

## BOARD OF DIRECTORS MEETING

Agenda Item	P1-087-18	Date: 25 <sup>th</sup> July 2018
Subject /title	Haemato-Oncology Integration: 1 Year On Review	
Author	Elizabeth Furmedge (General Manager H-O) and Kathryn Graham (PMO)	
Responsible Director	Barney Schofield, Director of Operations and Transformation	
Executive summary and key issues for discussion		
<p>It is now just over 12 months since the regional specialist Haemato-oncology service transferred into CCC. The attached presentation summarises lessons and reflections one year on from one of the most important milestones in the history of CCC (and a major Transforming Cancer Care programme milestone). The overriding conclusion is that the integration has been a great success, however there are key lessons to be learned as the Trust moves forward with the next phases of the creation of a single Haemato-oncology service model in North Mersey.</p> <p>The patient and staff stories at the Board will also be from the Haemato-oncology service, to further illustrate the clinical service to the Board.</p>		
Strategic context and background papers (if relevant)		
<p>The creation of a single Haemato-oncology service in North Mersey, integrating haemato-oncology with solid tumour specialist cancer care, is a major transformation programme within the auspices of Transforming Cancer Care.</p>		
Recommended Resolution		
<p>The Board resolves:</p> <ul style="list-style-type: none"><li>To NOTE the attached presentation</li></ul>		
Risk and assurance		
<p>No changes to the current risk rating in the BAF</p>		
Link to CQC Regulations		
<p>Contributes significantly</p>		
Resource Implications		
<p>No direct resource implications of this paper</p>		
Key communication points (internal and external)		
<p>Successful integration with lessons to be learned for the next phase – consideration needs to be given to internal and external communications opportunities.</p>		
Freedom of Information Status		

<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td style="text-align: center;">X</td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td></td> <td><b>C. This whole document is exempt under FOI</b></td> </tr> </table> <p><b>IMPORTANT:</b></p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	X	<b>A. This document is for full publication</b>		<b>B. This document includes FOI exempt information</b>		<b>C. This whole document is exempt under FOI</b>
X	<b>A. This document is for full publication</b>						
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### Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		x

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

### Next steps

### Appendices

### Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	x

### Link to the NHS Constitution

<b>Patients</b>		<b>Staff</b>	
Access to health care		Working environment Flexible opportunities, healthy and	x

		safe working conditions, staff support	
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	x
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	x
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

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25 July 2018

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# Haemato-Oncology Service Integration 1 Year Review

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# Integration Celebration



The Haemato-Oncology service successfully transferred from RLBUHT to CCC on 1 July 2017.

Staff attended a celebration event at The Cavern, Liverpool as a thank you for their hard work and support leading up to the service integration

# Objectives

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- Good practice to review a strategic quality improvement after 12 months
- Remind ourselves of the purpose and goals of the quality improvement
- Listen to the patient and staff views and take into account
- Congratulate the staff on what has been achieved and support the next steps in this quality improvement



# Background

- The Healthy Liverpool Programme, and the development of the new Clatterbridge Cancer Centre (CCC) in Liverpool, provided the clinical case for change to integrate blood cancer specialist services from the Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT) to within the solid tumour specialist service at CCC
- The overwhelming consensus from clinicians was that the current Haemato-Oncology (H-O) service was fragmented and isolated from solid tumour oncology, resulting in missed opportunities for clinical collaboration and research. This was unsustainable given the radical developments in the understanding of blood cancers, emerging clinical trials and improvements required in diagnosis, treatment and patient experience
- The integration of the service into CCC was a huge success and resulted in securing additional funding to redesign the new Clatterbridge Cancer Centre Liverpool to accommodate the complex needs of H-O patients
- The improvement programme also required strong collaborative working between CCC and RLBUHT
- Twelve workstreams (including HR, finance, governance, and business intelligence) were developed with membership from each trust to assist the project team in the delivery of the service transfer. Each workstream developed individual project plans which included activity/milestones to demonstrate a series of measurable outcomes

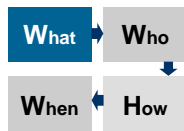
# Background

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**During the implementation of this project there were several key challenges, including:**

- Separating non-malignant and general haematology services from H-O, ensuring there was no destabilisation of any of the services
- Managing the service which remains hosted at RLBUHT until CCC Liverpool opens in 2020
- Separation of activity data as the CCC H-O service remains on the RLBUHT patient information systems until 2020 for clinical safety reasons
- Developing a new pharmacy model due to complex licensing and legal requirements
- Unlocking the potential for wider system change by releasing vital acute capacity including inpatient beds within the new RLBUHT
- Establishing the foundation from which H-O services could transform from the current confederated model into the 'hub and spoke' approach that CCC successfully operates to offer patients local access to the most specialist expertise across Merseyside and Cheshire, including offering a chemotherapy treatment at home service.
- Enabling every patient, regardless of cancer type, to benefit from equity of access to support services including holistic therapies, clinical therapies, psychological counselling, emotional and peer support, and financial advice.
- Creating a bespoke care environment solely focused on cancer care and protected from the intense pressures of a major acute hospital.





