

Greater Glasgow NHS Board

Board Meeting

Tuesday, 17th June, 2003

Board Paper No. 03/41



Chief Executive, GGNHSB

Medical Director, Beatson Oncology Centre

Beatson Oncology Centre – Update of Action Plan

Recommendation:

The Board is asked to:-

- i) receive this update of progress in implementing the action plan;
- ii) receive the detailed update;
- iii) authorise production of one further update to the Board in Autumn, 2003.

1. Background

1.1 This paper provides the Board with an update on the key action points set out in the report made by the Expert Advisory Group, whose initial report was considered by the NHS Board in February, 2002. It brings forward also for review a full update of progress against the individual action points set out in the report prepared by the Expert Advisory Group (EAG) in February, 2002.

2. The Update on the Action Plan

2.1 The detailed update of progress against the individual action points is attached as Annex 1. At the NHS Board meeting, the Chief Executive and Professor Alan Rodger, the Medical Director of the Beatson Oncology Centre, will expand on individual entries within the plan. This covering paper summarises progress on those key issues within the Action Plan which the NHS Board has recognised as crucial in its previous discussions. In addition, there is attached as Annex 2 the full detail of the EAG recommendations, with a commentary on the progress made against each element therein. In concluding his term of appointment as Interim Director, Dr. Adam Bryson was particularly keen to demonstrate that the detail of the EAG Action Plan had been followed through in full, not least – given the Centre's international status – to ensure that the members of the EAG had themselves been appraised fully of the corrective action taken, and had been given a sense of how materially the recommendations made by the EAG have moved on.

2.2 Appointment of the Medical Director

Professor Rodger will attend the Board meeting on 17th June. He will be able to describe the approach which he is taking both towards recruitment of Consultant Oncologists and towards the recruitment of Therapy Radiographers, the other material area of workforce pressure within the Cancer Centre.

2.3 The Expert Advisory Group's (EAG's) Report

As mentioned above Annex 2 (attached) contains in full the recommendations from the EAG. Some apology is perhaps due for the repetitive content of this report; but members of the Board may recollect that the Chief Executive and the Interim Director (Dr. Bryson) were insistent that the full text of the EAG's recommendations were available to the NHS Board. Members have the opportunity at the Board meeting to raise any particular issues or points for clarification.

2.4 The West of Scotland Plan for Specialist Oncology Services

Steady progress continues. Professor Rodger has a series of meetings arranged with the Lead Clinicians\Cancer Strategists in each of the West of Scotland Boards during the coming weeks. The model of specialist care set out in the FRMC-facilitated development of a coherent West of Scotland Plan is now being translated into a set of locally agreed and adopted care models. This process will be overseen in the coming months by the Regional Cancer Advisory Group, and its implementing Steering Group.

2.5 Development of the Phase 2 Business Plan

As Members are aware, the Minister for Health and Community Care has given his commitment to Treasury funding of this key strategic project. The procurement process is progressing well: 3 Design\Construction Teams have been short-listed who will submit their proposals for the next stage of the process in Autumn, 2003. As one of the first three key projects in implementing the Board's acute services plan the progress of this project will now sit within the overall project management arrangements considered elsewhere in the June Board paper for implementing the Board's acute services plan.

3. Further Reports to the NHS Board

- 3.1 The key elements within both the summary Action Plan and the more detailed EAG recommendations have now substantially been addressed. The material outstanding recommendation from the EAG Report, which relates to the headcount of Consultant Clinical Oncologists, is a key focus of Professor Rodger's strategy in the coming months. As the Board develops its plans for implementation the of "Partnership for Care" White Paper, the opportunity should be taken, during the Autumn of 2003, to determine whether sufficient progress has been made against the five pre-determined criteria to give the Board the confidence that it should ask the Minister for Health and Community Care to consider returning full management responsibility for the Beatson Oncology Centre to the North Glasgow Trust. A further report will, therefore, come to the NHS Board in the Autumn of 2003.

