LCA Constitution for Quality Review 2015-16

LCA QUALITY CONTROL AND SIGN OFF

Name	Role	Signature	Date
LCA CLINICAL DIRECTORS & CLINICAL BOARD MEMBERS			11 June 2015
Ms Claire Dowling	**LCA Programme Director**		11.05.2015
Mr Seraphim Patel	**LCA Quality Assurance Manager**		07.04.2015
Ms Donna McKenzie	**Quality Manager NHSE Quality Surveillance Team**		07.04.2015
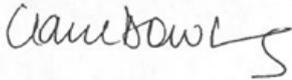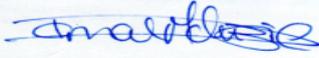
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Series of Network Board Measures is <u>SUSPENDED</u> confirmed with Peer Review on 07.04.2015 by LCA

Quality Assurance Manager with Peer Review Quality Manager Quality Surveillance Team.

To note: LCA pathway groups and the Clinical Fora relates to NSSG measures.

Attendance (75%) at Clinical Fora is mandatory for local Clinical Leads; as per NSSG measures.

The Clinical Fora attendance will be made available via the Inovem Peer Review Folders

1. Executive Summary

The London Cancer Alliance (LCA) is the integrated cancer system for West and South London. We work with 15 NHS provider organisations to ensure our local population has equitable access to world-class cancer services. This document describes the **London Cancer Alliance (LCA)** constitution for quality review. The document outlines LCA governance arrangements and sets out structures, systems and processes for delivering the quality agenda, of which peer review is part of the wider LCA quality work plan. For further information about the work of **the LCA please see the current annual report**, to access the report please click onto the link below:

http://www.londoncanceralliance.nhs.uk/media/95766/lca_annualreport2014-15_acc.pdf

2. Purpose of Document

This document has been written to describe the LCA Constitution for quality review. The document outlines requirements for the quality surveillance [formerly peer review] process in 2015/16.

3. LCA pathway groups

Purpose of the Pathway Group is to:

- Undertake a baseline audit against the Model of Care (MOC) review evidence and current performance of pathways within the LCA with regard to best practice, outcomes and the MOC.
- Agree and implement exemplar best practice pathways.
- Develop improvement plans and make recommendations to the Clinical Board.
- Ensure effective engagement with patients, primary care and other key stakeholders such as public health and charities.
- Actively promote research, work force development and education within their areas of expertise.

3.1 LCA Site Specific Pathway Groups:

Brain and central nervous system*

Breast

Colorectal

Gynaecology oncology

Haematology

Head and neck

Hepato-pancreatic-biliary

Lung

Oesophago-gastric

Sarcoma

Skin

Urology

3.2 LCA Cross-cutting pathways

Acute oncology (CUP a separate constitution is available)

Chemotherapy and medicines optimisation

Children, teenagers and young adults

Mental health and psychological support

Palliative care

Patient experience and information

Radiotherapy

Survivorship

The Pathway Chairs support this process by providing clinical leadership and process standardisation within the pathway groups.

*Note (for peer review measures **14-1C-101k** Network Configuration of the Brain and CNS MDTs, Royal Surrey County Hospital NHS FT is represented on the LCA Brain/CNS pathway group, and participated in the development of the LCA Brain and CNS Cancer Clinical Guidelines.

Royal Surrey County Hospital NHS FT host the rehab and non-surgical MDTs

Quality Assessments

LCA has a robust process for **reporting, monitoring and escalating** quality concerns. LCA Quality Clinical Board Exception Report (LCA QCBER) is LCA's quality monitoring tool, for further information on how peer review risks are recorded visit the LCA Quality Assurance Framework. Or contact LCA Quality Assurance Manager seraphimpatel@nhs.net

4. LCA Quality Assessment Process

LCA has a clear process in place for reporting quality issues, including peer review outcomes and the detailed process is outlined in the diagram below.

