

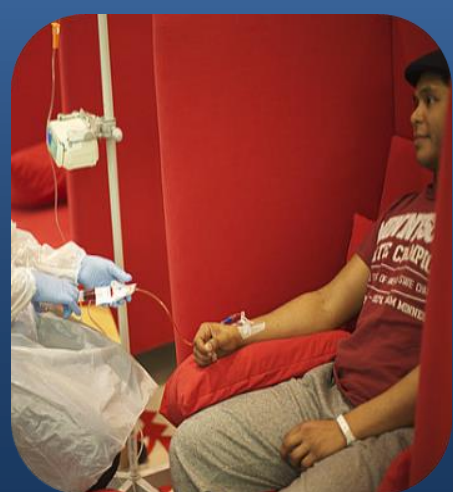
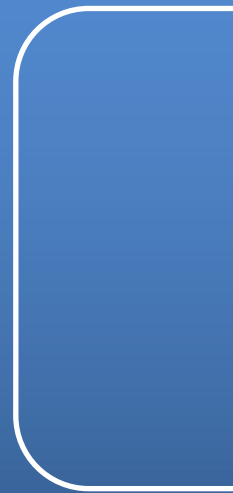
Surgical Specialties and Care of People with Cancer

Isle of Man Health Services – Appendix 4

Visit Date: 7th & 8th October 2014

Report Date: January 2015

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INDEX

Acute Surgical Admissions	4
Breast Care	20
Gastrointestinal Care	29
Urological Care	32
Eye Care	41
Ear, Nose, Throat, Maxillo-Facial and Audiology Services	48
Other Cancer Sites - Gynae	62
Other Cancer Sites - Lung	63
Chemotherapy	64
Oncology Pharmacy	66

APPENDIX 4 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of ‘working towards’ a particular Quality Standard. Reviewers often comment that it is better to have a ‘No, but’, where there is real commitment to achieving a particular standard, than a ‘Yes, but’ where a ‘box has been ticked’ but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% Met
Acute Surgical Admissions	59	35	59
Breast Care	45	19	42
Breast Cancer MDT	(16)	(5)	(31)
Breast Care (Non-Cancer)	(29)	(14)	(48)
Colorectal Cancer Diagnostic Service & MDT	20	9	45
Urology Care (Non-Cancer)	29	14	48
Eye Care	32	11	34
Ear Nose & Throat and Maxillo-Facial Services	59	34	58
ENT Service	(30)	(15)	(50)
Maxillo Facial	(29)	(19)	(66)
Chemotherapy	35	22	63
Oncology Pharmacy	3	3	100
Total	282	147	52

Audiology Service – compliance based on self-assessment	85%
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Return to [Index](#)

ACUTE SURGICAL ADMISSIONS

Ref	Quality Standard	Met?	Reviewer Comments
AF-101	<p>Responsible Consultant</p> <p>There should be a system of communicating the name of the responsible consultant for the day to patients and carers.</p>	Y	The names of the responsible medical staff were recorded on whiteboards above patients' beds.
AF-103	<p>Information about the Unit</p> <p>Information for patients and carers about the unit should be available covering, at least:</p> <ol style="list-style-type: none"> What patients need to bring with them Layout of the unit, including location of toilets and fire exits Visiting times Infection control including hand washing and use of hand gel Who will be looking after the patient (for example, staff groups, uniform colours) How to find out what is happening Where to get drink and food Who to talk to about concerns Moving on from the unit. 	N	'b', 'c' and 'd' were met. Reviewers were told that 'a' and 'e' to 'i' were covered in the Patient Information Booklet and 'Ready to Go' booklet but these were not available to reviewers or evident on the wards.

Ref	Quality Standard	Met?	Reviewer Comments
AF-104	<p>Condition-Specific Information</p> <p>Information for patients and carers should be available covering, at least:</p> <ol style="list-style-type: none"> Head injury (acute surgical units only) Wounds (acute surgical units only) Pain relief Pneumonia COPD Asthma Acute coronary syndrome Stroke Falls Transient loss of consciousness Seizures Gastro-intestinal bleed Alcohol and substance misuse Venous thrombo-embolism prevention Health promotion, including smoking cessation, health eating, weight management, exercise, sexual and reproductive health, staying warm (vulnerable adults), mental and emotional health and well-being Other common presenting conditions <p>Information should cover:</p> <ol style="list-style-type: none"> Care and activities after discharge Symptoms and action to take if unwell DVLA regulations and driving advice Sources of further advice 	Y	A wide range of information was available in well-organised leaflet racks and through posters on the wards.
AF-105	<p>Management Plan</p> <p>The management plan should be discussed and agreed with the patient and, where appropriate, their carers. A record of this discussion should be made in the case notes.</p>	Y	
AF-106	<p>Communication Aids</p> <p>Communication aids should be available to help patients with communication difficulties to participate in decisions about their care.</p>	Y	
AF-107	<p>Discharge Information</p> <p>Patients being discharged home should be given a discharge letter. This letter should describe the condition, treatment given (if any) and future management plan. The contents of the letter should be discussed with the patient and, where appropriate, their carers, and a copy should be sent to their GP.</p>	Y	Reviewers were told that a 'Ready to go' booklet was given to each patient and that each patient also had a Discharge Care Plan.

Ref	Quality Standard	Met?	Reviewer Comments
AF-196	<p>General Support for Patients and Carers</p> <p>Patients and their carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services Independent advocacy services PALS Social services Benefits advice Spiritual support Transport services <i>Age UK</i> or other relevant voluntary organisations <i>HealthWatch</i> or equivalent organisation Alternatives to hospital treatment 	N	Noble's Hospital did not have a Patient Advice and Liaison Service (or equivalent). Most other aspects of the QS were met although only a limited range of alternatives to hospital admission was available (see WMQRS report of the care of people with long-term conditions). Information on voluntary organisations was not easily visible on the wards.
AF-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving feedback from patients and carers about the treatment and care they received. Mechanisms for involving patients and carers in decisions about the organisation of the services. Examples of changes made as a result of feedback from patients and carers 	Y	Posters on the ward invited patient feedback and comment forms were available. Reviewers were also told of patient surveys which had been undertaken. The only example of a change made as a result of feedback from patients and carers was the introduction of bedside televisions at all bedsides. Mechanisms for involving patients and carers about the organisation of the wards were not evident although lay representatives did sit on several Noble's Hospital Committees.
AF-201	<p>Lead Consultant and Lead Nurse</p> <p>The unit should have a nominated lead consultant and nominated lead nurse with responsibility for ensuring implementation of relevant Quality Standards. The lead consultant and lead nurse should undertake regular clinical work within the department.</p>	Y	
AF-202	<p>Senior Decision-Maker Cover</p> <p>An appropriate specialty trainee at level ST3 or above or equivalent SAS grade, or a registered healthcare professional with equivalent competences, should be immediately available at all times. This healthcare professional must have up to date competences in ALS and should not have other duties which would prevent immediate attendance on the unit if required.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-203	<p>Consultant Cover</p> <p>Acute Surgery:</p> <p>a. A consultant should be on call for telephone advice at all times and able to reach their base hospital within 30 minutes</p> <p>b. Consultants should not cover more than one hospital site (units with high emergency workload)</p> <p>c. Consultants should not have elective commitments when on call for emergencies (units with high emergency workload)</p>	Y	Consultants did not operate electively when they were on call but sometimes had clinic commitments.
AF-204	<p>Senior Staffing Levels</p> <p>Sufficient Competent Clinical Decision-Makers (QS AF-211), Senior Decision-Makers (QS AF-202) and consultants (QS AF-203) with appropriate competences should be available so that timescales for assessment and treatment (QS AF-601) can normally be achieved for the expected number and dependency of patients.</p> <p>Acute surgical units only: In services with a high emergency workload, the surgical team should be free of elective commitments when covering emergencies.</p>	Y	
AF-205	<p>Continuity of Senior Staffing</p> <p>Senior Decision-Maker and Competent Clinical Decision-Maker rotas should be organised to give reasonable continuity of care for patients.</p>	Y	
AF-207	<p>Shift Leader</p> <p>There should be a shift leader / coordinator on each shift who has an overview of all patients and their stage of care, the flow of patients through the unit and responsibility for liaison with bed management. The shift leader / coordinator should have significant experience in urgent care at a senior level. In busy departments the shift leader / coordinator should be supernumerary and should not have clinical responsibility.</p>	Y	A shift co-ordinator was allocated daily and was identified in the off duty and documented on the ward information board.
AF-208	<p>Nurse and Support Worker Staffing Levels</p> <p>Sufficient nursing staff and support workers with appropriate competences should be available so that timescales for assessment and treatment (QS AF-601) can normally be achieved for the expected number and dependency of patients. Staffing levels should be able to respond to fluctuations in the number and dependency of patients. Staffing should include oversight of the 'discharge area' when available.</p>	Y	A staffing review had also been undertaken. A process for increasing staffing levels if needed was in place.