BEATSON ONCOLOGY CENTRE - REVISED ACTION PLAN

		EAG RECOMMENDATIONS	ACTION REQUIRED	ACTION BY (DATE)	RESPONSIBLE LEAD	ACTIONS AS AT 9/06/03
1.		Management Structure				
	1.1	The Beatson Oncology Centre should become a separate Division of North Glasgow Trust and the arrangements for Haemato-Oncology made clear.	BOC to remain under control of NHSGG until at least September 2002. Until then Haemato-Oncology will be managed by the Cardiorespiratory Division. NHSGG Board meeting in September is next milestone in decision making here.	September, 2002	T. Divers	The 5 key conditions set by the NHSGG Board have not yet all been met
	1.2	The structure should be revised and be headed by a Medical Director. The interim Director should remain until the post-holder is appointed. All senior managers within the BOC should have effective knowledge of oncology practices and programmes.	Recruitment process will be underway by end of June 2002. Divisional support & Divisional Management structure to be agreed with incoming Medical Director.	Following appointment of Medical Director	T. Divers/ A. Bryson	Medical Director appointed. Completed
2.		Strategic Planning/Phase II				
	2.1	Phase II of the relocation of the BOC to the GGH site be completed as soon as possible. Planning should include a review of capacity for future expansion. Current overcrowding should be addressed.	Medical Planners to review capacity of Phase II described in the OBC. Ward 4C to open to alleviate current pressure in wards and OPD.	August 2002	Isobel Neil	<i>Construction Teams shortlisted to 3. Bids due for return by 12 September 2003</i>
	2.2	A strategic plan for the BOC should be drawn up as soon as possible. This should include the number of peripheral clinics being reduced by discontinuing 'general' clinics and by rationalising the specialised clinics. A policy of subspecialisation should continue to be developed in the BOC.	FRMC Consultation underway. Report due by June 2002. West of Scotland Implementation Plan to be complete by 30 th September 2002.	September 2002	A Bryson/ Divers/ Burns T H	Completed
	2.3	The Medical Director and Academic Chairs should agree on a level of clinical workload which does not prevent the pursuit of academic careers.	Evaluation of Job Plans.	August 2002	Adam Bryson	Job plan evaluation completed Ongoing review

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	2.4	One or more clinical oncologists should take the lead in exploiting the capabilities of the equipment available along with appropriate colleagues.	7 Site management tumour teams to develop plans for improved use of technology.	Ongoing	Team Leaders	Ongoing. CT Sim development is the next phase of this
	2.5	If recruitment to a level of at least 20 Consultant Clinical Oncologists is not achieved by September 2002, the numbers of new patients accepted be reduced, and arrangements made by NGT/GGHB for the excess patients to be treated elsewhere	Await outcome of response to advert placed 24/05/02.	July 2002	Adam Bryson	<i>Advert for Clinical Oncologist for Lung/Gyn placed on 7th June.</i> <i>(Advert for Medical Oncologist for Breast placed on 7th June)</i>
3.		Funding of Service/Staffing Levels				
	3.1	Funding should be provided to address the deficits in staffing, facilities and other resources.	Funding to address current deficits actioned. Future year-on-year investment in the build up to Phase II to be reviewed in the context of HDL 2002 (10).	Ongoing	Isobel Neil	Ongoing
4.		Service Provision				
	4.1	Nursing practices should be reviewed to ensure that nursing expertise within the BOC is being effectively and more fully utilised to achieve maximum benefit for patient care.	Review of Out-patient practice underway. Report on progress by August 2002. Practice Development Nurse to be appointed.	August 2002 August 2002	Val Miller Val Miller	Completed. Various initiatives in place to improve and redesign service in advance of Phase II Completed
	4.2	Multidisciplinary tumour site teams should be developed as the functional clinical operational unit at the BOC. Protocols should continue to be developed and readily available to all relevant staff in hard copy and electronic format. Follow-up practice should be included.	Seven interim team leaders identified. Multidisciplinary colleagues to be participating in teams by September 2002. Protocols to be available by October 2002.	By September 2002 By October 2002	Adam Bryson Team Leaders	Ongoing Teams working on this did not meet October deadline. Exploring use of BOC website for electronic storage of protocols

