

## NCA QPIs – Summary of governance and assignment of clinical risk (Updated June 2020)

Governance is defined as the combination of structures and processes at all levels to ensure quality performance and improvement including:

- Ensuring accountability for quality and required standards
- Investigating and taking action on sub-standard performance
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to ensure quality of care
- Driving continuous improvement

The [North Cancer Alliance governance structure](#) provides assurance to the six North of Scotland NHS boards that QPI risks are being addressed as an alliance.

An assessment of clinical risk for each QPI is made by the tumour-specific Clinical Director and Pathway Board manager upon the availability of data. This is discussed collaboratively within the tumour-specific Pathway Board, achieving consensus on clinical risk status assigned.

This assessment of clinical risk is then discussed and agreed with the NCA Clinical Director and Regional Cancer Manager who take independent oversight of current QPI performance, mitigation and actions proposed. The NCA Clinical Director or Manager may propose that the risk status requires oversight from the North Cancer Clinical Leadership Group (NCCLG).

NCCLG are presented with all available evidence and actions so they have all the information to define the risk in a collaborative way. NCCLG confirm the risk status of each QPI and ensure QPIs requiring escalation can be directed through the NCA governance structure.

- **Tolerate** - Accept the risk at its current level
- **Mitigate** - Reduce or mitigate the risk, in terms of reducing the likelihood of its occurrence or reducing the severity of impact if it does occur. This can be assessed through the action plans provided or the information provided is appropriate to prevent reoccurrence.
- **Escalate** - Escalate the risk to the appropriate committee and/or take further action as the mitigations were not suitable or there are no actions identified to mitigate the risk. This will be revisited by the NCCLG for further risk discussion.
- **Immediate** - Immediate action is required to prevent the risk reoccurring. This risk will have major impact on patient care delivery and the consequences thereafter. Very few risks should occur in this level.
- **Manage** – The risk is currently being managed through an action plan developed in liaison with the tumour-specific Clinical Director / Pathway Board members. It is likely risks that have previously been escalated will be assigned this risk status until there is evidence of an improvement in QPI compliance.

The full governance document on risk should be referred to in conjunction with this summary, which is available on the NCA website<sup>9</sup>.

## **Cancer Quality Performance Indicators**

### **Governance Process**

#### **Introduction**

Governance is defined as the combination of structures and processes at all levels to ensure quality performance and improvement including:

- Ensuring accountability for quality and required standards
- Investigating and taking action on sub-standard performance
- Identifying, sharing and ensuring delivery of best-practice
- Identifying and managing risks to quality of care
- Driving continuous improvement

The purpose of this document is to provide guidance on the regional audit governance process for Cancer Quality Performance Indicators (QPIs) from the collection of audit data from Boards to action plan progression by regional tumour specific pathway boards. This process aims to systemically drive service improvement and development and improve outcomes for cancer patients along with being risk stratified to ensure quality.

#### **Principles**

The aim is to provide all levels of staff within the North of Scotland with assurance of effective and sustainable management of quality cancer care throughout the region in relation to quality performance indicators. This document will aim to describe how the above basic principles of governance will be applied to cancer in the North of Scotland by ensuring that.

- There are clear roles and accountabilities in relation to governance for individuals as well as overall terms of reference for each workstream associated with cancer
- There are clearly defined, well understood processes for escalating and resolving performance issues
- The region actively engage all key clinical stakeholders on quality improvement
- Robust quality information is provided, analysed and challenged
- The appropriate governance structures at board and regional level are assured that the desired level of quality is being delivered in the development and delivery of cancer services where possible
- the clinical and regional governance streams of work are drawn together in an integrated approach
- Assuring governance and management of risks is subject to rigorous challenge

#### **Governance Structure**

The structure for the North Cancer Alliance demonstrates how systems for assurance and processes will work together, thereby providing an effective and robust governance structure enabling the appropriate groups to identify, monitor, escalate and manage emerging issues at the appropriate levels and in a timely way.

## **QPI reporting and risk assessment process**

### **Stage 1 – Download of QPI Data**

North of Scotland boards will be notified of the intention to undertake a provisional download of QPI performance for each tumour-group on a specific date throughout the year.

The NCA will provide a data download on this specific date to audit staff and QPI clinical leads within each NHS Board, showing provisional performance for the year for the particular tumour site.