Ref	Quality Standard	Met?	Reviewer Comments
AF-209	<p>Allied Health Professionals</p> <p>Staff with competences in the following areas should have time allocated to work on the unit:</p> <ul style="list-style-type: none"> a. At least 11am to 8pm, seven days a week: <ul style="list-style-type: none"> i. Physiotherapy ii. Occupational therapy b. During normal working hours and available to see patients daily at weekends <ul style="list-style-type: none"> iii. Speech therapy iv. Dietetics 	N	<p>Access to allied health professionals was not available seven days a week. A physiotherapist who covered the acute surgical wards, critical care and out-patient amputees was available 7.30 am to 3.00 pm Monday to Friday. Chest physiotherapy could be accessed between 3.00 and 4.30 pm. An emergency respiratory physiotherapist was on call at other times. An occupational therapist was available 8.30 am to 4.30 pm Monday to Friday but did not have time allocated for work on the acute surgical wards. Dietetics and speech and language therapy were available during normal working hours only.</p>
AF-210	<p>High Dependency Staffing</p> <p>In units with a high dependency area, a minimum of one nurse who is studying for or has achieved competences in critical care should be available for every four level 2 patients.</p>	N/A	
AF-211	<p>Competent Clinical Decision-Makers - Competences</p> <p>‘Competent Clinical Decision-Makers’ (junior doctors (FY2 or CT1-3), nurse practitioners and other registered practitioners) and at least one registered nurse per shift should have competences in:</p> <ul style="list-style-type: none"> a. ECG interpretation, including rhythm b. Cannulation c. Arterial blood gas analysis d. Continuous positive airways pressure and non-invasive ventilation e. Chest x-ray requesting f. Central venous pressure monitoring g. Swallowing screening (acute medicine only) h. Assessment and management of people with mental health problems or dementia i. Verification of death j. Nurse-led discharge (nurses only) k. Knowledge of local community services <p>‘Competent Clinical Decision-Makers’ should also have all competences in QS AF-212.</p>	N	<p>There was not a nurse on every shift with competences in all aspects of the QS. Trainees followed the GMC competency based curriculum.</p>

Ref	Quality Standard	Met?	Reviewer Comments
AF-212	<p>All Registered Nurses - Competences</p> <p>All registered nursing staff should have competences in:</p> <ol style="list-style-type: none"> ILS Performing an Early Warning Score assessment, its interpretation and escalation as appropriate Recording an ECG Venepuncture IV drug administration Point of care testing Urinary catheterisation (male and female) Aseptic non-touch technique Oxygen delivery, monitoring and weaning End of life care Handover and transfer 	N	<p>The ward were in the process of updating surgical competences, once finalised it will cover the majority of the competences required by the Quality Standard. The Advanced Surgical Nursing Competences document did include 'e', 'i', 'h' and 'j'. Competences for 'a', 'b' and 'k' were covered by other training.</p>
AF-213	<p>Support Workers - Competences</p> <p>Healthcare support workers should have competences appropriate for their work in the unit, including BLS.</p>	Y	<p>A competence framework for support workers was in place.</p>
AF-214	<p>Competences – All Healthcare Professionals</p> <p>All healthcare professionals working in the unit should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Adult safeguarding Recognising and meeting the needs of vulnerable adults Dealing with challenging behaviour, violence and aggression Mental Capacity Act and Deprivation of Liberty Safeguards. 	Y	<p>A new Ward Business Assistant had been recruited to co-ordinate all mandatory training information into an eLearning system, which would assist the ward managers in identifying any training gaps and planning.</p>
AF-215	<p>Ultrasound Competences</p> <p>Staff undertaking ultrasound within the unit should have appropriate competences in undertaking this investigation.</p>	Y	<p>Only bladder scanning was undertaken in the wards. A competency framework for bladder scanning was in place and training for staff was available weekly with the urology specialist.</p>
AF-217	<p>Discharge Assessment</p> <p>At least one member of staff with competences in discharge assessment should be available daily during normal discharge hours (7am to 10pm). Competences should include:</p> <ol style="list-style-type: none"> Mobility assessment Assessment for aids and adaptations Knowledge of community support services <p>This member of staff should normally be able to respond within one hour of the request for discharge assessment.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-218	<p>Training Plan</p> <p>A training and development plan should be in place for achieving and maintaining the competences expected for each role in the unit (QS AF-201, AF-211 to AF-215).</p>	N	This QS was met for nursing staff and Health Care Assistants but not for other staff working on the unit.
AF-299	<p>Administrative and Clerical Support</p> <p>A member of staff with administrative and clerical competences should be available 24/7. Administrative, clerical and data collection support should be appropriate for the number of patients cared for by the service.</p>	Y	
AF-301	<p>Laboratory Services</p> <p>Laboratory services should be available, including:</p> <ol style="list-style-type: none"> A system for rapid transport of pathology samples Availability of results within, at most, one hour Group-specific blood available within 15 minutes Fully cross-matched blood available within one hour System of monitoring, recording and following up 'missed' blood results and actions taken. This system must ensure that any 'missed' blood results are identified and acted upon within 24 hours. 	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-302	<p>Imaging Services</p> <p>Imaging services should be available:</p> <ol style="list-style-type: none"> a. 24/7 plain radiography with images available on digital PACS for review b. 24/7 ultrasound with referral guidelines for: <ol style="list-style-type: none"> i. Chest drain insertion (acute medicine only) ii. Renal ultrasound (acute medicine only) iii. Central venous access iv. Focused assessment with sonography for trauma (FAST) scan (acute surgery only) v. Abdominal aortic aneurysm (AAA) diagnosis (acute surgery only) vi. Foreign body location (acute surgery only) c. 24/7 CT scanning with referral guidelines for head injury, stroke, pulmonary embolus, and abdominal pain and initial reports available within one hour d. 24/7 MRI (on site for Major Trauma Centres; on site or by referral at other services) e. 24/7 interventional radiology (on site for Major Trauma Centres; on site or by referral at other services) f. 24/7 consultant radiologist available for advice g. Agreed referral guidelines and timescales for condition-specific investigations (QS AF-509) h. System of monitoring, recording and following up 'unrecognised pathology' and actions taken. This system must ensure that any 'unrecognised pathology' is identified and acted upon within locally agreed timescales. i. System for electronic transfer of images for specialist review (for example, to neurosurgery or vascular services). 	Y	
AF-303	<p>Other Investigations</p> <p>Access to echocardiography, bronchoscopy and gastroscopy should be available at all times. If these services are not available on the same hospital site then guidelines for emergency referral should be in place.</p>	N	There was no 24/7 service available for bronchoscopy.
AF-304	<p>Co-location of Specialties</p> <p>Acute Surgical Units:</p> <ol style="list-style-type: none"> a. A consultant-led general medical service should be available on-site with a Senior Decision Maker available for advice within 10 minutes and to review patients within 30 minutes. b. A consultant-led trauma and orthopaedics service should be available on-site, with a Senior Decision Maker available for advice within 10 minutes and to review patients within 30 minutes. 	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-310	<p>Pharmacy</p> <p>The following pharmacy services should be available:</p> <ol style="list-style-type: none"> Access to pharmacy advice (24/7) Immediate supply of commonly used medications Supply of other medications (24/7) Daily (7/7) attendance on the unit by a pharmacist with GLF competences who is working towards or has achieved ALF competences 	N	'a' to 'c' were met but not 'd'.
AF-399	<p>Ancillary Staff</p> <p>The following services should be available at all time:</p> <ol style="list-style-type: none"> Porters Security staff Cleaners 	Y	
AF-401	<p>Facilities</p> <p>Facilities available should include:</p> <ol style="list-style-type: none"> Trolleys, beds and chairs appropriate to the needs of patients, with the ability to flex capacity for expected fluctuations in numbers and dependency of patients Appropriate isolation facilities A procedure room for intimate or highly invasive procedures Same sex accommodation including, when possible, high dependency areas An appropriate area with chairs and trolley spaces which can be used by patients ready for discharge or transfer who are awaiting transport 	Y	
AF-402	<p>Resuscitation Drugs and Equipment</p> <p>Resuscitation drugs and equipment should be available and should be checked in accordance with Hospital policy.</p>	Y	
AF-404	<p>Monitoring</p> <p>Appropriate monitoring facilities should be available for the expected number, dependency and case mix of patients.</p>	N	Cardiac monitors and telemetry were not available on the surgical ward.
AF-405	<p>Point of Care Testing</p> <p>Point of care testing for arterial blood gases, urinalysis, glucose, ketones and pregnancy should be available. Appropriate quality assurance of equipment should be undertaken in accordance with Hospital policy.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-499	<p>IT and Record System</p> <p>IT and records systems should be available. These should be:</p> <ol style="list-style-type: none"> Linked to hospital patient administration and clinical records systems Capable of receiving electronic communication of data with the ambulance service Capable of receiving electronic communication of data from the Emergency Department Capable of collecting activity data and generating reports with appropriately coded data. 	N	'b' and 'c' were not yet met.
AF-501	<p>Admission Guidelines</p> <p>Guidelines on admission to the unit should be in use covering at least:</p> <ol style="list-style-type: none"> Admission criteria Documenting information given Alternatives to admission and process for directing elsewhere if not admitted Tracking patients expected Investigations to be done before admission Handover of clinical information 	Y	
AF-502	<p>Initial Assessment Guidelines</p> <p>Guidelines on initial assessment of patients should be in use which ensure:</p> <ol style="list-style-type: none"> Initial assessment within 30 minutes of arrival on the unit includes: <ol style="list-style-type: none"> Brief history Early warning score ECGs Pain score Prioritisation of patients according to the early warning score or clinical need 	N	Guidelines were in place but initial assessment took place within two hours rather than within 30 minutes as expected by the QS.
AF-503	<p>Resuscitation and Stabilisation Guidelines</p> <p>Clinical guidelines on resuscitation and stabilisation should be in use.</p>	Y	
AF-505	<p>Observation Guidelines</p> <p>Guidelines on monitoring should be in use which ensure all patients have a written monitoring plan stating the frequency of observations, based on the 'early warning score' assessment. The frequency of observations should be not longer than four hourly.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-506	<p>Full Assessment Guidelines</p> <p>Guidelines or a proforma should be in use which ensure full clinical assessment and initiation of a management plan are undertaken and documented by a Senior Decision-Maker within four hours of the patient's arrival in the unit. The guidelines or proforma should cover at least:</p> <ol style="list-style-type: none"> Relevant medical history, including cardiopulmonary resuscitation status Clinical examination Differential diagnosis Treatment plan Phlebotomy and radiography requests Completion of drug and intravenous fluid chart where appropriate Estimated date of discharge 	N	The Surgical Admission proforma and covered all but cardiopulmonary resuscitation status and estimated date of discharge.
AF-507	<p>Critical Care Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Triggering referral to the critical care outreach team or critical care unit Provision of level 2/3 care outside the critical care unit 	N	'a' was met but guidelines on the provision of level 2/3 care outside the critical care unit were not yet in place. The Clinical Response to NEWS Triggers did not include provision of level 2/3 care outside the critical care unit. Level 2/3 patients would be assessed by the Critical Care Outreach Team and Anaesthetist and be cared for in the Intensive Care Unit or theatre.
AF-508	<p>Transfer Guidelines</p> <p>Clinical guidelines covering direct transfer to an appropriate specialist service should be in use for, at least, each of the following services:</p> <ol style="list-style-type: none"> Vascular services Stroke services Cardiac services <p>These guidelines should cover:</p> <ol style="list-style-type: none"> Investigation and management of emergency patients Management of haemodynamically unstable patients Indications for seeking advice Indications and arrangements for emergency transfer Indications and arrangements for non-urgent referral Arrangements for transfer of cross-matched blood. 	N	'c' transfer guidelines were in draft form. See also 'further consideration' section of the report in relation to transfer pathways.