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5.		Performance Management				
	5.1	Senior Managers of the BOC should determine the data sets needed for management and planning as soon as possible.	Work with NGT colleagues to determine what is currently available and what further data sets/reports are needed.	By August 2002	Isobel Neil	Completed
6.		Training & Education				
	6.1	Recruitment and retention and continuing personal development programmes for staff in all categories be enhanced.	Utilise expertise of Trust Recruitment Service. Benchmark with other departments regarding recruitment and retention strategies.	Ongoing	Heads of Departments	<i>Recruitment/Retention Package for Therapy Radiographers agreed</i>
	6.2	An Education Strategy should be developed and resourced.	Trust Training & Education opportunities to be maximised by BOC.	Ongoing	Heads of Departments	Completed
7.		Communications Plan Development				
	7.1	A comprehensive Communications Plan should be developed, with a major focus on strengthening internal communications.	Communications Plan to be developed by External Consultant include her exit strategy and definition of on-going resource required by BOC/NGT/NHSGG.	July 2002	Pennie Taylor/Adam Bryson	Completed
8.		IT Strategy Development				
	8.1	A comprehensive I.T. Strategy should be created.	Utilise dedicated IT resource for 3-6 months to identify current problems and action improvement.	Started	Isobel Neil	Completed
			IT Strategy to be developed for Phase II.	October 2002	Isobel Neil	Short-medium term strategic issues have now been prioritised continuing to work on long term strategy <i>IT Strategy written up and circulated to BOC IT Team members for comment</i>

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BEATSON ONCOLOGY CENTRE - REVISED ACTION PLAN

A EAG RECOMMENDATIONS

Progress at April 2003

1. Management Structure

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| <ul style="list-style-type: none"> ▪ It is recommended that the Beatson Oncology Centre Directorate be withdrawn from the Cancer, Cardiac and Respiratory Division, and established as a separate Division ▪ It is recommended that the management and leadership structure, and functions and responsibilities of senior managers of the BOC, be revised ▪ It is recommended that strategic leadership and overall responsibility for operational management be vested clearly in the Medical Director of the BOC Division. Until a Medical Director is appointed, the interim Director should undertake these functions ▪ It is recommended that the structure of the Beatson Oncology Centre Division be headed by a Medical Director, to whom will report directly the Oncology Division Manager, and Heads of Clinical Oncology, Medical Oncology, Haemato-Oncology, Palliative Care Oncology, and Nursing/Professions Allied to Medicine Services. It is not recommended that the many other disciplines (for example, surgery, laboratory medicine, and imaging) which participate in an overall cancer programme be included in the Beatson Oncology Centre Division ▪ It is recommended that all senior managers within the BOC have effective knowledge of oncology practices and programmes ▪ It is recommended that the management structure and responsibilities for the Haemato-Oncology programme be delineated clearly by the Director of the Cancer, Cardiac and Respiratory Division, and communicated to all concerned ▪ It is recommended that issues related to management and clinical leadership be resolved ▪ It is recommended that management responsibility for PAMs and clinical psychology staff providing services to the BOC be transferred to the BOC. These staff would continue to report to the head of department in the appropriate Division or Trust with respect to professional standards | <ul style="list-style-type: none"> ▪ When the BOC is re-established within the North Glasgow Division of NHS Greater Glasgow it will have independent status as a separate Division ▪ Medical Director appointed and team structure established; further work will be required post June 2003 ▪ Implemented. The Medical Director will work with the BOC General Manager, NHSGG Chief Executive and North Glasgow CEO to finalise these arrangements in fine detail ▪ See above ▪ Accepted ▪ Haemato-oncology will be included within the Beatson Oncology Centre in organisational terms at an early date – probably by Autumn 2003. ▪ See above ▪ This recommendation has not been implemented on the grounds that it would be impractical and resource ineffective to do so. |
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2. Strategic Planning/Phase II

