



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Oncology Services Deep Dive
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Gina Beard, Lead Cancer Nurse Lisa Humphrey, General Manager, Cancer Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Quality, Safety and Experience Committee has asked for a deep dive review to be undertaken by the oncology service with the focus on Safety, Timeliness, Effectiveness, Efficiency, Equity and Person Centred (STEEEP) domains and Quality Enablers (Patient Reported Experience Measures (PREMs), complaints etc.

Cefndir / Background

Oncology definition

Oncology, as a clinical speciality can be described as the non-surgical treatment of cancer using systemic anti-cancer treatment (SACT) such as chemotherapy, immunotherapy, targeted therapy and/or radiotherapy. The Oncology Service does not diagnose cancer. Urgent suspected cancer referrals will be made from Primary Care, or across Secondary Care, to tumour site specific cancer teams involved in diagnostics. Once cancer is diagnosed patients will be discussed in tumour site specific Multi-Disciplinary Teams (MDT) and treatment options discussed. If Oncological treatment is recommended a referral will be made to the appropriate Oncologist, who will usually be a member of the MDT. All patients referred to oncology will have confirmed cancer, but not all patients with a confirmed cancer will be referred to oncology.

South West Wales Cancer Centre (SWWCC)

The SWWCC is situated in Swansea Bay University Health Board (SBUHB) and, following a strategic agreement in 2015 between the two health boards, provides a hub and spoke clinical model for Oncology that serves Hywel Dda University Health Board (H DUHB). Since that time all Oncologists have been recruited and employed by SBUHB. Oncologists visit the H DUHB acute hospital sites at Withybush (WGH), Glangwili (GGH) and Prince Philip Hospital (PPH) where outpatient clinics are held. This provides local outpatient support for all of the larger tumour site groups (lung, breast, urology, colorectal, Upper Gastroenterology (Upper GI). Patients diagnosed with a rarer cancer, or part of a smaller tumour site group, travel to Swansea for their outpatient appointment with the appropriate oncologist (Sarcoma, skin cancer, gynaecological and germ cell cancers, thyroid, head and neck cancer). There is a unit at each acute hospital site in H DUHB providing SACT locally and all cancers are treated in

these units if they can be delivered using ambulatory regimes, as day cases. Inpatient regimes are delivered on Ward 12 at Singleton Hospital, Swansea where there is 24/7 oncologist cover and SACT competent inpatient nursing team.

Bronglais Hospital (BGH) has a different model for oncology and is the only hospital site with a on site Locum Oncologist, employed by HDUHB, who oversees the systemic oncological treatment of 6 tumour types, liaising closely with the Cancer Centre and overseeing the care locally for SACT delivery at BGH.

Acute Oncology

Acute Oncology describes the support patients who require urgent care due to:

- Complications/side effects of cancer treatment
- Complications of an existing cancer or undiagnosed cancer
- A new/relapsed diagnosis of cancer presenting acutely (approx. 30% of all cancers in UK) in the emergency department or Secondary Care

The Acute Oncology Service (AOS) is a relatively young service across the UK. HDUHB has had an AOS since 2016. The Acute Oncology Team in HDUHB is a small team of specialist nurses with only one whole time equivalent per acute hospital site.

National Strategic Objectives

HDUHB Oncology Service is working to deliver equity of access and align with the following NHS Wales health and care strategies and ambitions:

