

Systemic Anti-Cancer Therapy Delivery

June 2017 – National External Review

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Introduction

The treatment of cancer with medicines is commonly referred to as Systemic Anti-Cancer Therapy (SACT). Outcomes for patients following SACT are improving, but side effects are more common than with most medicines, and there is a higher risk of serious and potentially life-threatening complications.

There is a further risk in situations where part of the cancer treatment involves intrathecal administration (injection into the fluid around the spinal cord). At least 55 incidents are known to have occurred around the world (including the UK) where the anti-cancer medicine, vincristine, was given intrathecally instead of into the vein. This resulted in paralysis and, in almost all cases, was followed by death.

It is, therefore, important that systems are in place to support the provision of high quality care and ensure that the risk of complications is minimised as far as possible for all patients receiving SACT. This includes having specific measures in place to prevent the wrong medicine being given intrathecally.

These risks are recognised by the Scottish Government and it supports NHSScotland to maintain a high standard of care through two Chief Executive Letters:

- Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy (SACT) CEL 30 (2012), which:
 - promotes the safe delivery of SACT in all care settings, including patients' own homes
 - provides guidance for safe practice in the prescribing, preparation, administration and disposal of SACT, and
 - requires NHS boards to be able to demonstrate compliance in discharging their clinical governance responsibilities by ensuring implementation and monitoring of the guidance.
- Safe administration of intrathecal cytotoxic chemotherapy CEL 21 (2009), which:
 - provides specific guidance for safe systems and practice, and
 - requires the implementation of the guidance to be monitored by an NHS board designated lead reporting to the Chief Executive as part of their clinical governance procedures in compliance.

The guidance and standards apply to the delivery of treatment for children, young people and adults in all care settings.

Governance framework for Systemic Anti-Cancer Therapy services

In support of the implementation of CEL 30 (2012) and CEL 21 (2009), Healthcare Improvement Scotland convened a multidisciplinary expert group to develop a governance framework and a national audit tool which details the standards that require to be met in order to achieve compliance. This framework and audit tool was issued to NHS boards in March 2013.

The framework presents the process that NHS boards must follow when undertaking mandatory audit of their SACT services for children, young people and adults. The three regional cancer networks, which are collaboratives involving all NHS boards in that region, have been tasked with supporting their constituent NHS boards in undertaking the required audits and overseeing the process. Each regional cancer network has a key steering group, known as the Regional Cancer Advisory Group (RCAG), or a Regional Cancer Advisory

Forum in the case of the North of Scotland Cancer Network (NOSCAN), which is responsible for leading on this work¹.

For children and young people under 25, services in Scotland are co-ordinated by the Managed Service Network for Children and Young People with Cancer which has its own governance structure and reports to the Cabinet Secretary. The Managed Service Network was not established at the time of the implementation of the governance framework. However, at the time of reporting, the Managed Service Network was in place to support NHS boards in the delivery of cancer services to children and young people.

There are a number of key stages of the governance framework.

- **Self-assessment** - NHS boards undertake self-assessment of all their SACT services using the national audit tool to identify areas of non-compliance. An NHS board-level exception report should then be produced to address areas of non-compliance.
- **Peer review** - All NHS boards are peer reviewed every 3 years through intra-regional assessment. These peer reviews are organised by the regional cancer networks and include external peer reviewers from other regional cancer networks to support independent audit of compliance with CEL 30 (2012). The findings of these reviews inform NHS board-level and regional action plans for improvement which should be submitted to the appropriate RCAG for consideration.
- **Expert review group** - NHS board-level exception reports and action plans for improvement are submitted to the expert review group. This group is hosted by Healthcare Improvement Scotland, with representation from medical, nursing, pharmacy and management staff from each of the three regional cancer networks, plus patient representatives and data experts. The expert review group then produces a report detailing areas of outstanding non-compliance, progress with implementing the required remedial actions and areas of good practice. This report is published and presented to the Scottish Cancer Taskforce for consideration.
- **Improvement support** - Following the expert review, Healthcare Improvement Scotland works collaboratively with the regional cancer networks and NHS boards, where required, to encourage and support continuous improvement.

The governance framework and audit tool can be found on our website at:

www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/systemic_anti-cancer_therapy.aspx

This report presents an overview of progress in NHSScotland with the implementation of national standards to support the safe delivery of SACT and compliance with the associated governance framework. The report also contains a number of recommendations, detailed in Appendix 1. The report will be sent to NHS boards and the Chairs of the RCAGs, on behalf of the regional cancer networks, and presented to the Scottish Cancer Taskforce for consideration.

We would like to extend our thanks to the NHS boards and the regional cancer networks for their timely submission of evidence, provision of supplementary information and attendance of representatives at the expert review group meetings.

The report is available on the Healthcare Improvement Scotland website

http://www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/SACT_national_review.aspx

¹For the purposes of the report, the term RCAG will be used throughout the remainder of the report when referring to any of the key steering groups of the regional cancer networks.

Overview of the expert review process

SACT services are provided throughout Scotland. Each NHS board is responsible for delivery of these services in their sites. Between 2013 and 2016, the NHS boards completed self-assessments and the regional cancer networks co-ordinated intra-regional peer reviews in line with the governance framework. The NHS boards and individual sites considered in the expert review, and the corresponding regional cancer networks, are detailed in Appendix 2. An expert review group, detailed in Appendix 3, was convened by Healthcare Improvement Scotland in 2016, with representation from the three regional cancer networks and the Managed Service Network for Children and Young People with Cancer.

To support the expert group in assessing the progress made by NHS boards in implementing CEL 30 (2012), Healthcare Improvement Scotland requested that the regional cancer networks co-ordinated the submission of key evidence on behalf of their constituent NHS boards. This included:

- position statements
- intra-regional assessment reports for all sites, and
- NHS board and regional action plans for improvement.

All of this evidence provided the foundation of the review. The information was analysed and summarised by Healthcare Improvement Scotland's clinical and quality assurance teams. Throughout the process of data gathering and the expert review meetings, representatives from the regional cancer networks were able to respond directly to questions raised about their areas as well as allowing them to share practice. Representatives from the Managed Service Network for Children and Young People with Cancer provided a national perspective on the provision of children and young people's SACT services in Scotland.

This report reflects the information that the NHS boards provided to Healthcare Improvement Scotland, co-ordinated by the regional cancer networks, before and during the expert review. It also details the recommendations made by the group.

Key messages

The expert review group was able to identify the progress made by NHS boards in implementing the guidance. The commitment of the service to critical analysis, evaluation and service improvement was clearly demonstrated. The review also demonstrated that NHS boards and regional cancer networks have systems in place to support the safe delivery of SACT services.