a. Phase II

- It is recommended that the Phase II of the BOC rebuild be completed as soon as possible
- It is recommended that architectural and planning staff be retained as soon as possible to assist in defining the scope of the programmes at the GGH site
- It is recommended that the strategic plans for the BOC, and for cancer services in the West of Scotland, be integrated with the plans for the development of the GGH site
- It is recommended that the strategic plans for the BOC, Glasgow, and the West of Scotland include development of the concept of a "virtual" comprehensive cancer centre of international standing
- It is recommended that, as a matter of urgency, architectural and other planning staff be appointed to work with clinical staff on the plans for the Phase II of the BOC rebuild. Planning should include a review of capacity for future expansion
- Target for completion is end 2006; Final Business Case submitted and contract tendering process under way.
- Achieved in May 2002
- Achieved. Specialist Oncology Services Review completed June 2002 and incorporated in planning for "West of Scotland Cancer Centre" at Gartnavel.
- Achieved. See above
- Achieved. Review of capacity for future expansion addressed through SEHD working party to consider radiotherapy patient flows within Scotland as a whole.

b. Strategic Plan

- It is recommended that a strategic plan for the BOC be drawn up as soon as possible. This should be consistent with the general provision for cancer services in the West of Scotland developed by the West of Scotland Regional Cancer Advisory Group and the Scottish Cancer Group. Responsibility for developing the BOC strategic plan, and for representing the interests of the BOC to local and regional planning and advisory groups, should rest with the Interim Director until a substantive appointment to the position of Medical Director of the BOC is made
- It is recommended that, in collaboration with the four NHS Boards in which peripheral clinics are provided, a system of four regional specialised oncology clinics be established for the three most common cancer types - breast, colorectal and lung cancer. It is recommended that a single site for these clinics be established by each NHS Board, in order not to duplicate the necessary specialised support service such as oncology nursing, pharmacy and other professions allied to medicine, and to reduce the number of clinics to be attended by BOC oncologists.
- Achieved – see above.
- Achieved through the Specialist Oncology Services Review process and subsequent discussions with individual Boards regarding implementation. Implementation under way in 4 out of 5 Boards to date.

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Oncologists attending these specialised clinics would be available to offer advice on urgent cases of any type, but would not conduct "general" clinics

- It is recommended that the possible need for a second cancer centre be considered in the strategic plan for cancer services for the West of Scotland
- Under consideration as part of review of radiotherapy patient pathways exercise described above.

3. Workforce/Workload

- It is recommended that, in collaboration with other disciplines involved in the care of cancer patients in Glasgow, and with the local Trusts and NHS Board, the numbers of multidisciplinary clinics in Glasgow attended by oncologists from BOC be reviewed and reduced to not more than 1 or 2 sessions per week for each major cancer type, restricted to not more than 2 geographical sites for each cancer type. Consideration should be given to constructing purpose-built multidisciplinary clinics for most cancer types in Phase II BOC at the GGH site, making that site the focus for outpatient cancer patient clinics in Glasgow
- It is recommended that, if recruitment to a level of at least 20 Consultant Clinical Oncologists is not achieved by September 2002, the number of new patients accepted be reduced, and arrangements made by NGT/GGH for the excess patients to be treated elsewhere
- It is recommended that clinical and medical oncologists not be absent from the BOC to attend peripheral clinics for more than two half-days each week
- It is recommended that the number of peripheral clinics conducted by oncologists from the BOC be reduced, by discounting "general" clinics, and by rationalising the specialised clinics as recommended
- It is recommended that the Medical Director of the BOC and NGT/GGB administration agree on levels of clinical workload which do not overload staff
- Accepted and partly achieved through reductions in the number of outreach commitments for individual Consultants. Full compliance with this recommendation depends on further improvements in Consultant staffing and further progress in implementation of review of specialist oncology services. The Regional Cancer Centre has been sized to accommodate all specialist oncology out patient activity that is not more appropriately delivered by outreach, as recommended in Review.
- With the agreement of BOC Consultant staff, this recommendation was not implemented. The overall consultant numbers have improved since the EAG Report was submitted and it has been possible to come close to the specified target number of Consultant Clinical Oncologists (20) without quite meeting it. There have been developments in Medical Oncology and Palliative Care against the same timescale.
- Partially achieved – see above
- Partially achieved – see above.
- Achieved. A programme aimed at equalising consultant workload at a level of 400-450 new patients per annum as an interim, pending additional recruitment, was agreed by the Director, the Chief executive of NHSGG and Consultant staff.