Ref	Quality Standard	Met?	Reviewer Comments
AF-509	<p>Common Presentation Guidelines</p> <p>Clinical guidelines should be in use covering assessment and management of, at least:</p> <ol style="list-style-type: none"> Infections, especially sepsis, meningitis Gastro-intestinal disorders, including GI bleeding, obstruction Venous thromboembolism, including prophylaxis, venous thrombosis and pulmonary embolism Uro-genital disease, including acute renal failure, retention of urine, painful testis, colic Pregnancy-related problems <p>Acute Surgical Units:</p> <ol style="list-style-type: none"> Limb ischaemia Pancreatitis Post-operative haemorrhage Upper abdominal pain Wound infection and dehiscence. 	N	<p>This QS was met apart from guidelines on limb ischaemia and upper abdominal pain.</p> <p>In practice there were processes in place for assessment and management of limb ischaemia.</p>
AF-511	<p>Rapid Access Specialist Investigation Guidelines</p> <p>Guidelines should be in place for referral of patients to same day / next day services, including:</p> <ol style="list-style-type: none"> Acute medicine clinic (7/7) Acute surgery clinic (7/7) Neuro-vascular assessment service (7/7) Hand clinic (5/7) (acute surgical units only) Fracture clinic (5/7) (acute surgical units only) <p>Guidelines should cover indications for referral, investigations prior to referral, information to be sent with the patient, information to be given to patients and communication with the patient's GP.</p>	N	<p>Rapid access specialist investigation guidelines were not in place although there were processes for patients to access investigations.</p>
AF-512	<p>Control of Infection Guidelines</p> <p>Guidelines on control of infection should be in use.</p>	Y	
AF-513	<p>Other Clinical Guidelines</p> <p>Clinical guidelines should be in use covering:</p> <ol style="list-style-type: none"> Sedation Antimicrobial use Pain management Management of fluids and electrolytes Management of acute confusional state Pre-operative management (acute surgical units only) 	N	<p>There were no guidelines in place for point 'a'. For point 'e' there was no evidence of a screening tool for acute confusional state.</p>

Ref	Quality Standard	Met?	Reviewer Comments
AF-515	<p>Paediatric Guidelines</p> <p>Guidelines, agreed with local paediatric services, should be in use covering:</p> <ol style="list-style-type: none"> Indications for seeking advice from paediatric services on the care of young people aged 16 to 18 Identification of the consultant (adult or paediatric) with on-going responsibility for the young person's care <p>Offering young people aged 16 to 18 years a choice of care in adult or children's services, wherever appropriate and possible</p>	N	Guidelines agreed with local paediatric services were not yet in place. On the island anyone over the age of 16 was classed as a young adult and not under the care of the paediatricians Guidelines for the admission of young people aged 16-18 onto surgical wards were in place.
AF-516	<p>Medicines Reconciliation Guidelines</p> <p>Guidelines on medicines reconciliation should be in use covering:</p> <ol style="list-style-type: none"> Responsibilities of each healthcare professional involved Written documentation of: <ol style="list-style-type: none"> Regular and acute medication prescribed by the patient's GP Allergies and, when available, the nature of the allergic reaction 'Over the counter', herbal and complementary therapies All intended changes to the patient's medication Process for identifying and correcting unintentional changes to the patient's medication 	N	Guidelines were not yet in place for 'a'. Guidelines for 'b' and 'c' were in place
AF-518	<p>Health Promotion and Disease Prevention Guidelines</p> <p>Guidelines for referral of patients to the following services should be in use:</p> <ol style="list-style-type: none"> Health promotion and disease prevention programmes, including smoking cessation, healthy eating, weight management, exercise, contraception and sexual health services, mental and emotional health and well-being and other support services for those with alcohol and substance misuse problems. Falls prevention service Community physiotherapy Social services <p>Guidelines should cover criteria and arrangements for referral and ensuring patients are given appropriate information.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-519	<p>Discharge Protocol</p> <p>A protocol on discharge from the unit should be in use covering at least:</p> <ol style="list-style-type: none"> Ensuring the discharge letter is completed at the time of decision to discharge Ensuring medication 'To Take Out' is ordered at the time of decision to discharge Use of the 'discharge area' as soon as possible after the decision to discharge Oversight of patients in the 'discharge area' including ensuring comfort, nutrition, dignity and medication for patients in the 'discharge area' 	Y	
AF-598	<p>Frail Older People Guidelines</p> <p>Guidelines on the assessment and management of frail older people should be in use covering:</p> <ol style="list-style-type: none"> Assessment for pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues Arrangements for triggering a comprehensive geriatric assessment, if required Arrangements for multi-disciplinary assessment within four hours (14 hours overnight) when appropriate Arrangements for specialist mental health assessments within 30 minutes if required Structured medication review 	N	Guidelines covering 'c' and 'e' were not yet in place. A nursing admission assessment pack covered 'a'. Referral processes were in place for 'b' and 'd'.
AF-599	<p>Care of Vulnerable Adults in Acute Hospitals</p> <p>Guidelines for the care of vulnerable adults in acute hospitals should be in use, in particular:</p> <ol style="list-style-type: none"> Identification and care of vulnerable adults (QS MC-501) Individualised care plans for adults identified as being particularly vulnerable (QS MM 502) Restraint and sedation (QS MC-504) Missing patients (QS MC-505) Mental Capacity Act and the Deprivation of Liberty Safeguards (QS MC-594) Safeguarding (QS MC-596) Information Sharing Agreement (QS MC-597) Palliative care (QS MC-598) End of life care (QS MC-599) 	Y	

Ref	Quality Standard	Met?	Reviewer Comments
AF-601	<p>Operational Policy</p> <p>The unit should have an operational policy covering, at least:</p> <ol style="list-style-type: none"> a. Arrangements for giving advice to GPs and recording the advice given. b. Admission of patients from the Emergency Department within one hour of the decision to admit. c. Achievement of expected timescales, in particular: <ol style="list-style-type: none"> i. Initial assessment by a competent healthcare practitioner within 30 minutes of the patient's arrival in the unit (QS AF-502) ii. Full clinical assessment and initiation of a management plan within four hours of the patient's arrival in the unit at the latest (QS AF-506) iii. Consultant review of all patients within 14 hours of admission and within six hours for patients admitted between 8am and 6pm d. Communication with: <ol style="list-style-type: none"> i. Patients, their carer/s and their GP ii. Services to which patients are being referred iii. Services to which patients are being transferred e. Handover of patients at each change of responsible consultant, non-consultant medical staff, nursing staff and other staff. f. Arrangements for the care of patients aged 16 to 18 years old, which should include flexible visiting and, if possible, care in a side room. g. Notification to maternity services of admission of a pregnant woman (16+ weeks gestation) with a non-obstetric problem h. System for acknowledging and reviewing pathology and imaging results i. Arrangements for liaison with social services and discharge services j. Arrangements for follow up clinics k. Process for ensuring action on the advice of the local Coroner 	N	<p>There was a ward operational manual (Blue Book for medical staff) which covered some elements of the QS. The manual did not cover 'b' 'l' 'j' or 'k'.</p> <p>'c iii', 'e', 'f' 'g' and 'h' were in place.</p> <p>In practice other elements of the QS were recorded in other documentation: - 'c iii'; Consultant review was recorded on a surgical proforma. 'c i & ii; were covered by the ward key performance indicators and audited monthly. 'd' and 'j'; Patients did receive a copy of their discharge letter and information on follow up was included in the patient information booklet.</p>
AF-603	<p>Escalation Plan</p> <p>An escalation plan to manage increased demand should be in place. This plan should include triggers and arrangements for increasing capacity.</p>	Y	
AF-604	<p>Liaison with Other Services</p> <p>Meetings at least annually to review the links with the unit and address any problems identified should be held with:</p> <ol style="list-style-type: none"> a. Emergency Department b. Ambulance services c. Mental health services d. Police e. Bereavement services 	N	<p>Meetings at least annually to review the links with the unit and address any problems identified were not yet formalised.</p> <p>Some meetings did take place with some staff – Grand Rounds, Senior Sisters meetings and strategic meetings with the Nobles Executive Team.</p>

Ref	Quality Standard	Met?	Reviewer Comments
AF-701	<p>Data Collection</p> <p>There should be regular collection of data and monitoring of:</p> <ul style="list-style-type: none"> a. Admission of patients from the Emergency Department within one hour of the decision to admit b. Initial assessment completed within 30 minutes of arrival on the unit. c. Full clinical assessment and initiation of a management plan within four hours of arrival on the unit d. Consultant review within 14 hours of admission e. Length of stay on the unit and destination on discharge f. Hospital mortality rates for all patients admitted via the unit g. Patients discharged from the unit who are re-admitted within seven days of discharge h. Submission of data to relevant national audit programmes <p>Acute Surgical Units only:</p> <ul style="list-style-type: none"> i. 'High risk' surgical patients discussed with the consultant and reviewed by a consultant surgeon within four hours if the management plan remains undefined and the patient is not responding as expected j. Operations on 'high risk' surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist k. Operations on patients with a predicted mortality of >5% where the consultant surgeon and consultant anaesthetist are present for the operation l. Discussion of all emergency surgical admissions with the responsible consultant prior to surgery and, at the latest, within 12 hours of admission m. Time from decision to operate to actual time of operation 	N	<p>Regular collection of data and monitoring was not yet in place for all areas of the QS.</p> <p>Data was collected on 'b' and 'c' though the criteria for assessment was within 2 hours.</p> <p>Some data was collected in other areas such as Theatres and clinical coding.</p>
AF-702	<p>Audit</p> <p>The services should have a rolling programme of audit of:</p> <ul style="list-style-type: none"> a. Compliance with evidence-based guidelines (QS AF-500s) b. Compliance with national standards on clinical documentation c. Review of mortality and morbidity d. 'Quality of Care for Older People with Urgent and Emergency Care Needs' ('Silver Book') Audit Standards 	N	<p>Reviewers did not see evidence of formal audit projects relating to care on the acute surgical wards. Some general audits were undertaken.</p>