LCA Quality Assurance Framework (modified 06/02/2014)
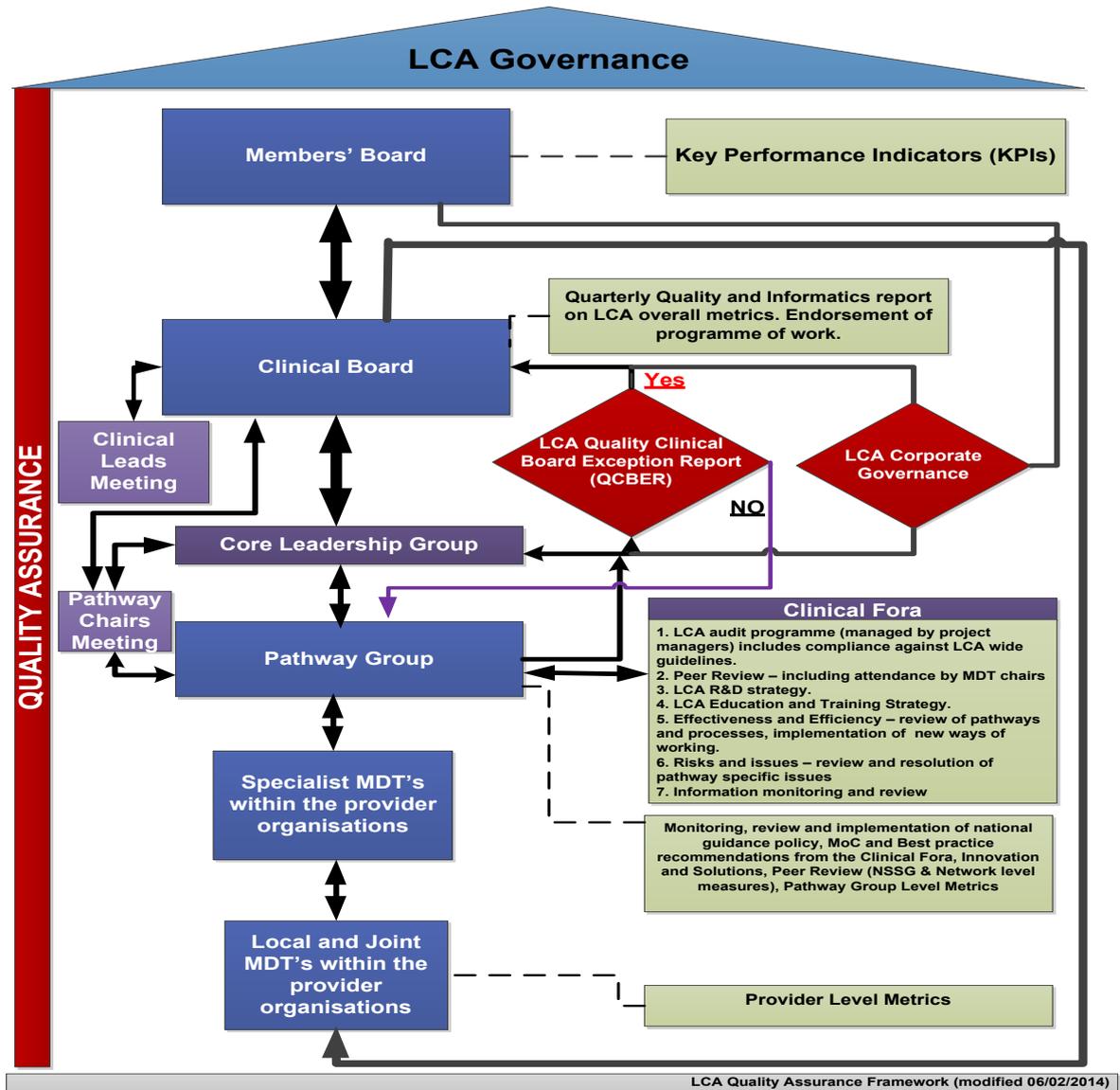
5. **LCA Clinical Guidelines**

LCA guidelines prescribe best practice for tumour specific and cross cutting cancer services. These guidelines aim to enhance and standardise practice, which is an important component in reducing variation. To access the LCA guidelines please see this link:

http://www.londoncanceralliance.nhs.uk/news,-events-resources/resources/

The LCA guidelines refers to Peer Review NSSG measures

6. Quality Surveillance Team, QST [FORMERLY KNOWN AS Peer Review]

6.1 Validated Self-Assessment (VSA)

(SA) – completion of self-assessments (every two years) by the team who deliver the service.

Note: **Cancer Service and Quality Managers can request permission to access the peer review folders on LCA Inovem**. Within this folder there will be terms of reference for each pathway group. Cancer Service/Quality Managers are requested to review the membership contacts found in the LCA Pathway Group terms of references. If minutes of the pathway group are required, please contact the appropriate members of the pathway group who have access to all the meeting papers.