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- It is recommended that issues related to rationalising and reducing the number and location of clinics in Glasgow and adjacent NHS Boards attended by consultant oncologists from the BOC be resolved
- It is recommended that the Medical Director and academic Chairs agree on a level of clinical workload which does not prevent the pursuit of academic careers
- It is recommended that the Medical Director and NGT/GGB administration agree on a level of clinical workload which does not inhibit teaching, or service as a disincentive to recruitment
- Partially achieved – see above
- Achieved. Appropriate sessional input by clinical academics is 6 sessions, including 3 fixed.
- As above.

4. Other Planning Issues

- It is recommended that consideration be given to identifying one or more clinical oncologists to take the lead in collaboration with physicists and radiographers to introduce new techniques, which exploit the capabilities of the equipment available
- It is recommended that a system capable of fractionated stereotactic intracranial radiation therapy be obtained
- It is recommended that a comprehensive workforce plan for the provision of PAMs and clinical psychology services within the cancer centre be developed as part of an overall BOC strategy
- It is recommended that NHS/University academic positions be established in Haemato-Oncology and Clinical Physics, and that consideration be given to expanding existing academic units in the BOC
- Achieved within constraints of ongoing staffing situation in Clinical Oncology.
- This specific clinical recommendation is the subject of detailed consideration and has the strong support of the incoming substantive Medical Director.
- Achieved, funded and recruited to.
- Neither discipline lies within the BOC in organisational terms at present.

5. Funding of Service/Staffing Levels

- It is recommended that the Medical Director of the BOC ensure that all expenditures are monitored regularly. The Medical Director should have authority to control all expenditures where necessary
- It is recommended that additional funding be provided to the BOC to address the deficits in staffing, facilities, and other resources outlined
- Monitoring of expenditure achieved. Aspects of expenditure require further work in respect of control mechanisms e.g. drug prescribing.
- Achieved. Since the publication of the EAG report the annual funding base of the BOC has increased by some £3.2 million.

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- It is recommended that the number of positions for each staff category conform to the staff to patient, or other pertinent, ratios recommended by relevant professional or other bodies, adjusted to provide for academic and senior administrative positions. Where recommendations from professional or other bodies are not available, advice should be sought from the departmental head
- It is recommended that the target number of clinical oncologists to manage a caseload of 6,600 new patients (to clinical oncologists) per year to be 23
- It is recommended that extensive efforts be made to recruit additional consultant physicians and other staff
- It is recommended that additional staff be recruited to reduce the workload of current staff, and to allow extended hours of operation on more treatment machines
- It is recommended that staffing level is increased to ensure safe levels of practice and enhance the quality of care provided, and that further more detailed work to determine future nursing workforce requirements within the BOC be undertaken
- It is recommended that the staffing levels for Physics be not less than those recommended by the Institute for Physics and Engineering in Medicine
- It is recommended that additional secretaries/clerical staff be hired to ensure adequate support for all professional staff groups
- Achieved in terms of funded establishment for all disciplines and grades; achieved for all disciplines with the exception of Clinical Oncology and Therapy Radiography subject to normal vacancy turnover.
- Accepted and funded. Additional Consultant staff to deal with anticipated increases in activity as Phase II develops. Will be discussed in year-on-year projections in the West of Scotland.
- Accepted and acted on – ongoing.
- Accepted and acted on in terms of intensive recruitment and retention programme. Constraint is national shortage of Therapy Radiographers
- 90+ additional staff including 35+ additional nursing staff recruited to BOC since March 2002
- Achieved subject to normal vacancy factor.
- Achieved subject to normal vacancy factor.

