Quality and Governance Framework for Cancer in NOSCAN

Aim

In recent months there has been two significant guidance and direction given by the Scottish Government Health Department in respect to the delivery and governance of cancer services, these include:

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

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

Actions

Before taking forward with individual boards requirements set out in the aforementioned governance documents, the NOSCAN RCAF would request that Chief Executives and Medical Directors consider this framework and agree to offer support to its implementation.

Background

The National Cancer Quality Framework CEL 06 (2012) has set out guidance for the governance and quality assurance arrangements for cancer patients in Scotland. Boards and Regional Cancer Networks have clear governance requirements, for collecting, reporting and developing action plans in relation to the cancer Quality Performance Indicators (QPI’s).

For the common cancers, data sets have, or are being developed by the clinical community across Scotland. These are being implemented after a period of national consultation.
The Board and Regional requirements can be summarised as follows:

**Board Requirement**

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

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

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

Healthcare Improvement Scotland Role.

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

Background

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

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

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

This position is directly linked the following new requirements:

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

Regional consultation would also provide opportunities to consider as well as potentially develop effective shared solutions when it is considered of mutual benefit.

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

Development of Disease Specific MCN’s across the North of Scotland

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

**Core Principles**

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

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

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

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

5. Each MCN will be responsible for developing and maintaining a Clinical Management Guideline (CMG) and associated protocols in accordance with CEL 30 (2012) and report progress in the yearly report as well as implications of Scottish Medicines Consortium decision on services provision.

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

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

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

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

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

**Links with Boards**

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

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

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

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

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

**Leadership Development & Support**

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

2. Boards will look to ensure that sufficient resource is made available across the North of Scotland to adequately support the resource implications of this initiative as this will be essential for the ongoing success of a nationally mandated governance program.
Figure 1: Performance Review, Work-plans and Governance

**Within Health Boards**

- **Operational Management.** Assist in developing work-plans & implementation
- **MDT** Generate Deliver Work Plans
- **Clinical Governance Oversight**

**Within Region (Actioned Yearly)**

- **Board** Approve all work-plans Monitor work-plans
- **MCN** Review and compare. Generate yearly reports & work-plans
- **RCAF** Approve yearly reports monitor work-plan implementation

**Nationally (Actioned 3 Yearly)**

- **ISD** 3 yearly Comparative Reports
- **National Specialist** Produce Reports and agree work plans
- **Healthcare Improvement Scotland & Cancer Task Force** Monitor

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

Within Health Boards

Operational Management
Assist in developing work-plans & implementation

MDT
Generate Deliver Work Plans

Clinical Governance
Oversight

Board
Approve all work-plans
Monitor work-plans

Within Region
(Actioned Yearly)

RCAF
Approve yearly reports monitor work-plans

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

Nationally
(Actioned 3 Yearly)

ISD
3 yearly Comparative Reports

National Specialist
Produce Reports & agree work plans

Healthcare Improvement Scotland & Cancer Task Force
Monitor

Yearly report/narrative
3 Yearly report/narrative