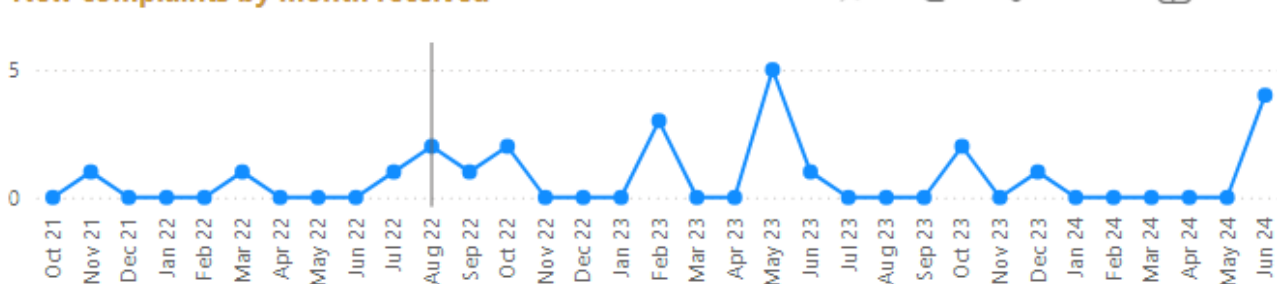
- Service Specification of Acute Oncology Services for the NHS in Wales
- Six Goals for Urgent Emergency Care (Welsh Government, 2022)
- The Quality Statement for Cancer (Welsh Government, 2021)
- National Clinical Framework (Welsh Government, 2021)
- The Duty of Quality Statutory Guidance 2023 and Health and Care Quality Standards 2023 (Welsh Government, 2023)
- Value Based Health Care
- A Cancer Improvement Plan for NHS Wales 2023-2026

Asesiad / Assessment

Complaints management

When a complaint comes into HDUHB related to a cancer diagnosis it is often multi-factorial and crosses services and teams. Where possible, the Lead Cancer Nurse will provide guidance, support and input to the concerns team on any cancer related complaint, addressing any specific oncology element directly. If there is an opportunity to speak with the complainant to address concerns early on, then this is taken. In terms of solely oncology specific complaints, the Lead Cancer Nurse and oncology senior management team meet monthly with the allocated Investigation Officers to support timely management.

New complaints by month received



Domains: timely, efficient, person-centred

Enablers: Leadership, Culture

HDUHB Haematology and Oncology Clinical Advisory Group (HOCAG)

- Meets bimonthly
- Chaired by Cancer Pharmacist
- Develops policies/protocols for nurse, pharmacist or non-medical prescriber clinics that support haematology/oncology consultant-led clinics.
- Support the development of policies/protocols that impact acute oncological situations in partnership with the local AOS team, tertiary centres and following national guidance.
- Provide an 'owning group' for written control documents related to haematology and oncology with responsibility for the resulting documents throughout their life cycle e.g. SACT guideline.
- Provides a clinical platform for discussion and scrutiny of incidents, audits and key performance indicators.
- Membership: Consultants, pharmacists, nurses, Clinical Nurse Specialist (CNS) and Chemotherapy unit staff), Service Delivery Manager (SDM).
- Reports to: Cancer Improvement Board, document control group and Medicines Management.

Domains: safe, effective, efficient

Enablers: Leadership, workforce, information

Non-Medical Governance

Since all Consultant Oncologists that serve Withybush Hospital (WGH), Prince Philip Hospital (PPH) and Glangwili Hospital (GGH) are Swansea based, the Hywel Dda Oncology Team have focussed on building a strong infrastructure of non-medical support, based locally. This team consists of Clinical Nurse Specialists and Cancer Pharmacists many of whom have a non-medical prescribing qualification with relevant advanced practice.

- 882 - Non-Medical Review in Oncology Clinic Guideline (approved Oct 2021).
- Provides guidance for non-medical assessment of patients on- or off-SACT, under Oncology follow-up.
- Model for delivering local oncology services closer to home i.e. reducing requirement to attend regional centre for review and administration of non-surgical cancer treatment.
- In accordance with 'A Cancer Improvement Plan for NHS Wales 2023-2026': Effective treatments: SACT: explore different treatment models and ways of working to support equity of access to high quality and safe SACT.
- CNS team working to gather patient feedback using CIVICA platform.

Domains: safe, effective, efficient

Enablers: Leadership, workforce, information

SACT Passport

Many systemic anti-cancer treatments are high cost, and high risk for adverse reaction. Appropriate management of SACT ensures patients are fully consented, understand the risks of each treatment, receive their treatment in a safe clinical environment and have toxicities identified and treated at an early stage to avoid interruption of treatment. Safe administration is confined to nurses who are considered SACT competent and can manage adverse reactions safely and calmly in a day unit setting. SACT competency involves the completion, and maintenance, of an individual SACT passport for each nurse, and a register of SACT competent nurses. An up-to-date SACT passport is accepted and transferable across UK oncology teams.