6.

a. Service Provision - Medical Staff

- It is recommended that oncologists primarily affiliated with the BOC adopt a policy of subspecialisation. It is suggested that the extent of subspecialisation be determined by the needs of the programme and the interests of staff. Experience elsewhere suggests that the most effective subspecialisation occurs where oncologists confine their interest to no more than 1 to 3 major cancer sites
- Tumour type specialist team structure established. Progress to full implementation of this recommendation depends on recruitment and implementation of service delivery changes in DGHs

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- It is recommended that a minimum of two oncologists be assigned to each cancer site, and each should acquire the knowledge and technical skills needed to manage that site. Similarly, at least two oncologists should be familiar with each technique in use for the treatment of any cancer
- It is recommended that the Medical Director establish, in collaboration with the administrative and academic heads of the clinical and medical oncology groups, the appropriate numbers of clinical and medical oncologists for the programmes provided by the BOC
- Accepted and incorporated in recruitment strategy.
- Accepted and incorporated in recruitment strategy.

b. Service Provision - Nursing

- It is recommended that consideration be given to the establishment of tumour site specific nursing teams which would be integrated into the developing multidisciplinary tumour site teams and managed clinical networks, enhance continuity and quality of care, and have the potential to facilitate learning/development opportunities for all grades of staff
- Attachment of nurse specialists is a core element of the new tumour specific teams.

c. Service Provision - Therapy Radiographers

- It is recommended that work practices in the Department of Radiation Therapy be reviewed to reduce stress on staff
- It is recommended that radiographers be assigned as full members of multidisciplinary treatment teams wherever possible, and be encouraged to develop expertise in the treatment techniques appropriate to selected cancer types
- Achieved – as part of recruitment and retention programme of change.
- Attachment of radiographers is a core element of the new tumour specific teams.

d. Service Provision - PAMs

- It is recommended that current working practices and staffing levels be reviewed to alleviate staff stress and address immediate service pressures
- Achieved – see above.

e. Service Provision - Service Delivery

- It is recommended that multidisciplinary tumour site teams be developed as the functional clinical operational unit at the BOC
- It is recommended that comprehensive patient management protocols, at least for common cancers, be prepared by the multidisciplinary tumour site teams. These protocols should be readily available to all staff involved in patient care, in hard copy and in electronic format
- Achieved – see above.
- Protocols established for most common tumour types and managed through tumour type teams.

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- It is recommended that staff at the BOC continue to review their role in patient follow-up according to evidence-based protocols
- It is recommended that patient management protocols be reviewed to ensure that inpatient care is recommended only where this is anticipated to offer improved outcome for the patient
- It is recommended that work practices be reviewed to ensure best utilisation of the specialist resources currently available and proposed within the BOC
- It is recommended that current work practices in pharmacy be revised to shorten waiting times for outpatients and day-cases
- It is recommended that the Chief Pharmacist continue to monitor the volume of activity in the pharmacy at BOC/WI and notify the Medical Director of the BOC and other relevant authorities if volumes approach the limits of safe practice
- It is recommended that additional space be made available immediately to address the many adverse effects of overcrowding at the BOC/WI site. The EAG wish to stress that the Phase II BOC rebuild at GGH cannot be regarded as the only solution to the current space problems at BOC/WI
- It is recommended that additional space be made available immediately for outpatient clinics and support services, and for office space
- It is recommended that follow-up of patients who are not undergoing active treatment be deferred. Free access should be maintained for reassessment on the request of another physician
- It is recommended that staff rearrange clinic assignment in order to accommodate all requests for consultation for new patients, and for previously registered patients with new problems
- It is recommended that staff discontinue the undesirable practices introduced to cope with excessive workloads and outlined in the report
- It is recommended that the number of beds on inpatient wards be reduced where this will facilitate patient care
- It is recommended that alternative processes of delivering secretarial/clerical services be examined
- Ongoing
- See above
- Ongoing through tumour type teams.
- Substantial progress through recruitment and move of significant proportion of chemotherapy workload to Gartnavel General Hospital – Ward 4C and Hospital Pharmacy
- See above
- Achieved. Ward 4C at GGH is a major element in strategy to relieve pressure on BOC at WIG. Also new medical Records accommodation at WIG and additional office accommodation in Admin Building and above Department of Surgery at WIG.
- See above. Additional Op clinic space secured at Church St OP department, WIG.
- Achieved – Spring 2002
- See above
- Achieved
- Opening of Ward 4C has permitted a reduction of beds in overcrowded inpatient wards without reduction in total number of IP beds at BOC-WIG.
- Service redesign pioneered by Breast Team now being rolled out across all clerical/secretarial teams