- Regional cancer networks and NHS boards have fulfilled their responsibilities for SACT services, in line with the governance framework. NHS boards with responsibility for SACT services have completed the required audits of SACT services, with the exception of children and young people's SACT services within Raigmore Hospital, which was expected to be completed early in 2017. Healthcare Improvement Scotland requested an update on progress prior to finalisation of the report but this was not provided.
- Where the standards have not been met, the regional representatives gave reassurance that safety for individual patients was not compromised. For some standards, partial or non-compliance was related to issues such as inconsistent or incomplete documentation in case records and availability of documentation and data to demonstrate compliance with the standards. (See Standards 6 and 11)
- The review process has had a significant positive impact on shared learning, collaborative working within and across regional cancer networks, supporting patient safety and future development of the SACT governance framework. (See Standards 2, 10 and 12)

- The availability of accessible, approved guidelines and protocols improves efficiency and demonstrates that robust governance arrangements are in place for prescribing SACT. Urgent work is required of NOSCAN and its constituent NHS boards in meeting this requirement. (See Standard 2)
- Some standards, for example the development of SACT protocols, are time and labour intensive and require clinicians to take time away from direct patient care. The increasingly rapid pace of change in treatments further increases the requirement for regular review and updating of protocols. Cross-regional collaboration would be beneficial going forward and the expert review group has made a specific recommendation for a shared approach to SACT protocols. (See Standard 2)
- The expert review group noted that electronic prescribing is fully implemented in adult SACT services and recognised the improved safety for patients and the benefits to NHS boards in streamlining SACT prescribing. The group was concerned, however, with the potential risks associated with the partial implementation in children and young people's services, resulting in a system combining paper and electronic systems. The group welcomed, and strongly endorsed, the objective of the Managed Service Network for Children and Young People with Cancer to progress a national approach for the implementation of electronic prescribing of SACT across NHSScotland as a high priority. In the interim, it is important that those NHS boards who have combined electronic and paper prescribing systems have risk management plans in place to mitigate against potential risks to patient safety. (See Standard 5)
- All NHS boards are fully compliant with the intrathecal standard. This reflects the significant effort made by those providing SACT services and the commitment to ensuring the safety of this procedure. (See Standard 9)
- The expert review group noted that there may be benefit in standardising the approach to consent across NHSScotland. The group recommends that the Scottish Cancer Taskforce considers commissioning a national review of current practice and any learning from the regional cancer networks and NHS England on the consent process for SACT. (See Standard 3)
- More needs to be done to share learning in relation to SACT adverse events at a national level. Healthcare Improvement Scotland will convene a meeting with representation from SACT services to identify approaches to support national shared learning. (See Standard 7)
- The expert review group noted the significant benefits of shared learning from deaths during SACT to inform clinical decision-making and recommends that the Scottish Cancer Taskforce considers how 30-day mortality could be collated and reviewed nationally for NHSScotland. (See Standard 10)

Next steps

The expert review group expects that the RCAGs of each regional cancer network and their constituent NHS boards, through their SACT clinical leads, address outstanding gaps in compliance against the standards and implement the recommendations. Healthcare Improvement Scotland will request a report on progress after the publication of this report.

There are also national recommendations for Healthcare Improvement Scotland and the Scottish Cancer Taskforce to consider. The Scottish Cancer Taskforce is asked to consider the points raised by the expert review group and any specific feedback provided by the regional cancer networks in response to this report. The context for the recommendations listed in Appendix 1 is detailed in the report findings.

In line with the recommendation of the expert review group, Healthcare Improvement Scotland will undertake a lessons learned review of the governance framework, audit tool and audit processes to identify the most appropriate approach to ongoing assurance of

SACT services. Stakeholders' views will be sought to ensure any future review is fit for purpose and achieves the appropriate level of assurance.

Following the lessons learned review, Healthcare Improvement Scotland will provide revised tools, guidance and associated timescales for completion of any future audits to support ongoing assurance of SACT services.

Ongoing governance arrangements for Systemic Anti-Cancer Therapy services

Until revised guidance is provided by Healthcare Improvement Scotland, all three regional cancer networks and NHS boards will continue to progress all outstanding actions and take forward recommendations from this report.

The regional cancer networks and NHS boards have arrangements in place at a regional and local level to ensure the ongoing monitoring of compliance with CEL 30 (2012) and have demonstrated ongoing commitment to future reporting:

- In NOSCAN, all the mainland NHS boards have established SACT governance arrangements, and have nominated SACT clinical leads. Within these existing NHS board structures there are arrangements (and nominated individuals) for delivering, improving and maintaining compliance in partnership with the multiple satellite SACT sites across NOSCAN. SACT will remain a standing item on the Regional Cancer Advisory Forum for the purposes of reporting progress and regional scrutiny.
- Within the South East Scotland Cancer Network (SCAN), ongoing monitoring of action plans and audit results will be carried out through the Chemotherapy Advisory Group. This group will report to the Regional Cancer Planning Group and the RCAG on a quarterly basis to provide information on outstanding actions and improvement plans.
- Within the West of Scotland Cancer Network (WoSCAN), ongoing quality assurance and governance of SACT services will be provided by NHS boards' local clinical governance and SACT groups. Action plans created following the initial audit visits will continue to be monitored by the Regional SACT Executive Steering Group.

Future intra-regional audits of cancer services for children and young people will require involvement of the Managed Service Network for Children and Young People with Cancer, the regional cancer networks and NHS boards.

Healthcare Improvement Scotland will continue to engage with stakeholders to ensure the governance framework and review processes are refreshed. This includes ensuring that the SACT audit tool takes full account of the differences in approach to the provision of SACT services for children and young people with cancer.

Our findings

Compliance with the governance framework for Systemic Anti-Cancer Therapy services

Regional cancer networks and NHS boards have fulfilled their responsibilities for SACT services in line with the governance framework. NHS boards with responsibility for SACT services have completed the required audits of SACT services, with the exception of children and young people's SACT services within Raigmore Hospital, which was expected to be completed early in 2017. Healthcare Improvement Scotland requested an update on progress prior to finalisation of the report but this was not provided.

Not all standards are fully met, but where there are areas that need to be addressed, NHS boards have action plans in place to make the necessary improvements. Where the standards have not been met, regional representatives gave assurance that safety for individual patients was not compromised. For some standards, partial and non-compliance was related to issues with documentation in case records and availability of data to demonstrate compliance with the standards.

Standard 1: The NHS Board has identified a lead clinician for SACT services (a consultant oncologist or haematologist) and documented their roles and responsibilities. They are supported by a senior pharmacist and a senior nurse.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • Minutes from NHS Board Clinical Governance Committee (or equivalent) which names the responsible individuals • Reporting structure • Lead clinician's job description including details of roles and responsibilities • Co-operative governance arrangement where lead clinician is outside the NHS board area
Findings	<ul style="list-style-type: none"> • All NHS boards, with the exception of NHS Grampian, are fully compliant with this measure. • Representatives from NOSCAN reported that NHS Grampian has identified a lead clinician but work is still in progress to finalise a job plan for this individual. Healthcare Improvement Scotland requested an update on progress prior to finalisation of the report but this was not provided.
Recommendations	<p>1.1 NHS Grampian to finalise the job plan for the SACT lead clinician as soon as possible.</p> <p>1.2 As part of the next revision of CEL 30 (2012), the Scottish Cancer Taskforce should consider whether a children and young people's lead clinician is required to support each NHS board's SACT lead clinician.</p>
Good practice	<ul style="list-style-type: none"> • The standard does not require children and young people's services to have a lead clinician. However, NHS Lothian, NHS Greater Glasgow and Clyde and NHS Grampian have each appointed a children and young people's SACT lead to support their NHS board SACT leads. It was noted by representatives that this was of significant benefit to help ensure the specific needs of children and young people are met. • NHS Grampian has co-operative governance arrangements with NHS Shetland and NHS Orkney. This includes the provision of SACT clinical leadership and support for the safe delivery of SACT closer to home in these island boards.

