North of Scotland Quality and Governance Framework for Cancer

Aim

There has been two significant guidance and direction given by the Scottish Government Health Department in respect to the delivery and governance of cancer services:

1. The National Cancer Quality Framework CEL 06 (2012)

The purpose of this document is to provide the constituent Boards within the North of Scotland and the Regional Cancer Area Forum (RCAF) with guidance for implementing and participating in the regional and national elements of the National Cancer Quality Framework CEL 06 (2012). This framework has been developed to co-ordinate and bring into alignment cancer governance arrangements throughout Scotland. The Boards will be required to work individually and together across the region to align the Board and Regional processes in order that the defined procedural requirements set out in the CEL can be achieved. The key aim of this process is to foster across Scotland, a culture within the service of shared learning and continuous quality improvement.

Actions

Before taking forward with individual boards requirements as set out in the aforementioned governance documents, the NOSCAN RCAF has consulted widely and has received the support of Chief Executives and Medical Directors for the implementation of the proposed framework.

Background

The National Cancer Quality Framework CEL 06 (2012) has set out guidance for the governance and quality assurance arrangements for cancer patients in Scotland. Boards and Regional Cancer Networks have clear governance requirements, for collecting, reporting and developing action plans in relation to the cancer Quality Performance Indicators (QPI’s).
For the common cancers, data sets are being developed by the clinical community across Scotland. These are being implemented after a period of national consultation and up to date progress of the QPI programme can be viewed via


There is acknowledgement that the focus within the region has previously been mostly on adult oncology and that there are important services for children and young persons with cancer too. At national level there are structures, including a formal Managed Service Network and national MDT to support governance and clinical service provision. Consistent with adult cancer, there is a regional wide ambition to retain as much care for the population locally as clinically appropriate, and as such, both adult and children’s cancer services should be considered inclusive within the North of Scotland Cancer Governance Framework.

In 2012 the Cabinet Secretary launched the Managed Service Network for Children and Young People with Cancer in Scotland. The ethos of the MSN is to provide a nationally delivered service with care as locally as possible where this is safe and sustainable. The MSN covers the age group up to the 25th birthday and it has a published cancer plan. Within the MSN there is a Governance and Quality Assurance Group whose responsibilities include data collection, development of guidelines and monitoring of MDTs.

The developments for the under 16 year age group are more advanced including national MDT working. The clinical lead for the TYA group has recently been appointed and will be contacting clinicians through Scotland to see how the MSN can help with this age group. It is important that NOSCAN recognises these developments and works to link its governance framework with that of the MSN. The Board and Regional requirements can be summarised as follows:

**Board Requirement**

1. To collect the QPI data sets and analyse that data on a yearly basis.
2. Submit the data for regional and national collation in accordance with agreed timeframes.
3. Nominate key individuals to participate in the regional and national scrutiny. Regional reviews will be undertaken on a yearly basis and National reviews on a three yearly basis.
4. Ensure active participation by nominated individuals in regional scrutiny through disease specific forums/Managed Clinical Networks (to be referred to as MCN’s for the rest of this document *)
5. Ensure appropriate dissemination of audit data; yearly and three yearly reports to be reported to corporate and clinical management groups within boards.
6. Ensure the roles and responsibilities of nominated staff are set out in their job descriptions or job plans.
7. Respond to deficiencies against national standards and regionally highlighted variance by developing action plans to address the issues.
8. Submit the action plans in response to issues raised through regional processes for approval by the affected Board and to the North of Scotland Regional Cancer Advisory Forum (RCAF).
9. The same or additional issues may be highlighted by the 3 yearly national reviews. Any action plans addressing those issues will need to be agreed by the national expert group and agreed with the Scottish Cancer Taskforce.
10. Ensure sufficient resource is available to sustain the Board and Regional supporting structures for data collection and scrutiny.
11. Work with RCAF and regional forums/MCN to progress outstanding actions emanating from the regional yearly reports or national three yearly reports.