Board audit staff and clinical colleagues must check their data, correct any mistakes and submit any clinical commentary prior to a final download of QPI data undertaken by the NCA on a pre-agreed date, which will be at least four weeks after the provisional data download.

The NCA will send a reminder one week before the final download of QPI data to notify audit staff and clinical leads. Once the final download of data is undertaken on the pre-agreed date, no changes will be accepted and the downloaded data will be considered final.

Comments in mitigation of final QPI data will only thereafter be included as part of the clinical commentary described below.

### **Stage 2 - Collation & Dissemination of Regional QPI results**

Following the final download of data on the pre-agreed date, the NCA produces a Performance Summary Report that is circulated, together with all the comments made by Boards with the data:

- tumour-specific Clinical Director
- Members of the tumour-specific Pathway Board
- Pathway Board Manager

### **Stage 3 – Clinical Director Overview**

The tumour-specific Clinical Director and Pathway Board Manager will meet to discuss the data and draft the annual regional QPI report. Once a report is drafted, the process should then involve discussion with colleagues in the tumour-specific Pathway Board described in stage 4.

Any issues of immediate concern that may fall into the “immediate” risk status can be escalated to the Regional Cancer Manager and Regional Clinical Lead at any point in this process.

### **Stage 4 – Pathway Board**

After the draft report has been updated this will be circulated to members of the Pathway Board and allows clinicians the opportunity to compare their results with other Boards in the North of Scotland, provide mitigation and actions around performance and support the Clinical Director in assignment of clinical risk status.

It is anticipated that the tumour specific pathway board will be convened to coincide with the collation of these data; however this may be facilitated via email.

### **Stage 5 – Risk status oversight with NCA Clinical Director and Manager**

Once the annual report is drafted and risk status assigned, these will be shared with the NCA Clinical Director and Regional Cancer Manager for oversight of risk, mitigation and actions proposed.

It is the responsibility of the NCA Clinical Director and Regional Cancer Manager to jointly agree the risk status of each QPI based on proposals from the tumour-specific Clinical Director and Pathway Board manager.

During this process of oversight, it may be useful to involve the North Cancer Clinical Leadership Group (NCCLG) into discussions on the assignment of QPI risk status. NCCLG have the responsibility for assigning risk status to each QPI and ensuring escalation through the NCA governance structure for QPIs that require further oversight.

Once approved by NCA Clinical Director and Regional Cancer Manager, the annual report can be published on the NCA website and actions tracked through the tumour-specific Pathway Board.

### **Stage 6 – Action Plan tracking**

Actions will be tracked through the Pathway Board and updates requested for each meeting. The tumour-specific Clinical Director and Pathway Board member are responsible for ensuring progress on actions is documented.

Where actions remain outstanding, this should be highlighted through the NCA governance structure, to the Regional Cancer Manager in the first instance.

## Risk Management Guidance

The following risk status may be assigned to a QPI.

- **Tolerate** - Accept the risk at its current level
- **Mitigate** - Reduce or mitigate the risk, in terms of reducing the likelihood of its occurrence or reducing the severity of impact if it does occur. This can be assessed through the action plans provided or the information provided is appropriate to prevent reoccurrence.
- **Escalate** - Escalate the risk to the appropriate committee and/or take further action as the mitigations were not suitable or there are no actions identified to mitigate the risk. This will be revisited by the NCCLG for further risk discussion.
- **Immediate** - Immediate action is required to prevent the risk reoccurring. This risk will have major impact on patient care delivery and the consequences thereafter. Very few risks should occur in this level.
- **Manage** - The risk is currently being managed through an action plan developed in liaison with the tumour-specific Clinical Director / Pathway Board members. It is likely risks that have previously been escalated will be assigned this risk status until there is evidence of an improvement in QPI compliance.

The following table will be used in the initial assessment of clinical QPI risk – please note “Manage” can be assigned for any QPI risk but will usually previously have been Escalate or Immediate Risks when first identified.

Severity / Recurrence	Negligible	Marginal	Critical	Major
Frequent	Mitigate	Escalate	Immediate	Immediate
Probable	Mitigate	Escalate	Immediate	Immediate
Occasional	Tolerate	Mitigate	Escalate	Immediate
Remote	Tolerate	Mitigate	Mitigate	Escalate
Improbable	Tolerate	Tolerate	Mitigate	Mitigate