<p>Standard 2: There are clinical management guidelines (CMGs), SACT protocols and associated supportive treatment guidelines (STGs) in place which are in line with CEL 30 (2012) and are readily available to all clinical staff involved in the delivery of SACT.</p>	
<p>Evidence required from NHS boards to show compliance</p>	<ul style="list-style-type: none"> • Accessibility to all clinical staff of: <ul style="list-style-type: none"> - CMGs - SACT protocols <ul style="list-style-type: none"> ○ Cross section sample of SACT protocols comply with the framework outlined in Appendix 1 of CEL 30 (2012) - Supportive treatment guidelines <ul style="list-style-type: none"> ○ STGs comply with the minimum list of guidelines outlined in Appendix 5 CEL 30 (2012) - Protocols for the management of complications of SACT, in particular, neutropenic sepsis, are accessible to all relevant staff across the NHS board area e.g. Acute Assessment Units • System in place for development, approval and review of the above, including document control • Availability of contingency plan when system failure e.g. computer system failure
<p>Findings – adult SACT services</p>	<ul style="list-style-type: none"> • All NHS boards in SCAN and WoSCAN are compliant with the requirements of this standard. • Within NOSCAN, none of the NHS boards have all the required clinical management guidelines (CMGs), SACT protocols and associated supportive treatment guidelines (STGs) in place. • Representatives from NOSCAN advised that significant protected time and input from clinicians is required to develop these protocols and guidelines and this has impacted on the ability to make progress. • NOSCAN has adapted CMGs already developed by SCAN and WoSCAN where possible. • The expert review group was advised that 70 SACT protocols were expected by December 2016 while all the required CMGs are expected to be in place by June 2017. The expert review group was informed that all the information necessary is available to clinicians but not in a central place or standard format as required by the standard. • As part of the process for finalising this report, Healthcare Improvement Scotland requested an update from NOSCAN representatives about the development of the required SACT protocols, CMGs and STGs. However, it was unclear what, if any, progress has been made and whether the original timescales have been revised. Healthcare Improvement Scotland, therefore, requires that NOSCAN provides an action plan addressing these concerns within 6 weeks of the publication of this report. This action plan should include a clear description of the governance processes within NOSCAN and the NHS boards to ensure compliance with this standard. • The availability of accessible, approved guidelines and protocols improves efficiency and demonstrates that robust governance arrangements are in place for prescribing SACT, and urgent work is required within the NHS boards not yet meeting this requirement.

	<ul style="list-style-type: none"> • The expert review group noted that there is duplication of effort across the three regional cancer networks in developing the required SACT protocols. • It was agreed it would be useful to have a national template for the development of SACT protocols, with scope for local variation to be reflected, to help minimise duplication of effort and support the sharing of protocols across the regional cancer networks. • The regional cancer network managers agreed to take this forward in collaboration with key stakeholders. • The NHS boards in NOSCAN do not have contingency plans in place for computer system failure. Representatives from NOSCAN noted that WoSCAN has shared a contingency plan from one of its NHS boards. • The expert review group welcomed this and encouraged NHS boards in NOSCAN to examine this to support early implementation of suitable contingency plans. • It was also noted that the contingency plan for NHS Dumfries & Galloway is currently under review.
<p>Recommendations</p>	<p>2.1 NOSCAN to provide an action plan which details how the development of the required SACT protocols, CMGs and STGs is being taken forward. This action plan should include a clear description of the governance processes within NOSCAN and the NHS boards to ensure compliance with this standard.</p> <p>2.2 The regional cancer networks, through the regional managers, to take forward the development of an agreed national template for SACT protocols, in collaboration with key stakeholders, for use within all the cancer regions.</p> <p>2.3 All NHS boards within NOSCAN to implement a suitable contingency plan in case of computer system failure.</p> <p>2.4 NHS Dumfries & Galloway to complete the implementation of its revised contingency plan.</p>
<p>Findings – children and young people’s SACT services</p>	<ul style="list-style-type: none"> • The Managed Service Network for Children and Young People with Cancer informed the group that nationally (UK) agreed CMGs, SACT protocols from clinical trials and/or Children’s Cancer & Leukaemia Group guidelines are available. • The Managed Service Network advised that, since the review, gaps have been identified. However, a plan has been put in place to produce national supportive care guidelines and SACT protocols for all patients. • NHS Tayside and NHS Grampian do not have a formally documented governance process for local approval of these guidelines. The local teams, however, are able to describe the process. • While it was confirmed by representatives from the cancer regions during the review that there are no concerns around the clinical management of individual patients, the Managed Service Network reported that many of these national protocols and guidelines are awaiting local approval within the relevant NHS boards in the North region. • NHS boards remain accountable for the final approval of national protocols and guidelines, but the process for local approval across Scotland could be streamlined. • It was agreed that Healthcare Improvement Scotland would explore

	<p>whether this could be taken forward through the Area Drug and Therapeutics Committee (ADTC) Collaborative with support from the Managed Service Network for Children and Young People with Cancer.</p>
Recommendations	<p>2.5 NHS Grampian and NHS Tayside to formally document the governance process for approval of SACT protocols and guidelines.</p> <p>2.6 Healthcare Improvement Scotland, via the ADTC Collaborative, to work with the Managed Service Network for Children and Young People with Cancer to streamline the process for local approval of SACT national guidelines.</p> <p>2.7 The Managed Service Network for Children and Young People with Cancer to provide a progress update on the development of national supportive care guidelines and SACT protocols for all patients.</p>
Good practice	<ul style="list-style-type: none"> • The visits to the children and young people’s services across NHSScotland demonstrated that taking a national approach, through the Managed Service Network, to develop all clinical guidance and protocols was helpful to ensure consistency of practice. • WoSCAN has shared contingency plans with NOSCAN to support the development of local computer system failure contingency plans in the North region. Cross-regional sharing of contingency plans minimises duplication of effort and demonstrates shared learning across NHSScotland.

Standard 3: The decision to initiate a new course of SACT is taken by a consultant oncologist/haematologist and the patient has provided written informed consent to receive SACT.

Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • NHS board policy for consent to receive SACT • Availability of standardised documentation for consent to treatment • Completion of individual patient record review questions 1-8 (see Appendix 1 of SACT Governance Tool) for 6 patients by cross-section review to include 4 oncology and 2 haematology patients
Findings – adult SACT services	<ul style="list-style-type: none"> • All NHS boards within SCAN and NOSCAN are compliant with this standard. • Three NHS boards within WoSCAN (NHS Ayrshire & Arran, NHS Forth Valley and NHS Greater Glasgow and Clyde) are not fully compliant with this standard for adult SACT services. Representatives from WoSCAN provided assurance that the decision to proceed with treatment is documented and written consent is routinely completed. This area of non-compliance relates to the audit team being unable to access the relevant documents at the time of audit to confirm compliance. • To improve accessibility of information, a new SACT day case booklet to capture all the required information in one file, is currently being piloted in NHS Greater Glasgow and Clyde. It will be shared across the network to help ensure the required information is readily accessible. An electronic version of the booklet may be developed in the future.

