



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# **National Quality Review of Symptomatic Breast Disease Services in Ireland**

**Report of the Focused Review at  
Cork University Hospital 2011**

**(To be read in conjunction with the  
Report of the Quality Review Assessment at Cork  
University Hospital 2010)**

**Date of Assessment: 28 June 2011**

*Safer Better Care*

## About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority established to drive continuous improvement in Ireland's health and social care services.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health, the Health Information and Quality Authority has statutory responsibility for:

**Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services)

**Social Services Inspectorate** — Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services.

**Monitoring Healthcare Quality** — Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

**Health Technology Assessment** — Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities

**Health Information** — Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services

## **Table of contents**

<b>1. Introduction</b>	<b>4</b>
<b>2. Findings - Focused Review 2011</b>	<b>5</b>
2.1 Governance arrangements	5
2.2 Medical oncology services	5
2.3 Key Performance Indicators	6
<b>3. Quality Review 2010 Recommendations</b>	<b>8</b>
<b>4. Conclusion</b>	<b>14</b>
<b>5. Next Steps</b>	<b>14</b>
<b>6. References</b>	<b>15</b>

## 1. Introduction

The Health Information and Quality Authority (the Authority) carried out a National Quality Review assessment at Cork University Hospital <sup>(1)</sup> in June 2010 in order to assess the quality and safety of the service following the transfer of the Symptomatic Breast Disease (SBD) service from the South Infirmity Victoria University Hospital (SIVUH) in late 2009.

The Authority concluded that Cork University Hospital (CUH) had in place the core requirements for quality and safety as set out in the National Quality Assurance Standards for Symptomatic Breast Disease (the Standards)<sup>(2)</sup>. These included a Lead Clinician, triple assessment, multidisciplinary approach, monitoring of key performance indicators (KPIs) and patient information. However, the Authority identified a number of governance and operational management issues reflective of the early stage of development of the amalgamated service and concluded that the service would require a follow up review by the Authority.

In June 2011, the Authority carried out a focused review on those aspects of the service that had been identified as requiring re-assessment during the review of 2010. These related to the governance and operational management arrangements in place as well as the arrangements for the provision of outreach medical oncology services.

The Authority reviewed the service's implementation of the recommendations of the 2010 Quality Review along with documentation and key performance indicator reports. The Authority carried out interviews with key personnel to further explore the governance and outreach medical oncology arrangements. This included an interview with the Chief Executive, Clinical Director and SBD Lead Clinician and a separate interview with the Consultant Medical Oncologist, Clinical Nurse Manager at the Oncology Day Ward and the Cancer Care Coordinator.

This report represents the findings of the focused review at Cork University Hospital as of June 2011 and should be read in conjunction with the Report of the Quality Review Assessment at Cork University Hospital <sup>(1)</sup>, published in October 2010.

## **2. Findings - Focused Review 2011**

### **2.1 Governance arrangements**

At the time of the Quality Review in June 2010, the Authority acknowledged that the governance and operational management concerns identified were reflective of the early stage of development of the amalgamated SBD services. In June 2011, the Authority found that CUH had reviewed these arrangements and had put revised structures in place to strengthen the operational management at a local level and the governance of the SBD service at a local, regional and national level.

These changes are described in Figure 3 on page 8.

### **2.2 Medical oncology services**

At the time of the 2011 focused review, CUH had formalised an outreach medical oncology service at SIVUH. On average, four patients per week were referred from CUH to SIVUH. It was confirmed through documentation review that a Standard Operating Procedure (SOP) was in place for the referral pathway for breast cancer patients from CUH to the medical oncology service in the SIVUH.

At the time of the focused review, the Consultant Medical Oncologist was holding out-patient department (OPD) clinics at SIVUH to review SBD patients between oncology treatments. The Oncology Liaison Nurse provided support for this clinic at SIVUH in coordinating the patient list for the OPD clinic and the multidisciplinary meeting (MDM) list for CUH. There were arrangements in place for the transfer of patient information from SIVUH to the patient healthcare record at CUH and this was made available for discussion at the MDM.

While imaging systems were not interfaced between the two sites, patient imaging information was transferred using disks. These arrangements were confirmed through documentation review and at interview.

At the time of the focused review, the SBD service had reviewed the arrangements in place to ensure an effective integration of the various stages of the patient journey. At interview, it was reported that the specialist breast care nurses (SBCN) had extended their role to include the monitoring and coordination of the patient journey for medical and radiation oncology care. It was confirmed in the patient satisfaction surveys (January 2011) and at interview that the extended involvement of the SBCN had enhanced the patient experience with the SBD service.