Contact: Seraphim Patel, LCA Quality Assurance Manager for access to peer review folders on Inovem
seraphimpatel@nhs.net

6.2 External Verification of Self- Assessments

External verification is an external review of selected internally validated self-assessments, led by the QST zonal teams. This process will ensure that every team will be externally verified at least once every five years.

6.3 Peer Review visits in 2015/16

Under the current Quality Surveillance team arrangements a targeted schedule of QST visits will take place. LCA will work with Peer Review and provider organisations to ensure quality issues raised are monitored and appropriate actions implemented to improve patient care. The schedule for peer review visits are prescribed by the zonal team.

6.4 Immediate Risks and Serious Concerns

IMMEDIATE RISKS – issues likely to result in harm to patients or staff or have a direct impact on clinical outcomes **and therefore require immediate action and a formal response from the provider to the NCPR team within 10 working days, copied to Core Leadership Group (CLG) at the LCA. It is expected that interim actions will be taken to reduce risk and that the organisation will submit a credible action plan with appropriate milestones.**

SERIOUS CONCERNS – issues that do not present an immediate risk to patient or staff safety but could seriously compromise the quality or clinical outcomes of patient care and therefore require urgent action to resolve require a formal response from the organisation within 20 working days, copied to Core Leadership Group (CLG) at the LCA.

LCA Quality Assurance Manager reviews the Immediate Risks and Serious Concerns, and these are then reported to the LCA Pathway Groups and Clinical Board using the LCA Quality Clinical Board Exception Report (LCA QCBER).

7 User Involvement

User representation is an essential prerequisite to cancer service development. The LCA recognises the importance of this and has been working collaboratively with pathway project managers and chairs to ensure patient and carer insight, facilitate service co-design, and that experience and feedback influence decision making and focuses on outcomes that matter to patients.

The key elements of the LCA user strategy are as follows:

• All tumour specific pathway groups and cross cutting groups should have active patient and carer involvement in their work programmes.

• Formal user specification briefs please contact Stakeholder engagement: Fiona Carr fiona.carr3@nhs.net

• Working with the LCA Stakeholder Manager, pathways will have a tailored approach to the involvement of users working within an overarching set of principles.

• These principles aim are aimed at optimising opportunities for patient and carer involvement from a broader social/ age demographic, recognition of the variable health issues and survival rates of each tumour type and the importance of ensuring the time and skills of patients and carers are used appropriately and effectively.

• Patient and carer involvement in pathway will be either via task and finish project specific work, patient/ carer membership of the pathway group or both determined by the pathway chair/ group.

• Recruitment of patient/ carers will be from a variety of sources including partnership working with the third sector, nomination from pathway group members, South and NW Cancer User Partnership and Pan London User Partnership.

• Patient/ carers expressing an interest will be informally interviewed by the LCA Stakeholder Manager and Pathway Project Manager.

8. LCA Members' Board

The purpose of the Members' Board is to:

- Provide strategic leadership to the LCA.

- Approve strategic and annual operational plans.

- Receive recommendations from the Clinical and Research Boards and agree next steps.

- Performance monitors all LCA business and holds the LCA executive to account for delivery and performance of corporate business.

- Appoint and appraise the independent chair on behalf of the membership.
Biographies of the Members' Board members can be found at:
www.londoncanceralliance.nhs.uk/find-out-about-us/who-we-are/members-board/

9. LCA Clinical Board

The LCA is strongly clinically-driven and all recommendations for change are generated by LCA's clinical working groups, which to date has included over 1,700 clinicians and users of cancer services, all overseen by the Clinical Board.

The purpose of the Clinical Board is to:

- Deliver LCA's clinical vision and the 2010 London MOC for cancer.

- Provide clinical quality assurance (improve outcome, reduce variation, improve patient experience) for cancer services.

- Account to the Members' Board for delivery, performance and the formulation of recommendations for change and transforming services.

- Performance monitor the pathway groups.

The Board will be chaired by the Clinical Directors and membership will comprise:

- LCA Programme Director

- 4 Pathway group chairs

- Consultant in Public Health Medicine

- 4 Clinical leads, Nurse chair(s)

- Research Board, GP and E&T director

- AHP, third sector, and user representatives

Biographies of the Clinical Board members can be found at:

www.londoncanceralliance.nhs.uk/find-out-about-us/who-we-are/clinical-board/

London Cancer Alliance

(INSERT NAME OF TRUST)

(INSERT TUMOUR SITE) MULTIDISCIPLINARY TEAM

MDT ANNUAL REPORT

(INSERT YEAR COVERED)

