013.</p> <p>See attached</p>  <p>C:\Documents and Settings\fi003031\My</p> <p>If application to HTF is unsuccessful management team to reconsider funding streams to support successful implementation of service.</p>	July 2013	
7 (C)	No EBUS service available within the Health Board.	Business case to be developed to support implementation of an EBUS service on Morrision site.	Swansea Locality	Fiona Hughes	Case developed in June 2013 to outline the need to invest in EBUS service on Morrision site.	June 13	Completed
					If application to HTF is unsuccessful management team to reconsider funding streams to support successful implementation	September 2013	

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					of service. Business case submitted to the Health Technologies Fund (HTF) in June 2013 and expected response to the Health Board by end July 2013.	July 2013	Completed
8 (C)	Inadequate thoracic surgical service support. Lack of capacity in terms of inpatient beds and theatre time.	Active participation by ABMU HB Clinicians and Managers in the WHSSC Thoracic Surgery Task and Finish group	Regional Services	Tersa Humphreys	WHSSC Thoracic Surgery Task and Finish group is commencing 12th July 2013. ToR and timeline embedded below  Attach 2_Thoracic Surgery Task and Fini	October 2013	
		To improve theatre session utilisation	Regional Services	Tersa Humphreys	Work is being progressed to ensure maximum utilisation of funded resources.	September 2013	
		To improve access to thoracic surgery beds.	Regional Services	Tersa Humphreys	Pilot project initiated to improve access to thoracic surgery beds. Cardiac services introduced a pilot at the end of May 2013, where stable thoracic epidural patients are stepped down from CHDU to the ward on day 2, with	August 2013	

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					increased nursing support for 24 hrs. Initial feedback has been positive		
1 (F)	Health Boards' MDT Operational Policy needs to be agreed and signed off.	To be agreed at next Cancer Executive Board - September 2013	Cancer Services	Martin Rolles	MDT Operational Policy has been circulated for comments prior to final sign off.	September 2013	
2 (F)	Increased activity for Swansea Lung MDT as a result of acute services reconfiguration within the Health Board.	Lung MDT lead and management to understand fully the current and projected capacity requirements in relation to the Swansea MDT	Swansea Locality	Fiona Hughes	Baseline assessment of activity, demand and capacity requirements in relation to the Swansea MDT to be undertaken. Projected increase in demand in relation to the Swansea Population to be scoped.	September 2013	
			Swansea Locality	Fiona Hughes	Task and finish group to be set up to review the baseline assessment as well as understand and plan for impact of potential amalgamation of NPTH and Swansea MDT.	September 2013	
3 (F)	The Lung Cancer MDT's are not achieving compliance with	To improve the Princess of Wales Lung MDTs' ownership of the	Princess of Wales Locality	Gavin Owen	Future breach reports to be shared with the MDT.	July 2013	Completed

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	the 62 day cancer waiting times target. Reports on breaches are returned to the different specialty Directorates within the Health Board rather than the Lung Cancer MDTs themselves and therefore lacked ownership of the efficiency of the pathway’.	efficiency of the lung cancer patients pathway.					
		Increase awareness of the patients place within the lung cancer pathway to ensure any delays are expedited.	Princess of Wales Locality	Gavin Owen	In addition to the SaFF target dates being displayed on the MDM screen at the MDT, the 62 day and 31 day Cancer target dates are to be included on the MDT list for discussion circulated to all MDT members.	July 2013	Completed
		Improve compliance with the 62 day cancer pathway	HB Executive Team	Alex Howells / Paul Stauber	Weekly monitoring of Cancer Waiting Times Targets by the Executive Team	July 2013	Completed
			Swansea Locality	Fiona Hughes	Formal appointment of Lung Cancer MDT Lead for Swansea MDT.	September 2013	
			Swansea Locality	Fiona Hughes	Analysis of all 31 and 62 day breaches for 2012/ 2013 to be shared with the MDT members and trends and themes discussed with aim of reducing delays	July 2013	Completed

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			Swansea Locality	Fiona Hughes	All breach reports and SaFF target achievements to be discussed with the Lung MDT on a monthly basis. Review of the lung cancer pathways both complex and non complex to be undertaken and facilitated by management team	September 2013	
4 (F)	Although each Lung MDT hold their own business/audit meetings, the teams do not meet together regularly to discuss patient pathways, treatment outcomes and further integration of services.	To establish a forum for sharing of good practice in relation to patient pathways, treatment outcomes and integration of services.	Swansea Locality	Lung MDT Leads/ Fiona Hughes/ Martin Rolles	MDT leads and management for each of the localities to meet to discuss key issues and management within Swansea Locality to facilitate this initial Health Board wide business meeting.	September 2013	
			Cancer Services	Martin Rolles/ MDT Leads	Frequency of meetings, developing clear terms of reference and meeting structures to be agreed.	September 2013	

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5 (F)	Consistent presence of the clinical oncologist at MDT has resulted in an increase in chemotherapy rates as well as access to combined chemo/radiotherapy regimens. There is inequitable access compared to other areas in Wales to non- surgical oncology therapies, in particular more modern radiotherapy techniques e.g CHART, IMRT and SBRT.	For discussion at the Swansea-Velindre collaborative meeting. CHART, SBRT, and IMRT indications to be agreed by the South Wales Cancer Network lung leads. CHART to be provided in Velindre. Current business case under consideration for a regional SBRT service to be established in Velindre. IMRT to be rolled out for lung cancer according to published and WAG-approved plan.	Regional Services (Cancer)	Martin Rolles	Informal discussion with Tom Crosby Meeting of Swansea-Velindre collaborative SWCN lung meeting to agree technical radiotherapy protocols	12 July 2013 September 2013 TBA	
6 (F)	No evidence of recent engagement with Lung Cancer patients to establish their views of the service.	To undertake a lung cancer patient survey to establish their views of the service. The results of the survey will be used to improve services.	Swansea/ POW/ NPT Localities	Lung MDT Leads/ Lung Cancer Clinical Nurse Specialists.	Lung Cancer Clinical Nurse Specialists have met to discuss plans for undertaking a patient survey. Awaiting confirmation from Cancer Network as to whether previous SWWCN questionnaire could be used.  Survey- SWW Lung Cancer Services.doc	October 2013	

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			Cancer Services	Melanie Simmons	The Health Board are participating in the National Cancer Patients' Experience Survey Programme 2013, which the Minister for Health and Social Services has introduced in support of the Cancer Delivery Plan for Wales. This survey will include Lung cancer patients from across the Health Board.	October 2013	
7 (F)	All three Lung Cancer MDTs' reported the presence of a specialist nurse, however there was not consistent support for the Key Worker Role and as a result some patients were not supported through their pathway.	To have consistent support for the Key Worker Role to ensure all Lung Cancer patients are supported through their pathways.	Regional Services (Cancer)	Rhian Jones (Lead MacMillan Nurse) / Paul Davies	Funding bid submitted to Tenovus to support a six month research project to measure outcomes and effectiveness of patients having a key worker and the success of its implementation across ABMU. The implementation group is meeting on 9.8.13 to review Key worker policy.	Jan 2014	