Ref	Quality Standard	Met?	Reviewer Comments
AF-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from:</p> <p>a. Positive feedback, complaints, outcomes, incidents and 'near misses'</p> <p>b. Published scientific research and guidance</p>	Y	Multi-disciplinary arrangements for review and learning, were not yet in place on the acute surgical wards. Some arrangements were in place such as the patient safety forum and email bulletins of incidents to wards.
AF-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Hospital document control procedures.</p>	Y	

Return to [Index](#)

BREAST CARE

Breast Cancer MDT

Code	Measure	Met?	Reviewer Comments
13-2B-101	Core Membership	N	The MDT (Multi-Disciplinary Team) had no clinical oncologist and no cover for the medical oncologist. There was no cover for occasional absences of the pathologist.
13-2B-102	MDT Quorum	N	Attendance records were signed but not collated to determine whether the percentage of attendance for the last year was over 75%.
13-2B-103	MDT Review	N	The Hospital-wide Cancer MDT policy covered how MDTs should work in general terms but did not cover any operational details of the Breast MDT.
13-2B-104	Core Members Attendance	N	Attendance records were signed but not collated to determine whether the percentage of attendance for the last year was over 66%.
13-2B-105	Minimum Individual Workload	Y	
13-2B-106	MDT Minimum Workload	Y	
13-2B-107	Clinical Guidelines	N	NICE (National Institute for Health and Care Excellent) guidance was available but had not been localised for use by the team.
13-2B-108	Patient Pathways	N	Pathways were not complete. The two week wait pathway did not follow latest guidance in that it was still 'age-specific' rather than identifying that all patients with symptoms should be seen. The pathway did not include the parameters for seeing patients or follow up arrangements.
13-2B-109	Treatment Planning	N	The team was not yet undertaking holistic needs assessments.

Code	Measure	Met?	Reviewer Comments
13-2B-110	Attendance at the Network Group	N	Reviewers were told that the Breast Team was planning to attend the North West Cancer Network meetings.
13-2B-111	Key Worker	Y	
13-2B-112	Patient Information	Y	
13-2B-113	Permanent Record of Consultation	Y	
13-2B-114	Patient Feedback	N	A survey covering all the requirements of the measure had not yet been undertaken. There were plans to address this when the Breast Unit was fully operational. Patient questionnaires asking about the service were given to patients before the WMQRS review visit.
13-2B-115	Clinical Indicators Review / Audit	N	The team had not yet produced an annual report or reviewed data and outcome indicators as defined by the measure, for example, uptake of reconstruction, patient satisfaction post-reconstruction and pathway data. An 'infection post-breast surgery' audit had been completed.
13-2B-116	Discussion of Clinical Trials	N	The MDT did not have a local trials portfolio.

Return to [Index](#)

Breast Care (Non-Cancer)

Ref	Quality Standard	Met?	Reviewer Comments
XX-101	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ol style="list-style-type: none"> Organisation of the service, such as opening hours and clinic times Staff and facilities available How to contact the service for help and advice, including out of hours 	Y	Information for patients with benign breast conditions was available in the clinic and ward areas.

Ref	Quality Standard	Met?	Reviewer Comments
XX-102	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ol style="list-style-type: none"> Brief description of their condition and its impact Possible complications and how to prevent these Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service Possible side-effects of therapeutic and rehabilitation interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being For frail older people: Pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues Sources of further advice and information 	Y	Patients could contact the Breast Care Nurse for all breast conditions.
XX-103	<p>Care Plan</p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic and/or rehabilitation interventions Early warning signs of problems, including acute exacerbations, and what to do if these occur Planned review date and how to access a review more quickly, if necessary Who to contact with queries or for advice 	N	Care plans were not routine. 'b' and 'c' were not yet in place. Patients who met the reviewing team commented that the patient diaries were not routinely completed by staff. 'd', 'e' and 'f' were met.
XX-104	<p>Review of Care Plan</p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, six monthly. This review should involve the patient, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p>	N	Patients who met with the reviewing team said that they did not receive copies of letters. Those patients who were receiving chemotherapy were given a copy of their drug regimen. Those being discharged from the service were given advice.

Ref	Quality Standard	Met?	Reviewer Comments
XX-105	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p>	Y	
XX-106	<p>School Health Care Plan (Services caring for children and young people only)</p> <p>A School Care Plan should be agreed for each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	N/A	
XX-195	<p>Transition to Adult Services</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> The opportunity to discuss the transfer of care with paediatric and adult services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards 	N/A	
XX-196	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Return to normal activities Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns 	Y	

Ref	Quality Standard	Met?	Reviewer Comments
XX-197	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice 	N	Advocacy services were not available although some support was available from the patient safety department. All other aspects of the QS were met.
XX-198	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support 	Y	
XX-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from patients and carers about treatment and care they receive Mechanisms for involving patients and carers in decisions about the organisation of the service Examples of changes made as a result of feedback and involvement of patients and carers 	N	Examples of changes made as a result of patient feedback 'c' were not available.
XX-201	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
XX-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions Urgent review within agreed timescales <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p>	Y	
XX-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p>	N	The Breast Service did not have an overarching competence framework or training plan. The Royal College of Nursing competency package was used for some aspects of the Breast Care Nurse role.
XX-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children and/or vulnerable adults Recognising and meeting the needs of vulnerable children and/or adults Dealing with challenging behaviour, violence and aggression Mental Capacity Act and Deprivation of Liberty Safeguards Resuscitation 	N	Confirmation that all health and social care professionals working in the service should have competences appropriate to their role as per the QS were not available. The Isle of Man did not have policies covering 'd' but all other policies were in place.
XX-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	N	Clinical staff were spending time on administrative tasks.
XX-301	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
XX-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p>	Y	A dedicated Breast Unit was being built at the time of the review.
XX-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained.</p>	Y	
XX-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	Y	
XX-501	<p>Diagnosis and Assessment Guidelines</p> <p>Guidelines on diagnosis and assessment should be in use covering the usual case mix of patients referred to the service.</p>	N	NICE guidelines had not been localised to show how they would be implemented locally.
XX-502	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> Therapeutic and/or rehabilitation interventions offered by the service Monitoring and follow up 	N	Guidelines were not yet in place. Pre-assessment guidelines were available.
XX-595	<p>Transition</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering, at least:</p> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's general practitioner in planning the transfer Joint meeting between paediatric and adult services in order to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer 	N/A	
XX-596	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
XX-599	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> a. Identification of vulnerable people b. Individualised care plans for people identified as being particularly vulnerable c. Restraint and sedation d. Missing patients e. Mental Capacity Act and the Deprivation of Liberty Safeguards f. Safeguarding g. Information sharing h. Palliative care i. End of life care 	N	Guidelines covered all except 'b'. 'e' was not yet in place in the Isle of Man.
XX-601	<p>Operational Policy</p> <p>The service should have an operational policy describing the organisation of the service including, at least:</p> <ul style="list-style-type: none"> a. Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Responsibility for giving patient and carer information at each stage of the patient journey c. Arrangements for responding to patients' queries or requests for advice by the end of the next working day d. Arrangements for follow up of patients who 'do not attend' e. Arrangements for multi-disciplinary discussion of appropriate patients f. Arrangements for liaison with key support services (QS XX-301) g. Arrangements for maintenance of equipment (QS XX-402) h. Responsibilities for IT systems (QS XX-499) 	N	There was no operational policy for the service. An operational policy was in place for the Breast Care Nurses.
XX-602	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified.</p>	Y	Meetings had taken place with the palliative care service and Hospice.

Ref	Quality Standard	Met?	Reviewer Comments
XX-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> Referrals to the service, including source of appropriateness of referrals Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service Outcome of assessments and therapeutic and /or rehabilitation interventions Number of discharges from the service and type of care after discharge Key performance indicators 	N	Limited data were collected on referrals into the service, treatment and discharge but not for other aspects of the QS. Wards did collect information for the nursing dashboard.
XX-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> Evidence-based clinical guidelines (QS XX-500s) Standards of record keeping Timescales for key milestones on the patient pathway 	N	An audit programme was not yet in place
XX-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS XX-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p>	N	Some data were collected but were not reviewed with hospital management.
XX-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency 	N	Arrangements for multi-disciplinary review and learning covering all the aspects of the QS were not yet in place. Departmental meetings and teaching for staff (Grand Rounds) took place. Staff attended other hospital groups such as the patient safety forum.
XX-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	

Return to [Index](#)

GASTROINTESTINAL CARE

Colorectal Cancer Diagnostic Service and MDT

Code	Measure	Met?	Reviewer Comments
14-1D-101d	Lead Clinician of Diagnostic Service	Y	A lead clinician was in place.

Code	Measure	Met?	Reviewer Comments
14-2D-101	Core Membership	N	Only one consultant colorectal surgeon attended the MDT (Multi-disciplinary Team) meetings. A locum consultant was available but did not attend MDT meetings. Information on the job plan of the locum consultant was not available. On the day of the review visit, reviewers were told that the histopathologist did not take part in specialist external quality assurance for colorectal cancer although information supplied subsequently was that external quality assurance was in place. There was no cover for the CNS (Clinical Nurse Specialist).
14-2D-102	Core Members for Anal Cancer	N/A	
14-2D-103	MDT Quorum	Y	
14-2D-104	MDT Review	Y	
14-2D-105	Core Members Attendance	Y	
14-2D-106	Extended Membership of MDT	N	Extended members were not identified. No gastroenterologist attended the MDT. Reviewers suggested that extended members of the MDT should be identified, even if based in England.
14-2D-107	Minimal Individual Workload	N	The operative workload fell primarily on one surgeon who met the numbers for individual workload. Evidence provided showed that other surgeons operating on colorectal cancers did not meet minimum individual workload (see main report).
14-2D-108	MDT Minimum Workload	Y	
14-2D-109	Clinical Oncologist for Anal Cancer	N/A	
14-2D-110	Training in Laparoscopic Colorectal Cancer Surgery	Y	The main surgeon had been trained in advanced laparoscopic surgery and numbers of cases undertaken suggested that competence was being maintained. From the evidence provided the main surgeon was not on the cancer network approved list for laparoscopic surgery.