- Comprehensive standards for assessing SACT competence used throughout the UK.
- Originally a hard copy workbook now available as a digital version.
- All new staff working towards achieving SACT administration competency will use the UKONS Digital SACT Passport App which supersedes the paper version.
- Staff who have completed the paper passport will have this verified and can transfer to the Digital passport.
- Completion will be less onerous for new staff and their mentors and will include Artificial Intelligence (AI) marking.

Domains: Safe, equitable and effective

Enablers: Workforce, Information, Whole Systems Perspective

All Wales SACT Prescribing Competencies

Most SACT is prescribed via the regional e-prescribing system ChemoCare. All prescribers are formally assessed.

- Assurance that all staff involved in SACT have appropriate skills, knowledge and training in their field of practice.
- Live SACT prescribing competency register sits with ChemoCare/SBUHB team.
- Several levels of competency commensurate with skills, expertise and experience.
- Progress to the next level requires assessment of knowledge, skills and behaviours.

Domains: Safe, equitable and effective

Enablers: Workforce, Information, Whole Systems Perspective

ChemoCare (electronic Prescribing and Medicines Administration (ePMA) system)

- SACT ePMA = national standard (UK Chemotherapy Board (UKCB), V3.0 Feb 2022).
- Strict prescribing/user rights. SACT can only be prescribed by approved/competent staff.
- Validated system, used across Wales (slightly different versions). One-Wales approach to SACT ePMA abandoned (cost). Local contracts being negotiated currently.
- Every available protocol has been validated/tested/signed-off by network MDT.
- ChemoCare managed by specialist pharmacists at SBUHB. 0.5WTE 8a funded by HDda.
- Benefits: 1) remote prescribing (off-site clinics), 2) only network-approved (National Guidelines for Health and Care Excellence (NICE)/ All Wales Therapeutics and Toxicology Centre (AWTTC)-funded) SACT protocols available, 3) prescribing fail safes (dose calculation and capping, automatic test-result importing, critical tests e.g. DPYD, etc), 4) auditing capabilities, 5) read-only access for A&E, General Practice and Out of Hours (OOH) Service etc.

Domains: Safe, equitable and effective

Enablers: Workforce, Information, Whole Systems Perspective

Pharmacy Technical Services (PTS)

- SACT cannot be administered without a clinical check – British Oncology Pharmacy Association (BOPA)/ Directorate of Health (DoH) standard, April 2013.
- PTS provides SACT-specialist pharmacy clinical check: tailored and correct treatments for the individual and specific disease. Essential safety-measure to avoid medication errors.
- 0.8WTE 8a investment into PTS establishment – July 2024.
- Imminent upskilling of advanced pharmacy technicians to increase workforce resilience.

Domains: Safe, equitable and effective

Enablers: Workforce, Information, Whole Systems Perspective

SACT Service Improvement Group

Monthly meetings with representation from Hywel Dda and SBUHB.

Share and discuss Service improvement projects/work

- Streamlining process for booking patients to start SACT.
- Agreeing and sharing clinical guidelines.
- Monitoring Key Performance Indicators (KPIs) for Time to treatment and capacity.
- Discussing actions from M&M meetings
- Implementation plans for new National Guidance

Domains: Safe, effective, efficient, equitable and person centred

Enablers: workforce, culture, information, learning, improvement and research, whole systems perspective

24/7 Cancer Treatment Helpline

Every patient receiving SACT is given a Cancer Treatment Alert Card with prompts as to when to contact the 24/7 Cancer Treatment Helpline (triage line).