	<ul style="list-style-type: none"> The expert review group noted that there may be benefit in standardising the approach to consent across NHSScotland. The group recommends that the Scottish Cancer Taskforce considers commissioning a national review of current practice and any learning from the regional cancer networks and NHS England on the consent process for SACT.
Findings – children and young people’s SACT services	<ul style="list-style-type: none"> All services, excluding NHS Grampian, are fully compliant with this standard. Patients treated in clinical trials, and their parents or carers, should sign both a clinical trials consent form and the SACT-specific NHS board consent form. Representatives from NOSCAN noted that only the clinical trials consent form was being completed for children and young people in NHS Grampian and confirmed that the completion of both consent forms will be implemented imminently to ensure full compliance with the standard.
Recommendations	<p>3.1 WoSCAN to provide a progress report on improving accessibility to confirmation of consent.</p> <p>3.2 NHS Greater Glasgow and Clyde to provide a progress report on the implementation and evaluation of the SACT day case booklet following the pilot to facilitate shared learning across NHSScotland.</p> <p>3.3 The Scottish Cancer Taskforce to consider commissioning a national review of current practice and any learning from networks and NHS England on the consent for SACT.</p> <p>3.4 NHS Grampian to confirm that, for children and young adults participating in a clinical trial, a SACT-specific consent form is also completed as part of the consent process.</p>

Standard 4: The performance status of the patient is documented.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> Completion of individual patient record review question 9 (see Appendix 1 of SACT Governance Framework and Audit Tool) for 6 patients by cross-section review to include 4 oncology and 2 haematology patients
Findings - adult SACT services	<ul style="list-style-type: none"> All NHS boards are compliant with this standard for adult SACT services.
Findings – children and young people’s SACT services	<ul style="list-style-type: none"> All NHS boards are compliant with this standard for children and young people’s SACT services. A different scale is used to assess the performance status of children and young people receiving treatment. Any future revision of the SACT audit tool needs to take account of the differences in approach to the provision of SACT services for this patient group.
Recommendation	<p>4.1 Healthcare Improvement Scotland to ensure that any future revision of the governance framework should involve the Managed Service Network for Children and Young People with Cancer to ensure that it meets the requirements of this patient group.</p>
Good practice	<ul style="list-style-type: none"> Compliance with this standard in adult SACT services has been

	assisted by the current version of the electronic prescribing system for SACT. This includes a mandatory field which requires performance status to be recorded before the SACT prescription can be completed.
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Standard 5: SACT is prescribed, verified, prepared and administered correctly.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • SACT prescribing policy • List of practitioners appropriately qualified and trained to prescribe SACT (medical and non-medical prescribers) is available to all staff • Local policy/protocol for key pharmaceutical checks (see CEL 30 (2012) Appendix 3) • Completion of individual patient record review question 10 (see Appendix 1 of the SACT Governance Framework and Audit Tool) for 6 patients by cross-section review to include 4 oncology and 2 haematology patients in accordance with local identified policy and protocols • Procedures for the safe dispensing and release of SACT from a pharmacy controlled facility • Aseptic facility has undergone external audit within the last 2 years and an action plan is in place to achieve full compliance with standards where relevant • Policies/procedures for SACT administration (including oral) • Areas used for SACT administration are safe and appropriate
Findings – adult SACT services	<ul style="list-style-type: none"> • All NHS boards within SCAN are compliant with this standard. • In NOSCAN, NHS Grampian, NHS Orkney, NHS Tayside and NHS Shetland are not fully compliant. These NHS boards are developing policies and procedures for SACT prescribing and administration. The network reported that these documents would be available in NHS Tayside by end November 2016 and NHS Grampian, NHS Orkney and NHS Shetland by March 2017. Healthcare Improvement Scotland requested an update on progress prior to finalisation of the report but this was not provided. • These NHS boards are also in the process of completing a list of appropriately qualified and trained practitioners. Representatives from NOSCAN assured the group that while these documents have not yet been finalised, agreed processes and procedures are in place. • Within NHS Tayside, the areas where SACT is administered to patients at Ninewells Hospital was reported as non-compliant. Representatives from NOSCAN reported that NHS Tayside has taken a number of steps to mitigate risk within current constraints until redesign and refurbishment is approved and completed. • Within WoSCAN, Inverclyde Royal Hospital is progressing the development of a local inpatient standard operating procedure for cancer care pharmacist verification with a target completion date of April 2017.
Recommendations	<p>5.1 NHS Tayside, NHS Grampian, NHS Orkney and NHS Shetland to complete outstanding actions relating to the formalisation of policies and procedures for SACT prescribing and administration in order to be fully compliant with this standard.</p> <p>5.2 NHS Tayside to provide an update on the planned redesign and refurbishment of Ninewells Hospital SACT administration</p>

	<p>areas.</p> <p>5.3 NHS Greater Glasgow and Clyde to complete the required outstanding action regarding the development of the local inpatient standard operating procedure for cancer care pharmacist verification within Inverclyde Royal Hospital.</p>
<p>Findings – children and young people’s SACT services</p>	<ul style="list-style-type: none"> • NHS Lothian (the NHS board within SCAN responsible for children and young people’s SACT services) is compliant with this standard. • In adult SACT services, electronic prescribing of SACT is fully implemented. Representatives from the Managed Service Network for Children and Young People with Cancer informed the review group that there is still a mix of paper and electronic prescribing across and within sites providing children and young people’s SACT services, including NHS Lothian. • Within WoSCAN, electronic prescribing is in use in the Royal Hospital for Children in NHS Greater Glasgow and Clyde, but not fully implemented for all required protocols. It was expected that over the next 18–24 months, all current treatment protocols and guidelines will be entered into the electronic prescribing system. However, this will require protected time to allow input from pharmacy, medical and nursing staff. • A training document is in place covering all aspects of staff training in relation to the procedures for the safe dispensing and release of SACT from a pharmacy-controlled facility. However, this document and the departmental work instructions are being updated following the relocation of SACT services to the Royal Hospital for Children. It was reported that this work is scheduled to be completed by April 2017. • Within NOSCAN, electronic prescribing is not yet in use for children and young people with cancer in NHS Tayside. NHS Tayside is also formalising the required policies for prescribing and administering SACT to children and young people. • Representatives from the Managed Service Network for Children and Young People with Cancer noted that there are significant potential risks associated with the current approach to SACT prescribing. It has been recognised that the use of an electronic prescribing system helps to minimise some of these risks, particularly in this group of patients where the SACT regimens can be varied, highly complex and provided in a number of different treatment sites. • Electronic prescribing for children and young people’s services has been implemented to varying degrees across Scotland but the Managed Service Network is seeking to implement a national system. This system would support safe prescribing, avoid duplicate data entry and promote standardised data collection. The Managed Service Network has secured funding to support the implementation of the system and is in the process of establishing a programme board to take this work forward. • The expert review group was concerned about the potentially significant patient safety risks associated with SACT being prescribed using a combination of paper and electronic methods. This situation has arisen as electronic prescribing is not fully implemented in all areas due to the resources needed. The expert review group, therefore, strongly endorsed the position of the Managed Service Network in developing a national electronic