Code	Measure	Met?	Reviewer Comments
14-2D-111	Clinical Guidelines for Colorectal Cancer	Y	
14-2D-112	Clinical Guidelines for Anal Cancer	N/A	
14-2D-113	Patient Pathways for Colorectal Cancer	N	Pathways had been agreed but were not yet being achieved (see main report).
14-2D-114	Patient Pathways for Anal Cancer	Y	The network pathway had been agreed. Patients with suspected anal cancer were investigated and, if diagnosis confirmed, referred to the anal cancer MDT at the Clatterbridge Cancer Centre.
14-2D-115	Treatment Planning	N	Patients' details were taken to MDT meetings. The meeting observed by reviewers did not include active discussion of treatment options or consideration of holistic needs. Interaction involving all members of the MDT was not evident.
14-2D-116	Attendance at the Network Group	N	The Cheshire and Merseyside Clinical Network was no longer in operation. It was not clear if any other clinical senate/network group for colorectal cancer was in place.
14-2D-117	Key Worker	N	The CNS did not have enough time to take on the key worker role due to other workload.
14-2D-118	Patient Information	Y	
14-2D-119	Permanent Record of Consultation	N	A permanent record of the consultation at which diagnosis and treatment options were discussed was held on the Somerset system and copied to the GP but the patient did not receive a copy.
14-2D-120	Patient Feedback	N	A survey had been undertaken but there was no evidence of agreement of at least one action point resulting from the team's consideration of the findings.
14-2D-121	Clinical Indicators Review / Audit	N	Some data was collected on activity but not all the data as defined in the Cancer Measures Clinical indicators (section 2).
14-2D-122	Discussion of Clinical Trials	N	The MDT did not have a local trials portfolio.

Return to [Index](#)

Gastrointestinal Cancers

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
1	<p>What is the diagnostic journey from initial referral (screen-detected or symptomatic) through to MDT discussion?</p> <p>a. How much of the diagnostic journey happens 'on island' and how much takes place elsewhere?</p> <p>b. What are the timescales involved?</p> <p>c. How is the patient supported at this time?</p>	<p>Diagnosis took place at Noble's Hospital. See main report in relation to re-prioritisation of referrals and delays to diagnostic and treatment pathways.</p>
2	<p>Does MDT discussion of treatment options take place? Is so, where and who is involved?</p> <p>a. If MDT discussion is 'off island', how are local clinicians involved in the discussion or how is the outcome of the discussion communicated to them?</p>	<p>Patients with upper GI cancer were discussed initially at the local MDT meeting. Treatment for patients with gastric cancer took place on the Isle of Man unless radiotherapy was required. Patients with oesophageal and hepato-biliary cancers were referred to a site-specific MDT in England following local discussion.</p>
3	<p>What treatment options are available and where do these happen?</p>	<p>Radical and palliative surgery for gastric cancers took place at Noble's Hospital. Radical surgery for other oesophageal and hepato-biliary cancers took place in England. Chemotherapy was provided locally but patients travelled to England for radiotherapy and for biliary and pancreatic stenting.</p>
4	<p>Throughout the patient's journey are the arrangements for:</p> <p>a. Acute oncology and care of acutely unwell patients.</p> <p>b. Allocation of key worker.</p> <p>c. Liaison with palliative care services</p> <p>d. Communication with the patient and the patient's GP</p> <p>e. Communication between clinical staff based on the IOM and 'off island' clinicians including communication of clinical information</p> <p>f. Ongoing staff training and assurance of competence (including for medical staff seeing relatively small numbers of patients).</p> <p>g. Data collection and audit.</p>	<p>a. See main report</p> <p>b. Yes - although see main report in relation to CNS workload.</p> <p>c. Palliative care representatives attended the weekly MDT meetings.</p> <p>d. Clinic and hospital discharge letters were sent to GPs. Patients were given a patient diary although this did not appear to be used later in the patient pathway.</p> <p>e. See main report.</p> <p>f. No problems were identified to reviewers.</p> <p>g. Arrangements for data collection and audit were in place.</p>

UROLOGICAL CARE

Urology (Cancer)

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
1	<p>What is the diagnostic journey from initial referral (screen-detected or symptomatic) through to MDT discussion?</p> <p>a. How much of the diagnostic journey happens 'on island' and how much takes place elsewhere?</p> <p>b. What are the timescales involved?</p> <p>c. How is the patient supported at this time?</p>	<p>See main report (all cancer sites) in relation to re-prioritisation of 'two week wait' referrals. Diagnostic clinics were held on the island although timescales for these were not clear. See main report (urology) in relation to high pick up rate from prostate biopsies. A good haematuria clinic pathway was in place.</p>
2	<p>Does MDT discussion of treatment options take place? Is so, where and who is involved?</p> <p>a. If MDT discussion is 'off island', how are local clinicians involved in the discussion or how is the outcome of the discussion communicated to them?</p>	<p>MDT (Multi-disciplinary Team) discussion of treatment options took place for all patients through weekly video-conferencing. Good CNS (Clinical Nurse Specialist) data on MDT discussion were available and the number of patients discussed appeared appropriate. Patients for whom surgery was indicated were then seen in Liverpool. Patients for whom radiotherapy was indicated were seen by the oncologist on the Isle of Man prior to treatment in England.</p>
3	<p>What treatment options are available and where do these happen?</p>	<p>No data on treatment choices were available. Rates of take-up of different treatment options could not, therefore, be reviewed.</p>
4	<p>Throughout the patient's journey are the arrangements for:</p> <p>a. Acute oncology and care of acutely unwell patients.</p> <p>b. Allocation of key worker.</p> <p>c. Liaison with palliative care services</p> <p>d. Communication with the patient and the patient's GP</p> <p>e. Communication between clinical staff based on the IOM and 'off island' clinicians including communication of clinical information</p> <p>f. Ongoing staff training and assurance of competence (including for medical staff seeing relatively small numbers of patients).</p> <p>g. Data collection and audit.</p>	<p>a. See main report (all cancer sites).</p> <p>b. Patients were allocated a key worker.</p> <p>c. Arrangements were in place for liaison with palliative care services.</p> <p>d. There were some examples of very good communication with the patient and the patient's GP.</p> <p>e. The weekly MDT meeting enabled discussion of any Isle of Man patients.</p> <p>f. Yes</p> <p>g. The CNS collected a good range of data. Urological cancer data were due to be incorporated in the Somerset database soon after the review. Some local audits were undertaken although see main report in relation to follow up from audits.</p>

Return to [Index](#)

Urological Care (Non-Cancer)

Ref	Quality Standards	Met?	Reviewer Comments
XX-101	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ol style="list-style-type: none"> Organisation of the service, such as opening hours and clinic times Staff and facilities available How to contact the service for help and advice, including out of hours 	Y	Good information was available in generic hospital and ward booklets.
XX-102	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ol style="list-style-type: none"> Brief description of their condition and its impact Possible complications and how to prevent these Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service Possible side-effects of therapeutic and rehabilitation interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being For frail older people: Pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues Sources of further advice and information 	Y	A good range of information was available. This was easily accessible in several places.
XX-103	<p>Care Plan</p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic and/or rehabilitation interventions Early warning signs of problems, including acute exacerbations, and what to do if these occur Planned review date and how to access a review more quickly, if necessary Who to contact with queries or for advice 	Y	A patient diary was used.

Ref	Quality Standards	Met?	Reviewer Comments
XX-104	<p>Review of Care Plan</p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, six monthly. This review should involve the patient, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p>	Y	
XX-105	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p>	Y	If the CNS was not available the secretary would direct queries to an appropriate person and ensure a response. A locum doctor was always employed when either the consultant or Associate Specialist was away.
XX-106	<p>School Health Care Plan (Services caring for children and young people only)</p> <p>A School Care Plan should be agreed for each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	N/A	
XX-195	<p>Transition to Adult Services</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> The opportunity to discuss the transfer of care with paediatric and adult services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards 	N/A	
XX-196	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Return to normal activities Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns 	N	Reviewers did not see any discharge information in a format suitable for patients and carers. Post-operative advice was given to patients and documented in the patients' notes. Some information leaflets were available that covered this QS.

Ref	Quality Standards	Met?	Reviewer Comments
XX-197	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ul style="list-style-type: none"> a. Interpreter services, including British Sign Language b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. Spiritual support g. HealthWatch or equivalent organisation h. Relevant voluntary organisations providing support and advice 	Y	A lot of general information was available.
XX-198	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ul style="list-style-type: none"> a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support 	N	A carer's leaflet was available but this did not cover 'b'.
XX-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ul style="list-style-type: none"> a. Mechanisms for receiving regular feedback from patients and carers about treatment and care they receive b. Mechanisms for involving patients and carers in decisions about the organisation of the service c. Examples of changes made as a result of feedback and involvement of patients and carers 	N	a' was met. Mechanisms for involving patients and carers in decisions about the organisation of the service were not clear although lay representatives were involved with several Noble's Hospital Committees. Reviewers did not see any evidence for 'c'.
XX-201	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p>	Y	

Ref	Quality Standards	Met?	Reviewer Comments
XX-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions Urgent review within agreed timescales <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p>	N	See main report in relation to CNS staffing (concern) and sustainability of medical staffing (further consideration). Ward nurse staffing appeared sufficient and a robust process for determining ward staffing levels was in place. There was no MDT coordinator.
XX-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p>	N	Personal Development Reviews were seen by reviewers but not details of uptake of mandatory training.
XX-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children and/or vulnerable adults Recognising and meeting the needs of vulnerable children and/or adults Dealing with challenging behaviour, violence and aggression Mental Capacity Act and Deprivation of Liberty Safeguards Resuscitation 	N	Confirmation that all health and social care professionals working in the service should have competences appropriate to their role as per the QS were not available. The IoM did not have policies covering 'd' but all other policies were in place.
XX-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y	Very good secretarial support was available. Good processes for communication and for organisation of case notes were in place.