f. Service Provision - Palliative Care

- It is recommended that the momentum to develop specialist palliative care within the BOC is maintained and appropriately resourced to meet not only current but projected future service needs
- Vacant consultant post filled with 2 job-share appointees (total 1.4WTE). Funding secured for a development post – advertised and currently on offer to suitable candidate.

7. Performance Management

- It is recommended that the senior managers of the BOC review these data sets with representatives of Information Systems and Information Technology, in order to facilitate the acquisition of this data as soon as possible
- It is recommended that, as a matter of urgency, the senior managers of the BOC determine the data sets needed for management and planning
- It is recommended that the information technology/information service needs of the BOC be reviewed urgently. Sufficient funding should be made available to provide reliable data sets to support planning and operations, and to provide additional technology and staff where these would support more efficient and effective patient care
- It is recommended that the NGT and GGB monitor and control patient to staff workload ratios, and, if necessary, arrange for some patients to be treated in cancer centres outside the BOC
- Fundamental review of data management and IT use within BOC initiated and under way.
- Achieved. Data sets determined but need IT solution to fully implement.
- Achieved. IT Strategy now in place which fits with local and national cancer IM&T Agenda.
- See above.

8. Training & Education

- It is recommended that a comprehensive investment plan be developed to support lifelong learning and address development needs of all grades of nursing staff, identified within personal development plans
- It is recommended that a comprehensive investment plan be developed to support lifelong learning and the ongoing development of radiographers, taking account to current and anticipated future service needs
- It is recommended that the BOC's role in the provision of educational programmes for nurses/others be clarified and defined, and that an education strategy be developed and resourced to support this
- It is recommended that efforts to develop the skills of all members of multidisciplinary teams continue, with attention to the professional, educational and audit responsibilities associated with those efforts
- Formal training programmes for induction, chemotherapy and radiotherapy for all nursing staff and provision and access to more specialised cancer education within and outwith (academic).
- Agreed as part of a whole package for recruitment and retention of therapy radiographers.
- National Cancer Education Initiative run by BOC. Multi-professional focus aimed at all non-medical staff within and outwith BOC. Co-ordinator post now permanent.
- The multidisciplinary teams continue to develop with use of external OD support as necessary.

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- It is recommended that recruitment and retention, and continuing personal development programmes for staff in all categories be enhanced
- It is recommended that the BOC senior managers continue to provide evidence to relevant manpower planning bodies to support expansion of training programmes in the U.K.
- It is recommended that a cancer nursing practice development unit be formally established under the clear leadership and direction of the Consultant Nurse (Cancer). This will maximise the use of availability to lead the development of cancer nursing in the West of Scotland, and provide a clear focus for continuing to build and effectively utilise the evidence base to support and inform cancer nursing practice.
- It is recommended that specialist registrars not be assigned excessive service commitments, or used to make up deficits in consultant staff levels
- Nursing has been fully implemented. Therapy Radiography has now fully rolled out the programme and all radiographers had at least an initial meeting with line managers by 30th April. Medical Records training sessions have been completed and roll out underway.
- Continue to pursue additional medical training slots and therapy radiography trainee places.
- Research and Practice Development Group well established in directorate with comprehensive action plan and leadership from Consultant Nurse. Support structure - Practice Development Facilitator, Chemotherapy Clinical Educator and new post Research Practitioner integral in taking forward agenda
- Achieved. The BOC subscribes absolutely to the principles that underpin the employment and training of SpRs