## 2.3 Key Performance Indicators

At the time of the focused review, the service was routinely monitoring performance against the national SBD KPIs and had the arrangements in place to identify and implement required actions where there were variances in achieving the KPI target.

Performance data against those KPIs relating to access for urgent and non-urgent referrals is submitted to the Authority on a monthly basis and is also published monthly in the HSE Performance Reports<sup>(3-8)</sup>. KPI performance data in relation to patients discussed at multidisciplinary meetings (MDM) was submitted to the Authority by the service.

**Figure 1: Monthly Access KPIs**

KPI Ref	Key Performance Indicator	Target	Target Achievement					
			Jan'11	Feb'11	Mar'11	Apr'11	May'11	Jun'11
KPI1a	Referrals triaged as urgent by the cancer centre shall be offered an appointment within 10 working days of the date of receipt of referral letter	95%	94%	98%	93%	99%	97%	100%
KPI1b	Referrals triaged as non-urgent by the cancer centre shall be offered an appointment within 12 weeks of the date of receipt of referral letter	95%	100%	100%	99%	100%	100%	100%
KPI4b	All patients with a diagnosis of primary breast cancer from the symptomatic breast service shall be discussed at MDM	95%	100%	100%	100%	100%	100%	100%

The service reports on performance against national KPI service plan indicators on a quarterly basis to the NCCP.

**Figure 2: KPI service plan indicators**

KPI Ref	Key Performance Indicator	Target	Target Achievement	
			Full year 2010	Quarter 1 2011
KPI5a	Surgical intervention will be carried out within 20 working days of the date of the MDM when a B5 or C5 was first identified, provided surgery is the first treatment.	90%	91.6%	96.5%
KPI5b	Following surgery, patients who require radiation therapy alone shall commence treatment within 12 weeks of the final surgical procedure	90%	89.7%	90.9%
KPI5c	Following surgery - patients who require adjuvant chemotherapy and radiation therapy shall commence radiation therapy within 4 weeks of completing chemotherapy	90%	65.4%	64.7%*
KPI5d	Following surgery - adjuvant chemotherapy shall commence within 8 weeks of the final surgical procedure where required	90%	84.3%	90.9%.

\* At interview, the SBD service confirmed that they are aware of the below target percentage returns. It was confirmed at interview that this variance was monitored through the data management arrangements and reported through the SBD governance group and the CUH/NCCP service plan review meetings. Access to surgery and oncology treatment is also monitored by the specialist breast care nurses (SBCN).

It was identified that the main reasons for variances was due to patient choice or medical reasons. Where there are variances in the achievement of a KPI target, the SBCN ensures that arrangements are put in place for those patients to be seen as soon as possible. It was reported at interview that these patients were being seen within a number of days beyond the KPI5c target.

### 3. Quality Review 2010 Recommendations

During the focused review, the Authority reviewed the implementation plan developed by Cork University Hospital against the recommendations contained in the 2010 Quality Review report <sup>(1)</sup> in order to gain a clear assessment of their implementation. Findings specific to each of these recommendations are reported in Figure 3 below.

**Figure 3: Recommendations of the report of the Quality Review Assessment at Cork University Hospital <sup>(1)</sup> Focused Review Findings, June 2011**

Recommendations of the report of the Quality Review Assessment	Focused Review Findings, 2011
<b>Governance</b>	
<p><b>G1.</b> Cork University Hospital should implement actions to mitigate risks identified in relation to inpatient access, medical oncology and the provision of outreach oncology services.</p>	<p>CUH has put arrangements in place through the SBD Governance Group to mitigate risks in relation to inpatient access, medical oncology and the provision of outreach oncology services.</p> <p>There is an SOP in place for the referral of patients with breast cancer for medical oncology treatment from CUH to the SIVUH and an average of four patients per week were referred.</p> <p>Arrangements were in place to ensure patient information was effectively communicated across both sites.</p> <p>Outpatient services for these patients were provided in SIVUH with admission /emergency arrangements in place to admit these patients to CUH if required.</p> <p>The service is routinely monitoring performance against the national SBD KPIs including inpatient and chemotherapy access. The service has arrangements in place to identify and implement required actions where a variance in achieving the target is identified.</p>