# Value criteria and metrics: H-O

PRELIMINARY



## COMPONENTS OF VALUE

## CRITERIA/OBJECTIVES

## INDICATIVE METRICS

### Outcomes

#### Clinical

##### Clinical service objectives:

- Dedicated, integrated cancer service with "critical mass" of expertise, to drive:
  - Reduced variation in clinical practice (by increasing consistency of, and adherence to, standards)
  - Footprint reconfiguration (initially city-wide; ultimately fully networked)
  - Improved reputation of Liverpool health system
  - Coordinated education across the clinical pathway

##### Patient outcomes:

- Faster diagnosis and staging
- Improved mgmt of consequences of treatment
- Increased specialist management in H-O
- Increased direct access for patients to clinical trials
- Improved survival rates (*long term-impact*)

- Audit against agreed network treatment algorithm
- % diagnoses carried out within 28 days
- Survival rates (1- and 5-year)
- # accruals to clinical trials as a % of patients treated
- Average # of days to definitive diagnosis

- Average # days to definitive staging
- Average # days to start of treatment plan
- Reduced new to follow-up rates
- % referrals which are appropriate for 2 week referral

#### Patient experience

- More pathways delivered through ambulatory / day case / community care settings
- Improved patient experience of planned care
- Improved patient experience of non-elective care
- Improved late effects care
- Improved supportive care
- Improved provision of holistic care
- Integrated TYA centre

- Results of CPES (*targeting upper quartile*)
- Results of national chemotherapy survey
- Results of PROMs (*if available for H-O*)
- % patients with access to all elements of the Recovery Package
- % patient episodes dealt with in ambulatory / day case / community settings
- # outliers
- # of non-elective admissions directly admitted to a dedicated oncology assessment unit (as a % of non-elective admissions)

#### Safety / quality

- 7-day working
- Meeting expected clinical and patient experience standards

- # near misses in chemotherapy
- # appointments cancelled due to hospital (within six weeks)
- Compliance with national peer review measures
- % episodes meeting expected standard (1 hour) for door-to-needle times
- Results of Friends & Family staff survey
- % staff time on joint rotas
- % medical / nursing staff attending joint education / training sessions
- TBD on metric(s) for 7-day working*

#### Financial

- Financial sustainability of H-O service in Liverpool
- Efficiency savings / economies of scale

- Financial sustainability into the future
- £ reinvested from efficiencies (e.g. from reduced pharmacy duplication; reduced length of stay)

### Resources

#### Revenue costs

- No recurring / revenue costs required of CCG

- £ recurring / revenue costs required of commissioners – expected vs actual

#### Capital costs

- One off capital expense for CCG in FY2015/16

- £ capex costs required of commissioners – expected vs actual

#### Non-financial

- No non-financial resources required of CCG

- Non-financial resources required of commissioners – expected vs actual

# In the past 12 months...

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## **What could have been better – lessons learned for Phase II / III:**

- Errors with payroll provider regarding tax codes and first payment caused difficulties in the first 2 months
- Mandatory training data collection and delivery
- Lack of access to Business Intelligence data / dashboards
- RLBUHT – engagement with some of the support services provided
- CCC – lack of visibility/presence from other CCC staff and services
- Functioning as a remote site continues to pose challenges until 2020
- Some H-O patient written information remains in RLBUHT format
- IM&T strategy
- Matron / Ward Manager engagement – improving with new Director of Nursing and Quality focus

# Achievements ...

- Clinical Quality Improvements via Integration
- Clinical Integration into CCC forward planning and strategy – better longer term outcomes
- 73 clinical trials contracts novated and H-O trials encompassed from day one
- Developed business cases to mitigate quality risks to be considered by Finance & Business Development Sub-Committee, July 2018:
  - ✓ additional beds within 'old' Royal to reduce outliers
  - ✓ additional clinical staff because of the additional acute leukaemia patients transferred from Aintree University Hospital
- Successful development and initial roll-out of Meditech E-Prescribe
- Patient experience system and standards integrated capturing patient experience and complaints processes.

# In the next 12 months...

## **The NHS England Specialised Commissioners and System leaders support**

The proposed strategic quality improvements for the Haemato-Oncology service progress to public engagement:

- Phase II – Integrate Aintree University Hospital H-O service during 2019 subject to public consultation and funding
- Phase III – Integrate Southport & Ormskirk H-O service in the short to medium term (Consultant staff will TUPE during 2019 due to SLA with AUH) subject to public consultation and funding
- Develop a new model of working in pathways and develop the business case to integrate the Aintree University Hospital service.
- Continue clinical integration – align clinical model to CCC / day case / chemo delivery including Clatterbridge in the Community treatments for patients to receive care at home or in their workplace
- Application for HSJ Award for 'Acute or Specialist Service Redesign' submitted to celebrate the successful integration of H-O into CCC
- Develop and publish the clinical goals for success as part of the integrated performance report

# And beyond...

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## **The Haemato-Oncology directorate will:**

- Integrate AUH and S&O H-O services into CCC
- Remain fully engaged in the Clinical Interface project and development of the clinical wider SLA between CCC and RLBUHT
- Coordinate nursing 'staff swap' sessions to assist with integration prior to CCC-L opening in 2020

# Conclusion

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## Overall Conclusion and Recommendation

- Successful service integration
- Clinical integration has had early wins and a solid platform for greater wins
- Operational integration has had early wins, high risks being addressed
- Patients and staff experience has retained a high satisfaction
- Strategic quality improvements broadly in line with original timeline, Trust Board to fully consider from quarter two