	<p>system to support safe prescribing and urged a rapid resolution. This will improve the safety of SACT delivery for the children and young people of Scotland.</p>
Recommendations	<p>5.4 NHS Greater Glasgow and Clyde to provide an update on progress with electronic prescribing implementation in the Royal Hospital for Children.</p> <p>5.5 NHS Greater Glasgow and Clyde to complete outstanding actions relating to the updating of staff training and departmental work instructions for the safe dispensing and release of SACT in the Royal Hospital for Children.</p> <p>5.6 NHS Lothian and NHS Greater Glasgow and Clyde must demonstrate they have risk management plans in place during the period of time that they continue to run dual prescribing systems.</p> <p>5.7 NHS Tayside to complete formalisation of policies for prescribing and administering SACT to children and young people.</p> <p>5.8 The Scottish Cancer Taskforce is asked to note that the expert review group strongly endorsed the objective of the Managed Service Network for Children and Young People with Cancer to progress a national approach to the implementation of electronic prescribing of SACT across NHSScotland as a matter of urgency.</p>
Good practice	<ul style="list-style-type: none"> • NHS Highland has undertaken a major re-design of the structures and processes required to support its multiple adult SACT satellite sites. This has delivered improvements across a number of areas including the SACT prescribing, verification and patient assessment, including the introduction of digital consent. • NHS Grampian has rolled out the SACT electronic prescribing system to NHS Orkney and NHS Shetland, improving the communication and safety for adult SACT services delivered in remote and rural areas. • Within NHS Grampian, Dr Gray’s Hospital has introduced a nurse-led local service, with the nursing team all working to advanced practitioner level.

Standard 6: The patient is assessed for adverse effects at appropriate intervals using a recognised toxicity grading system, and adverse effects are being managed.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • Completion of individual patient record review question 11 (see Appendix 1 of the SACT Governance Framework and Audit Tool) for 6 patients by cross-section review to include 4 oncology and 2 haematology patients
Findings – adult SACT services	<ul style="list-style-type: none"> • All NHS boards in SCAN are compliant with this standard. • All NHS boards in NOSCAN, with the exception of NHS Tayside, are also compliant with the standard. In NHS Tayside, it was reported that patients are appropriately assessed for adverse effects, but further work is required to ensure that haematology patients who are receiving oral SACT treatments are assessed using a recognised toxicity grading checklist. The expert review group noted the importance of a system to confirm that a

	<p>comprehensive and consistent assessment of patients' toxicity is completed and recorded.</p> <ul style="list-style-type: none"> • Within WoSCAN, NHS Forth Valley and NHS Greater Glasgow and Clyde are not fully compliant with this standard. Representatives from WoSCAN noted that adverse effects are being routinely assessed, but not consistently documented, for all patients in NHS Forth Valley and NHS Greater Glasgow and Clyde. However, it was noted that this will be addressed through the use of the SACT day case booklet which is currently being piloted in NHS Greater Glasgow and Clyde (Recommendation 3.2). In the interim, NHS Forth Valley has communicated with all prescribing staff to highlight the need to improve recording and grading of toxicities.
Recommendation	6.1 NHS Tayside to ensure haematology patients receiving oral SACT are assessed for adverse effects using a toxicity grading system.
Findings – children and young people's SACT services	<ul style="list-style-type: none"> • All NHS boards are compliant with this standard, except NHS Greater Glasgow and Clyde. While patients are being assessed for adverse effects, a recognised toxicity grading checklist is not used by the Royal Hospital for Children in NHS Greater Glasgow and Clyde. • It was noted by representatives from the Managed Service Network for Children and Young People with Cancer that a standard grading checklist is available and the expert review group encouraged NHS Greater Glasgow and Clyde to implement the use of this checklist.
Recommendation	6.2 NHS Greater Glasgow and Clyde to implement a recognised grading system to assess toxicity in SACT patients within the Royal Hospital for Children.

Standard 7: All clinical incidents relating to SACT of avoidable harm and near miss events are documented, reviewed and learning shared.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • NHS board incident management policy and investigation process; • System (s) for: <ul style="list-style-type: none"> - Documenting and reviewing clinical incidents of avoidable harm and near miss events - Documenting actions taken/changes made as a result of incident reports • Clinical Governance Committee review of clinical incidents. • Local/regional/national shared learning
Findings – adult SACT services	<ul style="list-style-type: none"> • All NHS boards in SCAN and WoSCAN are compliant with the requirements of this standard. • Within NOSCAN, NHS Highland is not fully compliant and NHS Western Isles is not compliant. • Within NHS Highland, all sites have systems in place to document clinical incidents. However, there is a lack of capacity to regularly extract reports, investigate further and then present to review meetings. • Representatives from NOSCAN reported that a quality manager post is likely to be advertised early in the financial year 2017–2018. It is expected that this postholder will support the process of

	<p>collating, investigating and correcting quality issues.</p> <ul style="list-style-type: none"> • NOSCAN is considering developing a regional risk system which would include adverse events relating to SACT. • The expert review group acknowledged the work that is ongoing and reiterated that NHS Highland needs to ensure that resource is in place to review and record actions in response to adverse events. • Representatives from all three regional cancer networks noted challenges in sharing learning across Scotland in relation to SACT adverse events. It was, therefore, proposed that Healthcare Improvement Scotland would facilitate a meeting, with representatives from SACT services, to identify approaches to support shared learning.
Recommendations	<p>7.1 NHS Highland to ensure that resource is available to support the review and recording of actions in response to adverse events.</p> <p>7.2 Healthcare Improvement Scotland to facilitate a meeting with representation from SACT services to identify approaches for supporting national shared learning.</p>
Findings – children and young people’s SACT services	<ul style="list-style-type: none"> • All NHS boards are compliant with this standard for children and young people’s SACT services.
Good practice	<ul style="list-style-type: none"> • All NHS boards within SCAN have formalised sharing of clinical incidents for adults across the region through the Cancer Therapeutics Advisory Committee. • Within WoSCAN, NHS Lanarkshire has implemented a monthly learning log across all sites which is circulated to staff following the review of adverse events.

Standard 8: Administration of intravenous SACT includes techniques to minimise risk of extravasation and procedures for management of the suspected or actual extravasation.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • Extravasation policies/procedures for: <ul style="list-style-type: none"> - Prevention - Treatment - Follow-up management • Review: <ul style="list-style-type: none"> - An extravasation event identified on an incident reporting system - Examine the relevant patient’s record for: <ol style="list-style-type: none"> i. Appropriate documentation of the incident along with a completed clinical incident report ii. Evidence of communication with the patient’s GP - Collated reports and learning
Findings	<ul style="list-style-type: none"> • All NHS boards are compliant with this standard for adult and children and young people’s services.

Standard 9: Intrathecal cytotoxic chemotherapy is administered safely.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • Intrathecal register held by the Chief Executive and copies held by the designated lead for the NHS board, Medical Director, Director of Pharmacy and Director of Nursing • Review 2 intrathecal prescriptions • Check that all personnel involved with the process are listed on the intrathecal register i.e. prescriber, pharmacist, personnel issuing, receiving and administering the intrathecal.
Findings	<ul style="list-style-type: none"> • All NHS boards are compliant with this standard for adult and children and young people's services.

