GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cancer Clinical Programme Group

Head and Neck Cancer Peer Review – Action Plan

This plan represents the Health Boards response to the Peer Review of the Health Boards Head & Neck cancer MDT and the associated services. The plan has implications for a number of Clinical Programme Groups (CPGs) and this plan has been shared with those CPGs and their input included. Delivery of the plan overall will rest with the Cancer CPG.

Issue/Concern	Action Required	Resource Implication	By Whom	Date to be Achieved by
Delays to radiotherapy specifically as an adjunct post surgery.	Establish immediate priorities within radiotherapy delivery	Limited ad hoc resources required to flex capacity in order to ensure compliance with Tier 1 targets.	C.Barnet C.Williams	Dec 2014.
Specific problems around data capture and notification of non Tier 1 waiting times.	Establish adequate data collection system that can provide waiting times information required.	Immediate resources required to establish short term project that provides data. Longer term sustained solution maybe be simple software issue.	C.Barnet	Dec 2014
	Establishment performance management process that ensures adequate timely scrutiny of waiting times data.	Nil – add on to current CPG structures	G.Roberts	March 2015
	Identify actions to rectify any shortfall in capacity that is supported by evidence	Significant if evidence supports case. Clear that any need for additional capacity will relate to all cancers.	G Roberts	April 2015

Issue/Concern	Action Required	Resource Implication	By Whom	Date to be Achieved by
Variation of pathways between units both in terms of diagnosis and post treatment rehabilitative care	Establish single pathways for all main cancers within Head &Neck cancer and Thyroid. Establish resource implications for the agreed pathways. Modify resource profiles to best meet the demand of the pathways identified. Identify additional resource need where no alternative options exist	Project resource required to do preparatory work. Limited if no alternatives available	Network Areas	May 2015.
Lack of equitable and sustainable resources in Speech and Language Therapy and CNS	As part of the above establish the level of need and provision. Establish different models of delivery that might maximise the available resources. Identify additional resource need where no alternative options exist	Project resource required to do preparatory work. Limited investment maybe required to maximise model of care that achieves greater access and equity Limited if no alternatives available	Network Network Areas	May 2015 May 2015
Delays to pathology reports and imaging	Monitor progress of diagnostics and escalate where indicated.	Ongoing. Both radiology and pathology have plans in place to improve their response to the cancer workload.	CPGs	Dec 2014.

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Absence of a forward facing plan for Head & Neck cancer in North Wales whether as part of a wider strategy or at a specialty level. Includes postholders nearing or at retirement Ensure plan reflects changes within ENT and any surgical redistribution of work and vice versa	Co-ordinate Head & Neck Clinical Advisory Group to consider future requirements and model of care. Integrate specialty requirements into wider strategy document. Ensure Health Board agree a completed drat cancer Strategy Ensure key personnel who have retired or are due to retire in the near future have a plan for their replacement Input into ENT plan and ensure model of cancer care is accommodated and that it is fir for purpose. Specifically ensure access to surgery is equitable in terms initial referral and treatment.	Project resource required to do preparatory work. Project resource required to do preparatory work. Significant for those CPGs that host the staff being lost. Will be reflected as part of ENT plan	Network Network Areas Surgery/areas	Sept 2015 Sept 2015 Sept 2015.
Lack of management cohesion and connection with the clinical team and service intentions	Establish Health Board structure that better integrates with clinical teams. Utilise re-structuring of Health Board as a whole to better ensure more integrated managerial approach to delivery of multi	Nil	Network	Dec 2014. April 2015

Issue/Concern	Action Required	Resource Implication	By Whom	Date to be Achieved by
	stakeholder cancer services. Create performance framework that provides an improved shared ownership all elements performance between management and the clinical teams			April 2015
MDT meeting does not function as a single meeting but a sequential meeting of three local teams.	Consider options for full integration of all three sites including identification of core team members. Establish key premise of shared resources, cross cover and education Identify resource implications	Significant in terms of job plans	Network Area	June 2015
Limited support for clinical trial activity	Identify level of support required Liaise with cancer Trials Network as to potential for more support. Consider optimum model of support with greatest level of efficiency	Likely to have resource implication although this might be off set by research monies.	Network	June 2015.