Ref	Quality Standards	Met?	Reviewer Comments
XX-301	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p>	Y	See main report (Hospital-wide section) in relation to availability of interventional radiology and MRI (magnetic resonance imaging) scanning.
XX-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p>	Y	See main report (further consideration).
XX-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained.</p>	Y	
XX-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	N	At the time of the review the QS was not met but upgrades to the Medway system and introduction of the Somerset cancer database were planned.
XX-501	<p>Diagnosis and Assessment Guidelines</p> <p>Guidelines on diagnosis and assessment should be in use covering the usual case mix of patients referred to the service.</p>	Y	
XX-502	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> a. Therapeutic and/or rehabilitation interventions offered by the service b. Monitoring and follow up 	Y	

Ref	Quality Standards	Met?	Reviewer Comments
XX-595	<p>Transition</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering, at least:</p> <ul style="list-style-type: none"> a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner in planning the transfer c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer 	N/A	
XX-596	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p>	N	Guidelines on discharge from the service were not yet in place.
XX-599	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> a. Identification of vulnerable people b. Individualised care plans for people identified as being particularly vulnerable c. Restraint and sedation d. Missing patients e. Mental Capacity Act and the Deprivation of Liberty Safeguards f. Safeguarding g. Information sharing h. Palliative care i. End of life care 	N	Guidelines covered all except 'b'. 'e' was not yet in place in the Isle of Man.

Ref	Quality Standards	Met?	Reviewer Comments
XX-601	<p>Operational Policy</p> <p>The service should have an operational policy describing the organisation of the service including, at least:</p> <ol style="list-style-type: none"> Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales Responsibility for giving patient and carer information at each stage of the patient journey Arrangements for responding to patients' queries or requests for advice by the end of the next working day Arrangements for follow up of patients who 'do not attend' Arrangements for multi-disciplinary discussion of appropriate patients Arrangements for liaison with key support services (QS XX-301) Arrangements for maintenance of equipment (QS XX-402) Responsibilities for IT systems (QS XX-499) 	N	b', 'c', 'e' and 'f' were met. Other aspects of the QS were not yet in place.
XX-602	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified.</p>	N	Though medical 'Grand Rounds' took place weekly with other surgical specialties.
XX-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> Referrals to the service, including source of appropriateness of referrals Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service Outcome of assessments and therapeutic and /or rehabilitation interventions Number of discharges from the service and type of care after discharge Key performance indicators 	N	Activity data as expected by the QS were not evident although some data were collected monthly e.g. waiting times for first appointments, Outpatient Department attendances and elective and non-elective admissions. Reviewers were told that outcome data was collected on the iHub.
XX-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> Evidence-based clinical guidelines (QS XX-500s) Standards of record keeping Timescales for key milestones on the patient pathway 	N	Some audits had been undertaken but not 'b' or 'c'. Action plans had been developed but follow up to see if these had been implemented was not evident.

Ref	Quality Standards	Met?	Reviewer Comments
XX-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS XX-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p>	N	As QS XX-701.
XX-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency 	Y	Weekly meetings were held.
XX-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	N	Some documents seen by reviewers did not have appropriate document control. Some were not dated and it was difficult to establish which was the final version.

Return to [Index](#)

EYE CARE

Ref	Quality Standard	Met?	Reviewer Comments
XX-101	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ol style="list-style-type: none"> Organisation of the service, such as opening hours and clinic times Staff and facilities available How to contact the service for help and advice, including out of hours 	Y	
XX-102	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ol style="list-style-type: none"> Brief description of their condition and its impact Possible complications and how to prevent these Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service Possible side-effects of therapeutic and rehabilitation interventions Symptoms and action to take if unwell DVLA regulations and driving advice (if applicable) Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being For frail older people: Pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues Sources of further advice and information 	N	Some patient information was available but it did not cover all aspects of the QS. The patient questionnaires seen by reviewers suggested that they did not usually receive written information about their condition. Patients and carers were sometimes just advised to look up their condition on the internet.
XX-103	<p>Care Plan</p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned therapeutic and/or rehabilitation interventions Early warning signs of problems, including acute exacerbations, and what to do if these occur Planned review date and how to access a review more quickly, if necessary Who to contact with queries or for advice 	N	Patients did not receive a copy of their clinic letter or any other written care plan. Some patients did not see a nurse, due to staffing shortages, and referral of patients with low vision to the ECLO (Eye Clinic Liaison Officer) and RNIB (Royal National Institute of Blind People) appeared variable.

Ref	Quality Standard	Met?	Reviewer Comments
XX-104	<p>Review of Care Plan</p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, six monthly. This review should involve the patient, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p>	N	<p>Patient reviews did take place but patients did not routinely receive a copy of their clinic letter. Reviewers were told that patients could request a copy of their clinic letter but it was not clear how they would know that this option was available.</p>
XX-105	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p>	N	<p>Secretaries were the identified contact point for queries and advice but this was not clear in the information for patients. Expected response times were not clear and a sample of actual response times had not yet been documented.</p>
XX-106	<p>School Health Care Plan (Services caring for children and young people only)</p> <p>A School Care Plan should be agreed for each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	N	<p>Reviewers saw no evidence of school health care plans. See also main report in relation to the care of children and young people.</p>
XX-195	<p>Transition to Adult Services</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> The opportunity to discuss the transfer of care with paediatric and adult services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards 	N	<p>Evidence of compliance was not seen by reviewers. See also main report in relation to the care of children and young people.</p>
XX-196	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Return to normal activities Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns 	Y	<p>Patient information covered discharge advice for patients. Reviewers were told of delays in the production of clinic letters so it was not clear that information on discharge was timely.</p>

Ref	Quality Standard	Met?	Reviewer Comments
XX-197	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice 	N	General support services were available but evidence from patient feedback and questionnaires was that patients and carers were not always directed to this. In particular, relationships with the low vision service (ECLO / RNIB) were not well developed and patients were not always directed to this service.
XX-198	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support 	N	As QS XX-197
XX-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from patients and carers about treatment and care they receive Mechanisms for involving patients and carers in decisions about the organisation of the service Examples of changes made as a result of feedback and involvement of patients and carers 	N	a' and 'c' were met but reviewers saw no evidence of 'b'. Patients were involved in a number of Noble's Hospital committees but these were not specific to eye care.
XX-201	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p>	Y	

Ref	Quality Standard	Met?	Reviewer Comments
XX-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions Urgent review within agreed timescales <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p>	N	See main report.
XX-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p>	Y	
XX-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children and/or vulnerable adults Recognising and meeting the needs of vulnerable children and/or adults Dealing with challenging behaviour, violence and aggression Mental Capacity Act and Deprivation of Liberty Safeguards Resuscitation 	N	Confirmation that all health and social care professionals working in the service should have competences appropriate to their role as per the QS was not available. The Isle of Man did not have policies covering 'd' but all other policies were in place.

Ref	Quality Standard	Met?	Reviewer Comments
XX-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	N	Two wte clinic secretaries were available but it was not clear that this was sufficient for the needs of the whole service. Reviewers were told of delays in the production of clinic letters. Nursing staff did not have access to administrative support and so administration impacted on time available for clinical work.
XX-301	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p>	Y	
XX-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p>	Y	The ECLO / RNIB facilities available were very good.
XX-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained.</p>	Y	
XX-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	Y	
XX-501	<p>Diagnosis and Assessment Guidelines</p> <p>Guidelines on diagnosis and assessment should be in use covering the usual case mix of patients referred to the service.</p>	Y	
XX-502	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> Therapeutic and/or rehabilitation interventions offered by the service Monitoring and follow up 	N	See main report. The team said that NICE and RCO guidance was followed but reviewers saw two examples when this was not the case.

Ref	Quality Standard	Met?	Reviewer Comments
XX-595	<p>Transition</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering, at least:</p> <ul style="list-style-type: none"> a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner in planning the transfer c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer 	N	Guidelines were not yet in place.
XX-596	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p>	N	Guidelines were not yet in place. The ratio of recall to new Orthoptist attendance was high and suggested that patients could be more actively discharged.
XX-599	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> a. Identification of vulnerable people b. Individualised care plans for people identified as being particularly vulnerable c. Restraint and sedation d. Missing patients e. Mental Capacity Act and the Deprivation of Liberty Safeguards f. Safeguarding g. Information sharing h. Palliative care i. End of life care 	N	Guidelines covered all except 'b'. 'e' was not yet in place in the Isle of Man.

Ref	Quality Standard	Met?	Reviewer Comments
XX-601	<p>Operational Policy</p> <p>The service should have an operational policy describing the organisation of the service including, at least:</p> <ol style="list-style-type: none"> Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales Responsibility for giving patient and carer information at each stage of the patient journey Arrangements for responding to patients' queries or requests for advice by the end of the next working day Arrangements for follow up of patients who 'do not attend' Arrangements for multi-disciplinary discussion of appropriate patients Arrangements for liaison with key support services (QS XX-301) Arrangements for maintenance of equipment (QS XX-402) Responsibilities for IT systems (QS XX-499) 	N	An Operational Manual was available but this did not cover all aspects of the QS. 'd' was met but problems were evident with 'a', 'b' (especially communication of care plans), 'c', 'e' and 'f' (especially communication and liaison with the ECLO / RNIB).
XX-602	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified.</p>	Y	Annual meetings took place through the Visual Impairment Partnership but these were not yet achieving effective liaison between medical staff and the ECLO / RNIB.
XX-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> Referrals to the service, including source of appropriateness of referrals Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service Outcome of assessments and therapeutic and /or rehabilitation interventions Number of discharges from the service and type of care after discharge Key performance indicators 	N	Key performance indicators were not yet defined, though the service did collect compliments and complaints, medication storage and infection control information. Data was collected on outpatient and inpatient activity 'a' and number of assessments, including those that were emergencies. Other data was not yet collected.
XX-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> Evidence-based clinical guidelines (QS XX-500s) Standards of record keeping Timescales for key milestones on the patient pathway 	N	Some audits had taken place but there was no evidence of audit of implementation of NICE guidance or of the care provided to children and young people.