Standard 10: Death within 30 days is reported and reviewed.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> • Procedures/protocols for documenting, reporting and reviewing all deaths occurring within 30 days of SACT administration • Minutes of clinical governance meetings where reports are discussed
Findings – adult SACT services	<ul style="list-style-type: none"> • All NHS boards in SCAN are compliant with this standard. • In NOSCAN, NHS Highland is not fully compliant and NHS Western Isles is not compliant with this standard. • Representatives from NOSCAN reported that limited staffing resources in NHS Highland are impacting on the progress required to ensure compliance. Due to consultant staffing issues, clinicians are not always available to attend 30-day mortality review meetings. While representatives assured the expert review group that all deaths are discussed, the expert review group recommended that sufficient resource needs to be in place to support regular reviews. In NHS Western Isles, it was noted that procedures and protocols need to be put in place to support the reporting and review of death within 30 days. • In WoSCAN, it was noted that NHS Greater Glasgow and Clyde is not fully compliant. It was reported that processes are in place for recording and reviewing information relating to this standard for adult SACT services. However, work is underway to develop a standardised approach across all sites in the NHS board. It is expected that this will be implemented early 2017. • It was further noted by the expert review group that Public Health England published 30-day mortality and benchmarking data in autumn 2016. The expert review group suggested that it would be useful to consider how similar data could be collated and reviewed nationally for NHSScotland.
Recommendations	<p>10.1 NHS Highland to ensure sufficient resources are in place to support the 30-day mortality review process.</p> <p>10.2 NHS Western Isles to implement a system to ensure that death within 30 days is formally reviewed and documented.</p> <p>10.3 The Scottish Cancer Taskforce to consider how data on 30-day mortality following SACT could be collated and considered nationally for NHSScotland.</p>

Findings – children and young people’s SACT services	<ul style="list-style-type: none"> All NHS boards are fully compliant with this standard for children and young people’s SACT services.
Good practice	<ul style="list-style-type: none"> The Managed Service Network for Children and Young People with Cancer holds national morbidity and mortality meetings to share learning from deaths within 30 days of SACT.

Standard 11: All staff have the appropriate skills, knowledge and training.	
Evidence required from NHS boards to show compliance	<ul style="list-style-type: none"> Education and training programme (see CEL 30 (2012) 1.2.3) including competencies and methods of assessments Cross section of staff training records to ensure practice remains up to date and relevant (i.e. select from medical, pharmacy and nursing) and review <ul style="list-style-type: none"> Details of training received, specialist clinical updates etc Competency assessments if appropriate
Findings – adult SACT services	<ul style="list-style-type: none"> The expert review group was assured by representatives of the three networks that staff delivering SACT services are competent to do so. All NHS boards in SCAN are compliant with this standard. Within the other two regional cancer networks, a number of issues were highlighted with NHS boards being unable to provide documentary evidence of this competency. It was noted that NHS Grampian, NHS Tayside and NHS Highland are not fully compliant with this standard for adult SACT provision in NOSCAN. Representatives from NOSCAN assured the group that it is mainly due to a lack of documentation of staff training. The expert review group was told that actions are underway to ensure full compliance for adult SACT services within NHS Ayrshire & Arran, NHS Forth Valley, NHS Lanarkshire and NHS Greater Glasgow and Clyde. All regional cancer networks are working in collaboration with NHS Education for Scotland to formalise education and training for clinical pharmacists and this will be rolled out across Scotland when finalised. Members of the expert review group noted that while there are education and training frameworks in place for nursing staff and work is underway to formalise programmes for pharmacists, there are no formal training or accreditation programmes available in Scotland for trainee and staff grade doctors delivering SACT. The group, therefore, recommended that all SACT lead clinicians should ensure that there are systems in place which provide specific reassurance that medical staff at trainee and staff grade level have the appropriate skills, knowledge and training required.
Recommendation	11.1 All NHS board SACT lead clinicians should ensure that there are systems in place which provide specific reassurance that medical staff at trainee and staff grade level have the appropriate skills, knowledge and training required.
Findings – children and young people’s SACT	<ul style="list-style-type: none"> NHS Lothian (the NHS board within SCAN responsible for children and young people’s SACT services) is compliant with this standard. Representatives from NOSCAN reported concern about the future

<p>services</p>	<p>sustainability of the current paediatric pharmacy service in NHS Grampian due to challenges in recruiting to pharmacy posts and availability of staff to undertake training and education. The expert review group noted this concern and encouraged NHS Grampian to implement appropriate actions to address these issues.</p> <ul style="list-style-type: none"> • NHS Greater Glasgow and Clyde has an outstanding action for the training of pharmacy dispensary staff following relocation of services to the Royal Hospital for Children. This training is being rolled out and is expected to be completed by April 2017.
<p>Recommendations</p>	<p>11.2 NHS Grampian to take appropriate action to ensure sustainability of the paediatric clinical pharmacy service.</p> <p>11.3 NHS Greater Glasgow and Clyde to complete outstanding action for the training of pharmacy dispensary staff following relocation of services to the Royal Hospital for Children. This training is being rolled out and is expected to be completed by April 2017.</p>

<p>Standard 12: Delivery of SACT outwith Cancer Centres/Units is compliant with CEL 30 (2012).</p>	
<p>Evidence required from NHS boards to show compliance</p>	<ul style="list-style-type: none"> • A shared care framework for delivery of SACT out with the cancer centre/unit which has been developed and approved by the NHS Board and Clinical Governance Committee
<p>Findings – adult SACT services</p>	<ul style="list-style-type: none"> • All NHS boards in NOSCAN are compliant with this standard. • Within SCAN and WoSCAN, there is an outstanding issue. It was reported that NHS Lothian and NHS Greater Glasgow and Clyde need to finalise a policy for patient self-administration of subcutaneous chemotherapy at home in order to be fully compliant with this standard. Representatives from NOSCAN agreed to share their policy with these two NHS boards for information.
<p>Recommendation</p>	<p>12.1 NHS Greater Glasgow and Clyde and NHS Lothian to formalise their policies for patient self-administration of subcutaneous chemotherapy at home for adult SACT services.</p>
<p>Findings – children and young people’s SACT services</p>	<ul style="list-style-type: none"> • All NHS boards are compliant with this standard for children and young people’s SACT services.
<p>Good practice</p>	<ul style="list-style-type: none"> • Good progress has been made by NHS Grampian in formalising its co-operative governance arrangements and support structures with NHS Shetland, NHS Orkney and Dr Gray’s Hospital. The external review teams commented in most of the visits to satellite units on the quality of the nurse lead services and the commitment to delivering safe services.

Appendix 1 – National and regional recommendations

The review group found that there were a number of recommendations for the SACT community within NHSScotland. Regional cancer network leads should consider these recommendations within their local clinical community.

Some of the recommendations relate to the national clinical group who developed the SACT standards and the associated targets. The national SACT group should consider the points raised by the review group and consider any specific feedback provided by the regional cancer network leads. The context for the recommendations listed below is detailed in the report.

Some of the recommendations made during the review were particular to specific NHS boards and regional cancer networks. The responsible regional SACT network leads should consider these recommendations within their local clinical community.

Standard 1: The NHS board had identified a Lead Clinician for SACT services (a consultant oncologist or haematologist) and documented their roles and responsibilities. They are supported by senior pharmacists and a senior nurse.

The review group recommends:

- 1.1 NHS Grampian to finalise the job plan for the SACT lead clinician as soon as possible.
- 1.2 As part of the next revision of CEL 30 (2012), the Scottish Cancer Taskforce should consider whether a children and young people's lead clinician is required to support each NHS board's SACT lead clinician.

Standard 2: There are clinical management guidelines (CMGs), SACT protocols and associated supportive treatment guidelines (STGs) in place which are in line with CEL 30 (2012) and are readily available to all clinical staff involved in the delivery of SACT.