Please note that peer review measures vary for each tumour site so these templates should be completed alongside the published peer review measures on www.cquins.nhs.uk to ensure they are appropriately covered in the document

Agreement Cover Sheet

The MDT Annual Report has been agreed by:

Position	MDT Lead Clinician

Name

Organisation

Signed

Date Agreed

Position	Trust Lead Clinician for MDT Leadership

Name

Organisation

Signed

Date Agreed

MDT members

Date Agreed

Annual Report update date

Please confirm that the Annual Report has been shared with the LCA Pathway Group

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1.1. Contents

Section	Description	Peer Review measure	Page
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3	Team Attendance at Network NSSG meetings/ engagement with Pathway Group meetings		
4	MDT Meeting Attendance		
5	Meetings to discuss Operational Policies		
6	Training		
7	IOG Action Plan		
8	Data Collection		
9	National / Local Audit		
10	Patient and Carer Feedback and Involvement		

11	Research		
12	Cancer Waiting Times		

Section 1	**Introduction**

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to:

- **Provide a 'snapshot' of the year**
- **Define the period it relates to**
- **Outline achievements in year**
- **Outline challenges in year**

Section 2	**Workload of MDT/Cases Discussed**

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- **Details of the number of new cases discussed by MDT over the year**
- **Details of the numbers of patients treated**

by treatment type

- **Detail individual clinicians workload where required**

Please use graphs or charts/trend data as appropriate

Section 3	Team Attendance at Network NSSG Meetings/engagement with LCA Pathway Groups

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- **Data showing team's attendance at the meetings/engagement with LCA Pathway Groups**

Please use graphs or charts/trend data as appropriate

4	**MDT team meetings**

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- Please include attendance by named member and by specialism for MDT meetings over the year
- **For new measures show how many meetings were quorate**

Please use graphs or charts/trend data as appropriate

Section 5	**Meetings to discuss Operational Policies**

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- Meetings used across the year to discuss and agree operational policies
- Include extract from minutes to evidence relevant discussion

Section 6	Training

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- Breakdown of advanced communication skills training by core member (relevant team members)
- Clinical supervision provision for level 2 psychology support
- Include any other relevant training – e.g. Laparoscopic

Please use graphs or charts/trend data as appropriate

Section 7	IOG Plan

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to provide a summary of the implementation of actions agreed in any IOG plans

Section 8	Data Collection

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to provide a:

- Summary of the Clinical Lines of Enquiry (for tumour groups where this is specified)
- Where CLE are not in place outline other indicators
- Any NSSG data collections
- Upload to COSD

Section 9	National/Local Audit

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- A list of audits participated in over the previous years, including any national audits
- Summary details of the outcomes of completed audits and what changes to service delivery have taken place as a result
- Results of the audit whereby after a patient is given their diagnosis of cancer, the patient's GP is informed of the diagnosis by the end of the following working day

Section 10	**Patient and Carer Feedback and Involvement**
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: • Patient experience results • Changes taken place as a result	

Section 11	**Research**
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: • Recruitment into clinical trials and measures taken to improve accrual **Please use any graphs or charts/trend data as appropriate**	

Section 12	Cancer Waiting Times

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline: • **Performance against the cancer waiting times standards**   Please use any graphs or charts/trend data as appropriate

London Cancer Alliance

(INSERT ORGANISATION NAME)

(INSERT TUMOUR SITE) MULTIDISCIPLINARY TEAM

MDT WORK PROGRAMME 2015/16

Agreement Cover Sheet

The MDT Work Programme for 2015/16 has been agreed by:

Position	MDT Lead Clinician

Name

Organisation

Signed

Date Agreed

Position	Trust Lead Clinician for MDT Leadership

Name

Organisation

Signed

Date Agreed

MDT members

Date Agreed

Work Programme Review Date

Please confirm that the Work Programme has been shared with the LCA Pathway Group

![London Cancer Alliance LCA logo]

Update on agreed actions from previous peer review assessments

Please outline agreed actions from previous peer review assessments (including actions arising from self assessment, internal validation and peer review visits). A progress update against each action should also be provided.

Category/issue raised	Action	Link to peer review measure	Timescale	Named lead	Completed(Y/N)?	Progress update
		Please state the peer review measure the action relates to (in digit form)				

Work Programme 2015/16

Please complete all relevant sections and add sections as necessary.