*With over a decade of implementation, development and review, MCN’s are a recognised format for providing service governance, audit, the sharing of best practice and delivering service improvement. It is anticipated that disease specific forums across the North of Scotland would follow this tested format as described in CEL 29 (2012), (however other formats that meet the governance and leaderships requirements across the North in accordance with CEL 30 2012 could be considered).

Regional Responsibilities

1. Facilitate the comparison of collated data across the region through an MCN. That forum will provide a commentary highlighting areas of variance in results and highlight best practice.
2. Support efforts to ensure that NHS Board data is being submitted within agreed timescales.
3. Provide levels of support to the MCN’s with the participating Boards and RCAF.
4. Facilitate the distillation of the collated data into a yearly report by the MCN which will be reported to the Regional Cancer Area Forum (RCAF) and to constituent Boards.
5. Support the Boards to address issues / areas of improvement highlighted in regional and national reports.
6. Completed reports should be available to colleagues and the public in line with data and information sharing approved systems.
7. Escalate areas of continued underperformance to the relevant Boards and RCAF, as appropriate.

Healthcare Improvement Scotland Role.

1. Hosting the national expert group
2. Producing the National Review Document
3. Highlight areas of variance and good practice
The Role of MCN’s In Meeting the National Cancer Quality Framework CEL 06 (2012)

Background

WOSCAN and SCAN developed organisational corporate and clinical governance structures, as well as disease specific MCN’s. These are already in existence making them well placed to implement the CEL 06 (2012) through existing embedded managerial, governance structures that have developed to support their “hub and spoke” service models.

Although some of the corporate and clinical governance structures exist within NOSCAN, some of the disease specific MCN structures are less well developed. This is a key issue which needs to be addressed to ensure that for common cancers there are focused and effective MCN delivering the quality agenda as set out in CEL 06 2012.

Whilst in the past there has been debate over the role of disease specific MCNs that span the Health Boards and regions of the North, these new CEL’s set out a clear need for these networks to be established across the North.

This position is directly linked the following new requirements:

The key areas outlined in the above publications will progress important pieces of work which will be of mutual interest to clinical staff leading to the development of shared aims and outcomes. These requirements will begin to increasingly define practice across the North of Scotland and within individual health boards. It is anticipated that this process will assist in engendering productive clinical engagement in discussing issues of mutual interest, providing opportunities to share best practice and share learning in the provision of safe, effective and patient centered services.
Regional consultation would also provide opportunities to consider as well as potentially develop effective shared solutions when it is considered of mutual benefit.

The recently updated CEL 29 (2012) Managed Clinical Networks: Supporting and Delivering the Health Quality Strategy, develops further the ethos of Co-operation and collaboration that will be essential elements of any current and or future tumour specific MCN across the North of Scotland.
Development of Disease Specific MCN’s across the North of Scotland

The form, structure, core principals and the links between MCN’s and NHS Boards have been reviewed through consultation and updated in CEL 29 (2012). It is anticipated that MCN in cancer would develop around the core principals set out within the document.

Core Principles

1. Each MCN must have clarity about its management arrangements, and should have a Lead Clinician who is recognised as having overall responsibility for the leadership of the group, with appropriate supporting administration. The lead does not necessarily need to be a member of medical staff, but would be an individual with clear insight in the clinical area as well as preferably a track record of proven organisational and leadership competencies.

2. Each MCN should prepare and present annually to the RCAF, a written report and annual work plan for approval. The yearly report and work plans will be presented to the individual NOSCAN Health Boards and ultimately be publically available. The work plans should be shared and approved via the Boards own set governance frameworks.

3. Each MCN will have a defined structure that sets out the service footprint and service pathways and a communication framework to maximise participation and consultation.

4. Mechanisms for maintaining an up to date communication list must be implemented to support the inclusive cascading of MCN information and work plans.