- Daytime calls are taken by acute oncology specialist nurses, out of hours calls are taken by call handlers from the existing GP out of hours service. All call handlers have received training on taking triage calls.
- The UK Oncology Nursing Society (UKONS) Triage Tool is used to identify and prioritise presenting problems of patients who contact the HDUHB 24/7 Cancer Treatment Helpline.
- Includes training modules and a competency document for call handlers (used by both the AOS team and the out of hours OOH team).
- The focus of the triage call is to manage SACT toxicities when they are low grade and where possible avoid admission, and to ensure higher grade toxicities requiring medical assessment are identified and directed to the most appropriate clinical area for further assessment.
- A SharePoint System is used to log each call received by the triage line producing a wealth of data that has been used to measure our performance against the All Wales Quality Performance Indicators (QPI's). Locally, the data has also supported service development initiatives.
- The acute oncology service collects and reviews patient feedback from the triage telephone line monthly. This is shared with the OOH team and the AOS team. Any negative feedback is discussed at governance and learning explored. We have a high feedback response rate in the daytime (80%) although this is significantly lower for calls received out of hours (20%). Overall, the feedback we receive is very encouraging.
- *96% felt that the advice provided by the triage line was helpful to them*
- *97% of the responses felt that the person taking the call listened to*
- *92% felt their concerns were addressed by the person taking the call*
- *Key themes for negative responses often surround wait times when directed to A&E*

Domains: All domains

Enablers: Workforce, Information, Learning, improvement and research, Whole Systems Perspective

Acute Oncology Inpatient Support

This team provide a bridge between acute teams in HDUHB and treating consultant oncologists in SBUHB supporting the patient experience. Acute oncology support is embedded into each cancer site National Optimal Pathway

- The AOS team are alerted to the admission of an oncology patient via the Wales Patient Access Scheme (WPAS) keynote facility, and the AOS team endeavour to run a site report for all four hospitals daily. The team work closely with front door services and medical teams to ensure that patients are managed on the appropriate pathways. The AOS team also have frequent communication with the Oncology and Haematology teams (both in Hywel Dda and Swansea Bay).
- A purpose built SharePoint system is utilised for all documentation providing valuable data on reasons for admission, outcomes etc.
- The acute oncology team meet virtually twice per month to discuss both the inpatient and triage telephone service. Every member of the team is encouraged to contribute, and the meeting is also used as a platform to discuss any issues or raise questions.
- There is a monthly governance meeting held to discuss the oncology triage line. Members of the MDT participate from both the OOH and the AOS team. This is used as an opportunity to share learning and promote effective working between both teams.
- Since January 2024, the acute oncology team have a dedicated Lead AOS Nurse.
- The AOS workforce is encouraged to develop and be equipped to cross cover hospital sites as required. The team are encouraged to explore initiatives that will improve their practice and patient experience (courses or conferences). The AOS service is supporting a CNS to complete their advanced clinical practitioner (ACP) MSc, and the AOS lead has recently completed an ACP MSc. There are ongoing discussions to determine the benefit of having more non-medical prescribers in the team (NMP's). There have been no leavers in the past 6 months. The Band 6 and Band 7 posts that were advertised during this time were successfully recruited into. There are currently two staff on maternity leave.
- From 17th June 2024, the AOS team have also started collecting feedback from patients who receive input from our inpatient service.

Domains: Safe, timely, effective, efficient, equitable, person- centred.

Enablers: Leadership, workforce, culture, information, Learning, Improvement & Research, Whole Systems Perspective

Guideline for the Management of Glycaemic Control in people with Cancer

Task & Finish Group

This group, chaired by the Lead Cancer Nurse, included representation from oncology and haematology non-medical teams, the diabetes team, and Primary Care. The aim of the group was to produce a guideline for HBUHB to manage hyperglycaemia in people with cancer, in line with national guidance from the Joint British Diabetes Society and UK SACT Board. The guideline has gone through governance and is now in implementation stage. This group has been exemplary for cross directorate working.

Domains: Safe, timely, effective, efficient, equitable, person-centred

Enablers: workforce, culture, information, learning, improvement and research, whole systems perspective

Enabling Quality Improvement in Practice (EQliP) cohorts

- AOS and Same Day Emergency Care (SDEC) teams took part in EQliP cohort 4 with aim of reducing A&E attendances in favour of increasing SDEC referrals by 5% from the

Cancer Treatment Triage Line service. Baseline data suggested 45% of oncology patients who attended A&E were discharged the same day. Actions included AOS delivering training to SDEC staff, making clinical guidelines easily available using QR codes, improving patient information regarding use of the Cancer Treatment Triageline and AOS team to attend SDEC team meetings.