Category	Action	Link to peer review measure	Timescale	Named lead
Service Improvement and Development	Outline any improvements the service needs to make, and whether they are aligned to national and local priorities	Please include peer review measure the action applies to (in digit form)		
Patient and Carer Feedback and Involvement	Outline key recommendations and any planned actions to address them	As above		
Audit and clinical outcomes indicators	Include details of the MDT's audit programme/outstanding actions from previous audits (please include any actions relating to the national audit programmes) Any planned actions in relation to clinical lines of	As above		

	enquiry (where applicable) or clinical outcome indicators			
Research		As above		
Clinical Indicators/Clinical Lines of Enquiry	Any plans for improvement should be included in their work programme	As above		
Training and workforce	Training plans in place (for example, advanced communication course)	As above		

London Cancer Alliance

(INSERT NAME OF MDT) MULTIDISCIPLINARY TEAM

OPERATIONAL POLICY

(INSERT DATE POLICY WAS AGREED)

Lead Clinician: (INSERT NAME)

* Please note that peer review measures vary for each tumour site so these templates should be completed alongside the published peer review measures on /www.cquins.nhs.uk to ensure they are appropriately covered in the document

Review Date: (INSERT REVIEW DATE)

Agreement Cover Sheet

The MDT Operational Policy has been agreed by:

Position	MDT Lead Clinician

P

Name

Organisation

Signed

Date Agreed

Position	Trust Lead Clinician for MDT Leadership

Name

Organisation

Signed

Date Agreed

MDT members
P

Date Agreed

Operational Policy Review Date

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8	Data Collection , audit and monitoring		

OPERATIONAL POLICY

Section 1	Introduction and Context
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: • **Cancer type the team manages and configuration of services i.e. teams referring in to the service and where the team refers to** • **Locality** • **Population served including numbers** • **Purpose of MDT – Aims and objectives** • **Description of the patient pathway**	

Section 2	**MDT membership arrangements**
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: • **Leadership: State the name of MDT clinical lead and agreed responsibilities** • **Name, role, and cover arrangements for each core member**	

- **Name and role of individual responsibility for integrating recruitment of patients into clinical trials and person responsible for patient/carer issues**
- **Names, roles of extended team members**
- **Level 2 psychological support provision and supervision**
- **Core nurse members specialist study (complete or enrolled on)**
- **Advanced communication skills training**
- **Detail the agreed list of responsibilities for core nurse members of MDT.**
- **Evidence of EQA participation for Histopathologists**

Section 3	MDT team meetings
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: - **Attendance at MDT meeting (needs to demonstrate quoracy)** - **Frequency of meetings** - **Time and duration of meetings** - **Arrangements for recording attendance** - **Form of attendance (i.e. video linked/ in**	

person)

- **Arrangements for patients that require a treatment decision before next meeting**
- **Policy whereby all new cancer patients are reviewed by MDT and at what points along the patient pathway patients will be discussed again at the MDT**

How patients are listed for MDT discussion and what arrangements are in place to ensure all necessary information is available for the discussion.

- **How the MDT outcome is documented and by whom.**
- **Named key worker policy**
- **Communication of MDT outcome with referring Trust/patient and GP**
- **Diagnosis communication with GP**

Section 4	2. **Referral of patients**
Peer Review measures: Please insert which peer review measures the section is linked to	

- **How are patients referred to the service**
  - **Evidence of network / Pathway Board agreed pathways including local contact points**
  - **Evidence of onward referral to tertiary services**

Section 5	Diagnostic Services
Peer Review measures: Please insert which peer review measures the section is linked to	
Evidence of appropriate diagnostic pathways specific to the tumour site	

Section 6	Treatment
Peer Review measures: Please insert which peer review measures the section is linked to	
Please use this section to outline: • Clinics • Booking of appointments and elective surgery • Clinical Guidelines including which treatment modalities are delivered where • Follow up of patients • Palliative Care • Patient access to clinical trials • Details of Holistic Needs assessment and how this is taken into consideration when making decisions about treatment and care	

Section 7	Patient and Carer Feedback and Involvement

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline:

- Patient access to MDT / CNS
- Arrangements for patients to be offered permanent record of consultation
- Details of the type of information offered (national and local) to patients including Information Prescriptions
- Patient survey and details of using patient feedback to improve service (include both National and local)
- Evidence of Local Support Groups
- Access to other benefits e.g. financial, social

Section 8	Data collection , audit and monitoring

Peer Review measures: Please insert which peer review measures the section is linked to

Please use this section to outline details of data collection and audit including clinical lines of enquiry and how it is reviewed and used to improve services

National Audit

Pathway Board agreed audit

Local Audit

Service Profiles