The review group recommends:

- 2.1 NOSCAN to provide an action plan which details how the development of the required SACT protocols, CMGs and STGs is being taken forward. This action plan should include a clear description of the governance processes within NOSCAN and the NHS boards to ensure compliance with this standard.
- 2.2 The regional cancer networks, through the regional managers, to take forward the development of an agreed national template for SACT protocols, in collaboration with key stakeholders, for use within all the cancer regions.
- 2.3 All NHS boards within NOSCAN to implement a suitable contingency plan in case of computer system failure.
- 2.4 NHS Dumfries & Galloway to complete the implementation of its revised contingency plan.
- 2.5 NHS Grampian and NHS Tayside to formally document the governance process for approval of SACT protocols and guidelines.

2.6 Healthcare Improvement Scotland, via the ADTC Collaborative, to work with the Managed Service Network for Children and Young People with Cancer to streamline the process for local approval of SACT national guidelines.

2.7 The Managed Service Network for Children and Young People with Cancer to provide a progress update on the development of national supportive care guidelines and SACT protocols for all patients.

Standard 3: The decision to initiate a new course of SACT is taken by a consultant oncologist / haematologist and the patient has provided written informed consent to receive SACT.

The review group recommends:

3.1 WoSCAN to provide a progress report on improving accessibility to confirmation of consent.

3.2 NHS Greater Glasgow and Clyde to provide a progress report on the implementation and evaluation of the SACT day case booklet following the pilot to facilitate shared learning across NHSScotland.

3.3 The Scottish Cancer Taskforce to consider commissioning a national review of current practice and any learning from networks and NHS England on the consent for SACT.

3.4 NHS Grampian to confirm that, for children and young adults participating in a clinical trial, a SACT-specific consent form is also completed as part of the consent process.

Standard 4: The performance status of the patient is documented.

The review group recommends:

4.1 Healthcare Improvement Scotland to ensure that any future revision of the governance framework should involve the Managed Service Network for Children and Young People with Cancer to ensure that it meets the requirements of this patient group.

Standard 5: SACT is prescribed, verified, prepared and administered correctly.

The review group recommends:

5.1 NHS Tayside, NHS Grampian, NHS Orkney and NHS Shetland to complete outstanding actions relating to the formalisation of policies and procedures for SACT prescribing and administration in order to be fully compliant with this standard.

5.2 NHS Tayside to provide an update on the planned redesign and refurbishment of Ninewells Hospital SACT administration areas.

5.3 NHS Greater Glasgow and Clyde to complete the required outstanding action regarding the development of the local inpatient standard operating procedure

for cancer care pharmacist verification within Inverclyde Royal Hospital.
5.4 NHS Greater Glasgow and Clyde to provide an update on progress with electronic prescribing implementation in the Royal Hospital for Children.
5.5 NHS Greater Glasgow and Clyde to complete outstanding actions relating to the updating of staff training and departmental work instructions for the safe dispensing and release of SACT in the Royal Hospital for Children.
5.6 NHS Lothian and NHS Greater Glasgow and Clyde must demonstrate they have risk management plans in place during the period of time that they continue to run dual prescribing systems.
5.7 NHS Tayside to complete formalisation of policies for prescribing and administering SACT to children and young people.
5.8 The Scottish Cancer Taskforce is asked to note that the expert review group strongly endorsed the objective of the Managed Service Network for Children and Young People with Cancer to progress a national approach to the implementation of electronic prescribing of SACT across NHSScotland as a matter of urgency.

Standard 6: The patient is assessed for adverse effects at appropriate intervals using a recognised toxicity grading system, and adverse effects are being managed.

The review group recommends:

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| 6.1 NHS Tayside to ensure haematology patients receiving oral SACT are assessed for adverse effects using a toxicity grading system. |
| 6.2 NHS Greater Glasgow and Clyde to implement a recognised grading system to assess toxicity in SACT patients within the Royal Hospital for Children. |

Standard 7: All clinical incidents relating to SACT of avoidable harm and near miss events are documented, reviewed and learning shared.

The review group recommends:

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| 7.1 NHS Highland to ensure that resource is available to support the review and recording of actions in response to adverse events. |
| 7.2 Healthcare Improvement Scotland to facilitate a meeting with representation from SACT services to identify approaches for supporting national shared learning. |

Standard 10: Death within 30 days is reported and reviewed.

The review group recommends:

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| 10.1 NHS Highland to ensure sufficient resources are in place to support the 30-day mortality review process. |
|---|

10.2 NHS Western Isles to implement a system to ensure that death within 30 days is formally reviewed and documented.

10.3 The Scottish Cancer Taskforce to consider how data on 30-day mortality following SACT could be collated and considered nationally for NHSScotland.

Standard 11: All staff have the appropriate skills, knowledge and training.

The review group recommends:

11.1 All NHS board SACT lead clinicians should ensure that there are systems in place which provide specific reassurance that medical staff at trainee and staff grade level have the appropriate skills, knowledge and training required.

11.2 NHS Grampian to take appropriate action to ensure sustainability of the paediatric clinical pharmacy service.

11.3 NHS Greater Glasgow and Clyde to complete outstanding action for the training of pharmacy dispensary staff following relocation of services to the Royal Hospital for Children. This training is being rolled out and is expected to be completed by April 2017.

Standard 12: Delivery of SACT outwith Cancer Centres/Units is compliant with CEL 30 (2012).

The review group recommends:

12.1 NHS Greater Glasgow and Clyde and NHS Lothian to formalise their policies for patient self-administration of subcutaneous chemotherapy at home for adult SACT services.

Appendix 2 – Regional cancer networks and sites reviewed

Where an NHS board has more than one hospital providing cancer services, these have been listed below the NHS board.

North of Scotland Cancer Network (NOSCAN)	
NHS Grampian <ul style="list-style-type: none"> • Aberdeen Royal Infirmary • Dr Gray's Hospital • Royal Aberdeen Children's Hospital 	NHS Highland <ul style="list-style-type: none"> • Belford Hospital • Broadford Hospital • Caithness Hospital • Lochgilphead Community Hospital • Lorn & Islands Hospital • Raigmore Hospital
NHS Tayside <ul style="list-style-type: none"> • Ninewells Hospital • Perth Royal Infirmary • Tayside Children's Hospital 	NHS Western Isles <ul style="list-style-type: none"> • Western Isles Hospital
NHS Orkney <ul style="list-style-type: none"> • Balfour Hospital 	NHS Shetland <ul style="list-style-type: none"> • Gilbert Bain Hospital
East Scotland Cancer Network (SCAN)	
NHS Borders <ul style="list-style-type: none"> • Borders General Hospital 	NHS Dumfries & Galloway <ul style="list-style-type: none"> • Dumfries & Galloway Royal Infirmary • Galloway Community Hospital
NHS Fife <ul style="list-style-type: none"> • Queen Margaret Hospital • Victoria Hospital 	NHS Lothian <ul style="list-style-type: none"> • Royal Hospital for Sick Children • St John's Hospital • Western General Hospital
West of Scotland Cancer Network (WoSCAN)	
NHS Ayrshire & Arran <ul style="list-style-type: none"> • University Hospital Ayr • University Hospital Crosshouse 	NHS Forth Valley <ul style="list-style-type: none"> • Forth Valley Royal Hospital
NHS Greater Glasgow and Clyde <ul style="list-style-type: none"> • Beatson West of Scotland Cancer Centre • Glasgow Royal Infirmary • Inverclyde Royal Hospital • New Victoria Hospital • Queen Elizabeth University Hospital • Royal Hospital for Children • Royal Alexandra Hospital • Stobhill Hospital • Vale of Leven Hospital 	NHS Lanarkshire <ul style="list-style-type: none"> • Hairmyres Hospital • Monklands Hospital • Wishaw General Hospital