- Staff from the Oncology service and Anaesthetics service took part in Cohort 4. Focused on compliance with care bundle for Peripherally Inserted Central Catheter (PICC) lines on one inpatient ward. Found that there was low compliance with basic standard of care for PICC lines which did improve with training. This has led to establishment of a Health Board wide Vascular Access group which is reviewing guidelines, training and audit.
- Members of the SACT Teams from across the Health Board took part in Cohort 5 of EQiP. They are developing Core information literature about the SACT units and what patients can expect when starting treatment.

Domains: effective, efficient, equitable, person-centred

Enablers: Leadership, workforce, culture, information, learning, improvement and research, whole systems perspective

SACT Unit Environments

Withybush

Pembrokeshire Haematology and Oncology Day Unit (PHODU) opened at Withybush in February 2017. Previous to this, since 1997, day case anti-cancer treatment was delivered in a bay on Ward 10, and this was not fit for purpose. Following an environmental audit which demonstrated the inadequacy of the environment, a project team worked with support from local third sector partners to deliver on the unit that is now operational. After opening, this unit was visited by Macmillan and received the Macmillan Quality Environment Mark. The patient voice fed heavily into this work, with engagement with patients before and after the unit was commissioned.

Bronglais

Similarly to Withybush, anti-cancer treatment has been delivered in Bronglais hospital in a space that was inadequate, with a thoroughfare to another department passing through the main treatment area. In 2017 a project group was initiated to address the need for a new unit. Following support from the local community in fundraising for this initiative, work started on the new development in recent weeks and the new unit will open in 2025.

Glangwili and Prince Philip Hospitals

Both sites have a similar history of delivering the first day case anti-cancer treatments in makeshift environments in the 1990s until each site had a dedicated unit in the early 2000s. Both units have had a recent estates audit which have found that the spaces are less than adequate for the current activity.

Domains: Safe, effective, efficient, equitable, person-centred

Enablers: workforce, culture, information, learning, improvement and research, whole systems perspective

Oncology Quality & Safety Group

- Chaired by General Manager/ SDM as Vice Chair
- Regular agenda includes Patient Experience (patient story, complaints overview etc), Quality, Safety and Effective Clinical Practice (audit, NICE etc), Health and Safety, External Inspections/Reports, Research and Development, Safeguarding, Risks.

Domains: Safe, effective, efficient, equitable, person-centred

Enablers: Leadership, workforce, culture, information, learning, improvement and research, whole systems perspective

Risk Register

There are three risks related to Oncology on the Cancer Services Risk Register

- 1423 (Directorate level): Risk of overspend against funding allocated for Oncology drugs due to activity growth and excess drug costs
- 1430 (Service level): Risk of deterioration of acutely unwell patients on systemic anti-cancer treatment (SACT) due to complexity/toxicity
- 1306 (Service level): Risk of being unable to deliver a fit for purpose Cancer Treatment Unit in BGH/Ceredigion due to lack of appropriate area

Heads Up! Cancer Related Hair Loss Service

The “Heads Up!” hair loss support initiative has been developed using the experiences of our patients as a springboard for change and innovation to promote independence, dignity and choice for people who experience cancer treatment related hair loss. Following a successful Pembrokeshire pilot project in 2023, funded by a local cancer charity, the “Heads Up!” initiative was rolled out across the whole of HDUHB with the aim of improving the patient experience of cancer treatment related hair loss. HDUHB would be the first health board in Wales to deliver a service of this nature. With two years initial funding from HDUHB charities this service brings together healthcare professionals and haircare professionals from our local communities to empower patients with the knowledge and products they need to manage their hair loss journey with dignity and choice. The entire service is free at point of access to the patients offering geographical and affordable access. Many HDUHB patients live in rural areas with a lack of travel available to them and/or fall into cancer treatment related financial poverty. Items such as free support packs containing headwear, scalp cooling items, skin coloured wig caps will offer direct dignity to someone who otherwise could not afford it. The service aims to be on site at the appropriate hospitals and available within the local community as well as remotely.

Domains: person-centred

Enablers: culture, information, learning, improvement and research

Argymhelliad / Recommendation

The Quality Safety and Experience Committee are asked to take assurance from the oncology deep dive report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	3 Transforming Urgent and Emergency Care programme 4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	SACT - Systemic Anti-cancer Treatment
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb:
Equality: