

**ACTION PLAN FOLLOWING THE LUNG CANCER PEER REVIEW**

Health Board: **Cardiff and Vale University Health Board**

Named Health Board contact: **Maggie Lucas– Senior Cancer Services Manager**

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:

**Dr Diane Parry Lung Cancer Lead Clinician**

Date of Peer Review Visit:

**March 19 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

Action Number	Immediate Risk (I), Serious Concerns (SC) & Concerns (C) – as stated in the report. Further Considerations (F)	Action required	Responsible person/s	Priority	Key Milestones	Due date of Completion	Status
1 (SC)	Lack of Management Support and Leadership throughout the Peer Review process	<ul style="list-style-type: none"> <li>As the Lung MDT and MDT Co-ordinator do not come under the management of Cancer Services but lies within the remit of the Medicine Directorate there is a need to ensure future engagement with the Peer Review process from both the Medicine Directorate and Cancer Services Management. Set up an initial meeting with all parties in August 2013.</li> </ul>	Cancer Lead Clinician/ Cancer Services Senior Manager/Cancer lead Clinician/ Directorate Manager	High	Initial meeting August 2013	End August 2013	
		<ul style="list-style-type: none"> <li>Leadership for future peer review processes need to be agreed for non cancer services MDT tumour sites in particular who provides leadership for the process.</li> </ul>	Tumour Site Cancer Lead Clinician/UHB Cancer Lead Clinician/Directorate Manager Medicine? Cancer Services Lead Manager	Medium	Initial Meeting August/September 2013	End August 2013	
		<ul style="list-style-type: none"> <li>Weekly cancer tracking meetings attended by the Deputy Directorate Manager for Medicine.</li> </ul>	Head of Operations and Delivery/Cancer Services/ Directorate Managers	High		Completed	

		<ul style="list-style-type: none"> <li>• Closer working between both departments and communication at Executive level required. A Cancer Steering Group chaired by the UHB Chief Operating Officer has been established. To address this (for TOR and Membership see Appendix 1). Lung cancer Peer Review report and subsequent actions required were discussed at this forum in July 2013.</li> </ul>	Cancer Steering Group (chaired by Chief Operating officer)/Cancer Lead Clinicians/ Clinical Directors/Directorate Managers.	High		Completed	
		<ul style="list-style-type: none"> <li>• Cancer Lead Clinicians forum, chaired by the UHB Cancer Lead Clinician is held bi monthly, improve attendance by <ul style="list-style-type: none"> <li>➤ Re-enforcing the importance of the forum</li> <li>➤ Taking views on what members would like from the forum</li> <li>➤ Greater support from Clinical Boards to ensure cover is available for attendees to keep the effect of attendance on clinical sessions to a minimum</li> </ul> </li> </ul>	UHB Cancer lead Clinician/Cancer Lead Clinicians/ CNS/Cancer Services/Directorate Managers/ Third Sector Organisations/ Primary care representative.	Medium	<p>These meetings are arranged for the whole year and dates are circulated in December of the preceding year. The meetings are held at the same time in the same venue but the days of the week alter, Monday through to Friday, throughout the year to potentiate attendance.</p> <p>The dates of the reaming meetings for 2013 are 13.09.2013 and 14.11.2013.</p>		
		<ul style="list-style-type: none"> <li>• Directorate management support needs to be formally established. Monthly update/interface with all appropriate persons to be set up.</li> </ul>	Directorate Manager Medicine	High	Clinical Director and Directorate Manager have established regular cancer-focussed meetings, which will continue on a monthly basis, with full directorate support	End August 2013	

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2 (C)	Data Quality - Cancer Standards	MDT quality assurance of data through quarterly data review	MDT Lead –MDT Co-ordinator/Service Improvement Manager Pathways and Process Cancer Services	Immediate		Immediate – Completed for July 2013 return	
3 (C)	Lack of adequate thoracic surgical support for MDM	Most recent data (2012 – 2013) indicate compliance with cancer standards so not an issue.  Ongoing discussions with WHSSC about the configuration of Thoracic Surgical Services across S Wales	Medical Director/Clinical Board Director/WHSSC	High	Medical Director and Chief Operating Officer currently reviewing cardiothoracic services to include thoracic service provision.	End of September 2013	
4 (C)	Lack of organised Acute Oncology Service within the Health board with concern as to the arrangement for dealing with acute complications of chemotherapy out of hours.	Review as part of Chemotherapy redesign service for UHL ( and as part of acute oncology workstream)  Organisational issue. Escalate to Cancer Services Lead and Medical Director	Medical Director/UHB Cancer Lead Clinician/Lung Cancer Nurse Specialist (LCNS), Cancer Services	High	In liaison with the UHB Cancer Leads and Clinical Nurse Specialists, the UHB lead cancer clinician is working with the Lung cancer CNS team to explore potential models for AOS delivery; this includes consideration of a CNS-led pilot scheme in Lung Cancer services.	Ongoing. Completion by March 2014	

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1 (F)	Patient Survey	Undertake patient and carer survey	MDT/Patient Experience Team/Lead - Helen O'Neil (LCNS)	Medium	Completed as reported in Lung Cancer Standards return for this year 2012-13. 86% Of 43 patients reported that they were extremely satisfied.	Completed	
2 (F)	Key worker not identified in notes or on Canisc	To record Key Worker in MDT minutes/Patient notes	Lung Cancer Nurse Specialist/ MDT Co-ordinators- Tamsin Rees/Natalie Taylor	Immediate		Completed	
3 (F)	Strengthen Outcomes review process	Continue to review outcomes and audit areas of variance from standards at annual review/audit meeting	MDT	Medium	Meeting agreed	September 2013	
4 (F)	As part of the Peer Review process there is an expectation that each MDT will produce and Annual Report and an Operational Plan.	Using templates from the Cancer Network to ensure that an MDT Operational Policy is developed and utilised.  Agree when the Annual Report will be produced. It is suggested that it may be wise to run these alongside the National Cancer Standards submissions when all of the information for the previous year	Tumour Site Leads in conjunction with their MDT colleagues with support from Cancer Services	High	The Network MDT charter has been circulated to inform updating of MDT operational policy.  There is a Lung MDT annual update planned for September 2013. This will inform the Annual Report which will be produced along side Cancer	End August 2013  End August	

		should be available.			Standards reporting.	2014	
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