Ref	Quality Standard	Met?	Reviewer Comments
XX-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS XX-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p>	N	As QS XX-701. The service had been identified to collect the hospital clinical indicator metrics.
XX-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency 	N	Multi-disciplinary arrangements for review and learning, including learning from incidents and complaints, were not yet in place. Some arrangements were in place but these were not multi-disciplinary and there was no evidence of learning from positive or negative events.
XX-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	

Return to [Index](#)

EAR, NOSE, THROAT, MAXILLO-FACIAL AND AUDIOLOGY SERVICES

Ear Nose & Throat Cancers

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
1	<p>What is the diagnostic journey from initial referral (screen-detected or symptomatic) through to MDT discussion?</p> <ol style="list-style-type: none"> How much of the diagnostic journey happens 'on island' and how much takes place elsewhere? What are the timescales involved? How is the patient supported at this time? 	See main report in relation to re-prioritisation of GP 'two week wait' referrals. Good links with the services at Aintree Hospital were in place for upper airways tract tumours. The thyroid pathway from Nobles Hospital to the UK was not clear (see main report).
2	<p>Does MDT discussion of treatment options take place? Is so, where and who is involved?</p> <ol style="list-style-type: none"> If MDT discussion is 'off island', how are local clinicians involved in the discussion or how is the outcome of the discussion communicated to them? 	MDT (Multi-disciplinary Team) discussions of treatment options took place.

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
3	What treatment options are available and where do these happen?	The Lead Clinician operated on thyroid lumps following discussion with the team at Aintree Hospital but he was not a core member of the MDT. All other surgery took place at Aintree Hospital. Radiotherapy and chemotherapy were provided at the Clatterbridge Cancer Centre.
4	Throughout the patient's journey are the arrangements for: <ol style="list-style-type: none"> a. Acute oncology and care of acutely unwell patients. b. Allocation of key worker. c. Liaison with palliative care services d. Communication with the patient and the patient's GP e. Communication between clinical staff based on the IOM and 'off island' clinicians including communication of clinical information f. Ongoing staff training and assurance of competence (including for medical staff seeing relatively small numbers of patients). g. Data collection and audit. 	<ol style="list-style-type: none"> a. See main report (all cancer sites). b. The CNS (Clinical Nurse Specialist) was the keyworker but there was no cover for absences although some support was available from the oncology/palliative care nurse. c. Liaison with palliative care services was in place. d. A form was seen but this was not completed in any of the notes seen by the reviewers. e. Yes f. Reviewers did not see evidence of ongoing staff training. g. A 'one off' thyroid audit had been undertaken but no ongoing audit programme was in place.

Return to [Index](#)

Ear, Nose & Throat and Maxillo-Facial Services

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-101	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ul style="list-style-type: none"> a. Organisation of the service, such as opening hours and clinic times b. Staff and facilities available c. How to contact the service for help and advice, including out of hours 	Y		Y	
XX-102	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ul style="list-style-type: none"> a. Brief description of their condition and its impact b. Possible complications and how to prevent these c. Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service d. Possible side-effects of therapeutic and rehabilitation interventions e. Symptoms and action to take if unwell f. DVLA regulations and driving advice (if applicable) g. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being h. For frail older people: Pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues i. Sources of further advice and information 	Y	A limited range of condition-specific leaflets was available.	Y	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-103	<p>Care Plan</p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ul style="list-style-type: none"> a. Agreed goals, including life-style goals b. Self-management c. Planned therapeutic and/or rehabilitation interventions d. Early warning signs of problems, including acute exacerbations, and what to do if these occur e. Planned review date and how to access a review more quickly, if necessary f. Who to contact with queries or for advice 	N	Notes seen by reviewers did not include agreed care plans.	N	Notes seen by reviewers did not include agreed care plans.
XX-104	<p>Review of Care Plan</p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, six monthly. This review should involve the patient, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p>	N	Formal reviews were not evident in the notes seen by the reviewers	N	Formal reviews were not evident in the notes seen by the reviewers
XX-105	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p>	Y		Y	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-106	<p>School Health Care Plan (Services caring for children and young people only)</p> <p>A School Care Plan should be agreed for each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements 	N/A		N/A	
XX-195	<p>Transition to Adult Services</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> The opportunity to discuss the transfer of care with paediatric and adult services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards 	N/A		N/A	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-196	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Return to normal activities Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns 	Y	A standard leaflet was seen but this would benefit from being updated.	Y	A standard leaflet was seen but this would benefit from being updated.
XX-197	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice 	Y		Y	
XX-198	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Services available to provide support 	N	A carer's leaflet was available but this did not cover 'b'.	N	A carer's leaflet was available but this did not cover 'b'.

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ul style="list-style-type: none"> a. Mechanisms for receiving regular feedback from patients and carers about treatment and care they receive b. Mechanisms for involving patients and carers in decisions about the organisation of the service c. Examples of changes made as a result of feedback and involvement of patients and carers 	N	Mechanisms were in place but there was no evidence of changes made as a result of feedback.	N	Mechanisms were in place but there was no evidence of changes made as a result of feedback.
XX-201	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p>	Y		Y	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-202	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions Urgent review within agreed timescales <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p>	N	See Main Report about the 1:2 consultant rota.	N	See Main Report about the 1:2 consultant rota. Reasonable patient pathway timescales were not being achieved but this was not considered due to staffing issues in the ENT (Ear, Nose and Throat) service. There was no cover for the Clinical Nurse Specialist.
XX-203	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p>	Y		Y	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-204	<p>Competences – All Health and Social Care Professionals</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ul style="list-style-type: none"> a. Safeguarding children and/or vulnerable adults b. Recognising and meeting the needs of vulnerable children and/or adults c. Dealing with challenging behaviour, violence and aggression d. Mental Capacity Act and Deprivation of Liberty Safeguards e. Resuscitation 	N	Confirmation that all health and social care professionals working in the service should have competences appropriate to their role as per the QS was not available. The Isle of Man did not have policies covering 'd' but all other policies were in place.	N	Confirmation that all health and social care professionals working in the service should have competences appropriate to their role as per the QS was not available. The Isle of Man did not have policies covering 'd' but all other policies were in place.
XX-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p>	Y		Y	
XX-301	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p>	Y		Y	
XX-401	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p>	Y		Y	
XX-402	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained.</p>	Y		Y	Some equipment ('scopes and stacker') were in need of replacement.
XX-499	<p>IT System</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	Y	Oncology patients were not yet entered on the Somerset database	Y	Oncology patients were not yet entered on the Somerset database

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-501	Diagnosis and Assessment Guidelines Guidelines on diagnosis and assessment should be in use covering the usual case mix of patients referred to the service.	Y		N	Diagnosis guidelines would benefit from review to distinguish between benign and malignant disease pathways.
XX-502	Clinical Guidelines Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least: a. Therapeutic and/or rehabilitation interventions offered by the service b. Monitoring and follow up	N	NICE guidance was used for some conditions but had not yet been localised for use on the Isle of Man.	N	NICE guidance was used for some conditions but had not yet been localised for use on the Isle of Man.
XX-595	Transition Guidelines on transition of young people from paediatric to adult services should be in use covering, at least: a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner in planning the transfer c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer	N/A		N	Transition guidelines were not yet in place.
XX-596	Discharge Guidelines Guidelines on discharge from the service should be in use.	Y		Y	

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-599	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ul style="list-style-type: none"> a. Identification of vulnerable people b. Individualised care plans for people identified as being particularly vulnerable c. Restraint and sedation d. Missing patients e. Mental Capacity Act and the Deprivation of Liberty Safeguards f. Safeguarding g. Information sharing h. Palliative care i. End of life care 	N	Guidelines covered all except 'b'. 'e' was not yet in place in the Isle of Man.	N	Guidelines covered all except 'b'. 'e' was not yet in place in the Isle of Man

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-601	<p>Operational Policy</p> <p>The service should have an operational policy describing the organisation of the service including, at least:</p> <ul style="list-style-type: none"> a. Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Responsibility for giving patient and carer information at each stage of the patient journey c. Arrangements for responding to patients' queries or requests for advice by the end of the next working day d. Arrangements for follow up of patients who 'do not attend' e. Arrangements for multi-disciplinary discussion of appropriate patients f. Arrangements for liaison with key support services (QS XX-301) g. Arrangements for maintenance of equipment (QS XX-402) h. Responsibilities for IT systems (QS XX-499) 	Y		Y	
XX-602	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified.</p>	N	Evidence of meetings with key support services were not yet in place.	N	Evidence of meetings with key support services were not yet in place. Clinicians commented that better liaison with hospital management would be beneficial.

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-701	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ul style="list-style-type: none"> a. Referrals to the service, including source of appropriateness of referrals b. Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service c. Outcome of assessments and therapeutic and /or rehabilitation interventions d. Number of discharges from the service and type of care after discharge e. Key performance indicators 	Y		N	No evidence of data collection was seen by reviewers.
XX-702	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ul style="list-style-type: none"> a. Evidence-based clinical guidelines (QS XX-500s) b. Standards of record keeping c. Timescales for key milestones on the patient pathway 	Y	A good audit programme was in place.	N	A rolling programme of audit as expected by the QS was not yet in place.
XX-703	<p>Key Performance Indicators</p> <p>Key performance indicators (QS XX-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p>	N	Key performance indicators were not yet in place.	N	Key performance indicators were not yet in place.

Ref	Quality Standards	Met?	Reviewer Comments Maxillo Facial	Met?	Reviewer Comments ENT
XX-798	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ul style="list-style-type: none"> a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency 	Y		N	Multidisciplinary review and learning was not yet in place. Staff did attend the patient safety forum.
XX-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y		Y	

Return to [Index](#)

OTHER CANCER SITES - GYNAE

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
1	<p>What is the diagnostic journey from initial referral (screen-detected or symptomatic) through to MDT discussion?</p> <p>a. How much of the diagnostic journey happens 'on island' and how much takes place elsewhere?</p> <p>b. What are the timescales involved?</p> <p>c. How is the patient supported at this time?</p>	<p>All diagnostics took place at Noble's Hospital. No MDT (Multi-disciplinary Team) discussion took place locally. All patients with cancer were referred to Liverpool Women's Hospital for MDT discussion. No CNS (Clinical Nurse Specialist) or key worker was present when the patients were told their diagnosis and reviewers were told that contact details for the CNS were not always given to patients.</p>
2	<p>Does MDT discussion of treatment options take place? Is so, where and who is involved?</p> <p>a. If MDT discussion is 'off island', how are local clinicians involved in the discussion or how is the outcome of the discussion communicated to them?</p>	<p>Isle of Man consultants were not involved in the MDT discussions but were sent a brief note of the outcome of the meeting on the Friday after the Wednesday meeting with a formal letter two to three weeks later. For stage 1 endometrial cases the team had to chase for confirmation that the patient was suitable for treatment locally.</p>
3	<p>What treatment options are available and where do these happen?</p>	<p>Surgery for stage 1, grade 1 endometrial cancer (not of adverse histological type) took place on the Isle of Man, in accordance with Liverpool Women's Hospital guidelines. All other patients with cancer were referred to the Liverpool Women's Hospital oncology service for MDT review and treatment. Chemotherapy and follow up, with some exceptions, was carried out on the Isle of Man. Patients needing radiotherapy were seen at the Clatterbridge Cancer Centre.</p>
4	<p>Throughout the patient's journey are the arrangements for:</p> <p>a. Acute oncology and care of acutely unwell patients.</p> <p>b. Allocation of key worker.</p> <p>c. Liaison with palliative care services</p> <p>d. Communication with the patient and the patient's GP</p> <p>e. Communication between clinical staff based on the IOM and 'off island' clinicians including communication of clinical information</p> <p>f. Ongoing staff training and assurance of competence (including for medical staff seeing relatively small numbers of patients).</p> <p>g. Data collection and audit.</p>	<p>a. See main report.</p> <p>b. Allocation of a key worker was not yet in place.</p> <p>c. Palliative care staff were available if required.</p> <p>d. Communication with the GP was in place. Patients did not routinely receive copies of clinic letters or other written communication.</p> <p>e. See main report about communication from the UK. Post-operative information was communicated to the GP and referring consultants were not always copied in to these letters.</p> <p>f. No problems were identified by reviewers.</p> <p>g. The team was keen to use the Somerset database but did not have sufficient administrative support for data collection and was not entering data at the time of the review.</p>

OTHER CANCER SITES - LUNG

Ref	To be discussed in relation to all cancer sites	Reviewer Comment
1	<p>What is the diagnostic journey from initial referral (screen-detected or symptomatic) through to MDT discussion?</p> <p>a. How much of the diagnostic journey happens 'on island' and how much takes place elsewhere?</p> <p>b. What are the timescales involved?</p> <p>c. How is the patient supported at this time?</p>	See main report in relation to re-prioritisation of 'two week wait' referrals. Reviewers were told of good access to endobronchial ultrasound and to PET-CT (Positron Emission Tomography) (Computerised Tomography) scanning.
2	<p>Does MDT discussion of treatment options take place? Is so, where and who is involved?</p> <p>a. If MDT discussion is 'off island', how are local clinicians involved in the discussion or how is the outcome of the discussion communicated to them?</p>	The lung cancer MDT (Multi-disciplinary Team) meeting was held weekly.
3	<p>What treatment options are available and where do these happen?</p>	Chemotherapy was provided at Noble's Hospital and radiotherapy at the Clatterbridge Cancer Centre.
4	<p>Throughout the patient's journey are the arrangements for:</p> <p>a. Acute oncology and care of acutely unwell patients.</p> <p>b. Allocation of key worker.</p> <p>c. Liaison with palliative care services</p> <p>d. Communication with the patient and the patient's GP</p> <p>e. Communication between clinical staff based on the IOM and 'off island' clinicians including communication of clinical information</p> <p>f. Ongoing staff training and assurance of competence (including for medical staff seeing relatively small numbers of patients).</p> <p>g. Data collection and audit.</p>	<p>a. See main report.</p> <p>b. Patients were allocated a key worker.</p> <p>c. The palliative care nurse provided cover for absences of the lung CNS (Clinical Nurse Specialist).</p> <p>d. GPs received copies of clinic letters. Patient information was available and offered to patients but patients did not receive a written copy of their clinic letters or treatment plan. The MDT was developing a patient feedback form with the aim of supporting service improvement.</p> <p>e. No problems were reported to reviewers.</p> <p>f. Yes, although see 'hospital-wide' section of the main report in relation to maintenance of competences for interventional radiology.</p> <p>g. An audit of time from lung cancer referral to treatment had been undertaken in November 2013. A patient feedback survey was planned for January 2015 and a re-audit of time from referral to treatment in June 2015. The MDT was also planning to submit data to LUCADA (Lung Cancer Audit Database Dataset).</p>

Return to [Index](#)

CHEMOTHERAPY

Code	Measure	Met?	Reviewer Comments
14-3S-101	Head of Service	Y	
14-3S-102	Lead Chemotherapy Nurse	Y	
14-3S-103	Named Wards and Specified Room Policy	Y	
14-3S-104	Required Facilities in Named Wards and Specified Rooms	Y	
14-3S-105	Capacity Planning	N	The service used a paper-based diary system. Pharmacy then photocopied the diary. Introduction of C-PORT (Chemotherapy Capacity Planning Tool) was being considered.
14-3S-106	The Chemotherapy Multi-professional Team	N	A structured multi-professional team as expected by the Measure was not yet in place. Terms of reference, meeting dates and notes of meetings were not evident.
14-3S-107	Multi-professional Team Representation on the Drug and Therapeutics Committee	N	No member of the chemotherapy team attended meetings of the Drug and Therapeutics Committee.
14-3S-108	Multiprofessional Team Attendance at the Network Chemotherapy Group	Y	Pharmacy representatives dialled into the network chemotherapy group meetings.
14-3S-109	Training and Assessment Policy	N	The training policy was not available to reviewers when requested during the visit or evident in the shared drive, although individual training packs were seen.
14-3S-110	Assessors of Competence	N	A list of assessors of competence for chemotherapy practice was not available. Reviewers were told that arrangements for assessment of competence by a network-approved external checker were in place.
14-3S-111	Named Areas of Competence	N	Reviewers did not see any evidence of compliance with this Measure.
14-3S-112	Training Records	Y	
14-3S-113	Workload Arrangements	Y	
14-3S-114	Out of Hours Chemotherapy	N/A	
14-3S-115	Agreed Policy and List of Treatment Algorithms	Y	
14-3S-116	Treatment Protocols	Y	
14-3S-117	Practice Guidelines and Protocols	Y	Clatterbridge Cancer Centre guidelines were used.
14-3S-118	Guidelines and Protocols for Systemic Therapy Acute Oncology Presentations	Y	Clatterbridge Cancer Centre guidelines were used.
14-3S-119	Hospital Wide Guidelines and Protocols	Y	

Code	Measure	Met?	Reviewer Comments
14-3S-120	Treatment Records Prior to a Course and Cycle	N	Reviewers were told that this was achieved through patient hand-held documents and nursing documentation but these were not evident on the day of the visit. All criteria were not recorded in the notes. The service was planning to implement the Clatterbridge Cancer Centre documentation. The use of a pre-formatted chemotherapy care-plan was discussed but had not been implemented at the time of the review.
14-3S-121	Communication to GP of Treatment Plan and Summary	Y	
14-3S-122	Computer Generated Prescriptions	N	Noble's Hospital did not have an electronic prescribing system. A business case had been prepared for implementation of electronic prescribing.
14-3S-123	Local Configuration of the Electronic Prescribing System	N	As 14-3S-122
14-3S-124	Selections of the Use of the Electronic Prescribing System	N	As 14-3S-122
14-3S-125	Validation of New Regimens or Modifications on the Electronic Prescribing System	N	As 14-3S-122
14-3S-126	Patient Identification Procedure	Y	Patient ID was verified verbally and in line with the operational policy.
14-3S-127	Checks Prior to the Prescription of the First Cycle	Y	
14-3S-128	Checks Prior to Administration	Y	
14-3S-129	Further Pre-Treatment Consultation	Y	
14-3S-130	24-hour Telephone Advice Service	Y	Arrangements were different for haematology patients (via Liverpool) and oncology (via Clatterbridge). Auditing of patient experience may be helpful.
14-3S-131	Information for Patients on Complications of Chemotherapy	Y	
14-3S-132	Consent Form	Y	
14-3S-133	Patient Experience Exercise	Y	
14-3S-134	The Chemotherapy Dataset	N	This was being achieved in part. Full implementation of the Somerset database was in progress at the time of the review visit.
14-3S-135	Recording of Deviation from the Network Agreed Treatment Algorithms	Y	

Code	Measure	Met?	Reviewer Comments
14-3S-136	Error Recording and Reporting	N	The Prism incident reporting system was available but there was no evidence of agreement of actions with a relevant clinical governance body. Annual reporting of errors and agreed actions was not evident.

Return to [Index](#)

ONCOLOGY PHARMACY

Code	Measure	Met?	Reviewer Comments
14-3S-201	Service Leadership	Y	Pharmacy services were well integrated with cancer services.
14-3S-202	Aseptic Preparation Audit	Y	Audits had been undertaken and good action plans were in place.
14-3S-203	Vinca Alkaloid Policy (1) - Minibags	Y	
14-3S-204	Vinca Alkaloid Policy (2) - Dilutions for Paediatric Use	N/A	
14-3S-205	Waiver to the National Guidance on Vinca Alkaloid Dilution in Syringes	N/A	

Return to [Index](#)