5. Each MCN will be responsible for developing and maintaining a Clinical Management Guideline (CMG) and associated protocols in accordance with CEL 30 (2012) and report progress in the yearly report as well as implications of Scottish Medicines Consortium decisions, NICE and other technology assessments impacting upon services provision.

6. Each MCN will look to compare and review QPI disease specific data sets across the region and provide a commentary on variances and areas of best practice. The groups will act as a regional resource to support the region and individual boards in addressing deficiencies in service provision highlighted in yearly regional reviews or the three yearly national review.

7. Each MCN will be responsible for responding to the implications of best practice guidelines and statements such as SIGN and other professional and service guidelines that relate to that specific disease.

8. Each MCN should be multi-disciplinary and multi-professional in keeping with the network process and include meaningful involvement of those for whom services are provided.
9. Boards will need to provide suitable support and capacity to ensure that MCN’s have the appropriate input to maintain a high level of expert oversight and support its capacity to deliver its core workstreams.

10. Each MCN will need to demonstrate continuing scrutiny of opportunities to achieve better value for money through the delivery of optimal, evidence-based care that adds value from the patient’s perspective, optimising productivity and reducing unwarranted variation in line with such as LEAN principals.

11. The opportunity for patient and/or service user input to the MCN should be considered.

Links with Boards

1. For the MCN’s to be effective, they need to be recognised, integrated and embedded with NHS Boards’ planning, operational service management and governance arrangements.

2. There should to be clarity about the reporting and governance arrangements for the MCN with all participating Health Boards in the North of Scotland. Annual work plans and reports will need to be developed collaboratively with operational management teams with due consultation.

3. Any work-plan developed by MCN’s would need to be approved at the RCAF at the yearly MCN review and with all of the participating Boards.

4. The accountability for the delivery of approved work-plans will lie with individual Boards.

The schematics in Figures 1 and 2 outline the governance arrangements for work plan development and reporting pathways respectively.

Leadership Development & Support

1. MCN Lead Clinicians should be encouraged and provided opportunity to engage with the QI Curriculum and Improvement Lead Group being established by the Quality Hub (hosted by HIS). They should also engage with the Strategic Clinical Leadership Network and access the range of leadership development supports being provided by the National Leadership Unit in NHS Education for Scotland.

2. Boards will look to ensure that sufficient resource is made available across the North of Scotland to adequately support the resource implications of this initiative as this will be essential for the ongoing success of a nationally mandated governance program.

Mr Peter King, Clinical Lead, North of Scotland Cancer Network
Figure 1: Performance Review, Work-plans and Governance

Within Health Boards

- Operational Management
  Assist in developing work-plans & implementation

- MDT
  Generate Deliver Work Plans

- Board
  Approve all work-plans
  Monitor work-plans

- Clinical Governance
  Oversight

Within Region (Actioned Yearly)

- MCN
  Review and compare
  Generate yearly reports & work-plans

- RCAF
  Approve yearly reports
  Monitor work-plan implementation

Nationally (Actioned 3 Yearly)

- ISD
  Comparative Reports

- National Specialist
  Produce Reports and agree work plans

- Healthcare Improvement Scotland & Cancer Task Force
  Monitor

Work-plan Interactions
Figure 2 Performance Review, Work-plans and Governance

Within Health Boards

Operational Management. Assist in developing work-plans & implementation

Board Approve all work-plans Monitor work-plans

MDT Generate Deliver Work Plans

Clinical Governance Oversight

Within Region (Actioned Yearly)

RCAF Approve yearly reports monitor work-plans

MCN Review and compare. Generate yearly reports & work-plans

Nationally (Actioned 3 Yearly)

ISD 3 yearly Comparative Reports

National Specialist Produce Reports & agree work plans

Healthcare Improvement Scotland & Cancer Task Force Monitor

Yearly report/narrative

3 Yearly report/narrative