Appendix 3 – Expert review group membership

Review group

- Dr Mike Cornbleet, Chair
- Ms Belinda Henshaw, Senior Programme Manager
- Mrs Sue Lovatt, Programme Manager
- Ms Mary Maclean, National Clinical Lead, Cancer Medicines
- Mrs Stephanie Macmillan, Project Officer
- Mrs Stella Macpherson, Public Partner
- Mrs Laura McIver, Chief Pharmacist
- Mr Howard McNulty, Public Partner
- Professor Pamela Warrington, Clinical Advisor

Regional representatives

<p>South East Scotland Cancer Network</p> <ul style="list-style-type: none"> • Professor David Cameron, Director of Cancer Services • Ms Heather Dalrymple, Lead Cancer Care Pharmacist • Ms Marie Gardiner, Depute Network Manager • Mr Derek Philips, Workforce Planning Director • Ms Judith Smith, Nurse Consultant • Dr Lucy Wall, Consultant Medical Oncologist 	<p>North of Scotland Cancer Network</p> <ul style="list-style-type: none"> • Ms Fiona Campbell, Lead Nurse • Mr James Cannon, Director of Regional Planning • Mr Keith Farrer, Regional Manager • Dr Marianne Nicolson, Consultant Medical Oncologist • Mr Mark Parsons, MacMillan Lead Pharmacist • Dr Sami Shimi, Lead Clinician • Ms Christine Urquhart, Cancer Audit & Information Manager
<p>West of Scotland Cancer Network</p> <ul style="list-style-type: none"> • Ms Tracey Cole, MCN Manager • Ms Deborah Ann Dunn, Principal Pharmacist (from March 2016) • Ms Maureen Grant, Lead Nurse • Ms Mary Maclean, Lead Pharmacist (until March 2016) • Dr John Murphy, Consultant Haematologist • Ms Evelyn Thomson, Regional Manager 	<p>Managed Service Network for Children and Young People with Cancer</p> <ul style="list-style-type: none"> • Ms Tracy Davis, National Network Manager • Mr Neil Richardson, Pharmacy Lead • Ms Angela Russell, Nursing Lead • Professor Hamish Wallace, National Clinical Director • Professor George Youngson, Managed Service Network Co-Chair

Appendix 4 – Glossary of terms

Area Drug and Therapeutics Committee (ADTC) Collaborative	Responsible for advising NHS boards on all aspects of medicines use.
adverse effect	An undesired harmful effect resulting from a medication or other intervention such as surgery.
adverse event	An event that could have caused (a near miss), or did result in, harm to people or groups of people.
aseptic	Free from contamination caused by harmful bacteria, viruses, or other microorganisms; surgically sterile or sterilised.
clinical management guidelines (CMGs)	A multi-professional document which promotes multi-professional provision of high quality care by detailing appropriate management through all stages of the patient's journey – screening, diagnosis, staging, histopathology, investigations, radiotherapy, SACT, supportive treatment and follow-up.
chemotherapy	A type of cancer treatment, with medicine used to kill cancer cells by damaging them, so they can't reproduce and spread.
clinical trials	A type of research study that tests how well new medical approaches or medicines work. These studies test new methods of screening, prevention, diagnosis, or treatment of a disease.
diagnosis	The process of identifying a disease, such as cancer, from its signs and symptoms.
extravasation	The inappropriate or accidental leakage of an intravenous medicine from the vein into surrounding tissues.
Managed Service Network for Children and Young People with Cancer	This network aims to attain the best possible outcomes for children, teenagers, and young adults with a diagnosis of cancer in Scotland. It ensures that service delivery and pathways of care are consistent across Scotland, with a focus on delivering safe services as locally as possible.
haematologist	A clinician who diagnoses and clinically manages disorders of the blood and bone marrow.
intrathecal	The route of administration for drugs via an injection into the fluid surrounding the nerves within the spinal canal.
intravenous	The infusion of liquid substances directly into a vein.
morbidity	How much ill health a particular condition causes.
mortality	Either (1) the condition of being subject to death; or (2) the death rate, which reflects the number of deaths per unit of population in any specific regions, age group, disease or other classification, usually expressed as deaths per 1000, or 10,000, or 100,000.
NOSCAN	North of Scotland Cancer Network

neutropenic sepsis	This condition is a medical emergency and occurs most commonly in cancer patients undergoing chemotherapy. Patients will have abnormally low levels of a specific white blood cell called neutrophils which are needed to help the body fight infection.
oncologist	A medical practitioner qualified to diagnose, assess, treat and manage patients with cancer.
peer review	An evaluation of work by others working in the same field.
performance status	A measure of how well a patient is able to perform ordinary tasks and carry out daily activities (for example World Health Organization (WHO) score of 0=asymptomatic, 4=bedridden).
Regional Cancer Advisory Groups (RCAGs)	Support and co-ordinate the work of each of the three regional cancer networks.
Regional Cancer Networks	There are three regional cancer networks which facilitate communication and partnership working across their regions in order to promote high standards of cancer care which meets the needs of cancer patients. They also support clinical audit and regional planning of cancer services. These networks are referred to as the North of Scotland Cancer Network (NOSCAN), the South East Scotland Cancer Network (SCAN), and the West of Scotland Cancer Network (WoSCAN).
Scottish Cancer Taskforce	Oversees the actions outlined within the Scottish Government's cancer strategy, Beating Cancer: Ambition and Action. Membership includes representatives from Cancer Area Networks, NHS Chief Executives' Group, NHS Directors of Nursing Group, NHS Directors of Pharmacy Group, NHS Information Services Division and from the voluntary sector.
subcutaneous tissue	Also known as the hypodermis, subcutaneous tissue is the innermost layer of skin. It's made up of fat and connective tissues that contain larger blood vessels and nerves.
Systemic Anti-Cancer Therapy (SACT)	Encompasses both biological therapy (therapies which use the body's immune system to fight cancer or to lessen the side effects that may be caused by some cancer treatments) and cytotoxic chemotherapy (a group of medicines containing chemicals directly toxic to cells preventing their replication or growth, and so active against cancer).
SACT protocols	A detailed written set of instructions to guide the care of a patient who is receiving SACT. A treatment plan that includes one or more SACT medicines. It is also often described as a SACT regimen.
SCAN	South East Scotland Cancer Network
supportive treatment guidelines (STGs)	A set of written guidelines to assist medical professionals involved in the acute care of patients receiving SACT.
tissue	A group or layer of cells that work together to perform a specific function.
toxicity grading system	A system for grading the severity of adverse effects experienced by patients receiving SACT.
WoSCAN	West of Scotland Cancer Network

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The Healthcare Environment Inspectorate, Improvement Hub, Scottish Health Council, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network (SIGN) and Scottish Medicines Consortium are part of our organisation.