<p><b>G2.</b> The symptomatic breast disease service, with relevant stakeholders, should assess and manage on an ongoing basis, the potential risks associated with the amalgamation of the symptomatic breast disease service including BreastCheck.</p>	<p>At local level, the SBD service continuously assesses and manages the potential risks associated with the SBD service through the SBD governance group, specialty risk registers, quality improvement groups and the hospital wide clinical governance group.</p> <p>At regional level, the service assesses and manages potential risks associated with the SBD service through the CUH/NCCP service plan review meetings, the High Level Planning Steering Group Meeting and structured meetings with the HSE and CUH Group in relation to the reconfiguration of acute hospital services.</p> <p>At national level, arrangements include formal strategy and planning meetings with the Director, NCCP, the CEO CUH, relevant clinical representatives and the HSE.</p>
<p><b>G3.</b> Cork University Hospital, with the Health Service Executive, should consider the provision of the symptomatic breast disease service in the context of the overall provision of surgical services and ensure that the mechanisms and controls are in place to safely manage patient demand and capacity for the provision of elective and emergency surgical services.</p>	<p>In order to safely manage patient demand and capacity for the provision of elective and emergency surgical services CUH had arrangements in place to consider the provision of the symptomatic breast disease service in the context of the overall provision of surgical services.</p> <p>This takes place through the hospital governance structures, e.g. the SBD Governance Group and the Theatre Governance Group. The service monitors theatre utilisation and scheduling on an ongoing basis and ensures with the HSE that the appropriate support structures are in place for SBD consultants with general surgical elective and emergency on-call commitments in other hospitals.</p>
<p><b>G4.</b> Cork University Hospital should review the structure and format of the symptomatic breast disease governance committee and meetings to reflect, review and effectively respond to the evolving needs of the symptomatic breast disease service.</p>	<p>CUH has reviewed the structure and format of the SBD Governance Group and meetings. The SBD Lead Clinician, as chair of the group, ensures that the focus of the group and its discussions are related closely to the key care events of the SBD service.</p> <p>The membership of the Governance Group was revised to include two named representatives from each discipline including the Clinical Director of the BreastCheck service.</p>

	<p>At least one representative from each discipline attends the monthly meeting. Actions were clearly recorded.</p> <p>The SBD Lead Clinician was reporting directly to the Clinical Director who in turn was a member of the hospitals Executive Management Board. Review of the agenda and minutes of these meetings and interview confirmed a more efficient approach to the development, delivery and monitoring of a quality, person centred SBD service.</p>
<p><b>G5.</b> Cork University Hospital and the National Cancer Control Programme should ensure an alignment between their corporate and clinical governance arrangements for the provision of cancer services at Cork University Hospital.</p>	<p>There are arrangements in-place to ensure an alignment between the corporate and clinical governance arrangements of the CUH Group and the NCCP.</p> <p>The SBD Lead Clinician is a member of the High Level Planning Steering Group for Cancer Services, HSE South. The Cancer Network Manager, NCCP attends the SBD Governance Group meeting on a quarterly basis and has formal monthly cancer review meetings with the CEO CUH Group and the Clinical Director.</p> <p>The SBD Lead Clinician is a member of the National Network of Lead Clinicians.</p>
<p><b>G6.</b> Cork University Hospital and the National Cancer Control Programme should evaluate the effectiveness and efficiency of their governance and operational arrangements to ensure the timely and sustainable delivery of symptomatic breast disease services to patients.</p>	<p>The HSE/NCCP governance arrangements for Cancer Services are in place at CUH. These arrangements are monitored through the CUH/NCCP monthly service plan review meetings. Progress in relation to the national SBD KPIs is monitored through this group. Progress and impacts of the transfer and development of cancer services at CUH are also discussed along with radiation and medical oncology services.</p>
<p><b>G7.</b> Cork University Hospital should ensure the efficacy of the symptomatic breast disease services communication processes with the bed management department to ensure that patient information is communicated in a timely manner.</p>	<p>CUH has put arrangements in place to ensure patient admission requests /information is communicated in a timely manner.</p> <p>Multidisciplinary team decisions regarding a patient's admission (inpatient or day case) is communicated by the clinical nurse specialist through email to the bed management team to ensure and maintain satisfactory patient access.</p>

	<p>Access to surgery is monitored through review of the SBD KPIs at the SBD Governance Group meetings and the CUH/NCCP service plan review meetings. In addition, the SBCNs have expanded their role to encompass the medical and radiation oncology aspects of the patient journey.</p>
<p><b>G8.</b> Cork University Hospital, the National Cancer Control Programme and the wider Health Service Executive should put arrangements in place to plan, govern and manage existing and future patient activities at Cork University Hospital, particularly in relation to symptomatic breast disease services, other specialist cancer care, the reconfiguration of services and the interface with other hospitals in the region.</p>	<p>CUH, the NCCP and the HSE have arrangements in place to plan govern and manage existing and future patient activities at CUH. This takes place through the SBD Governance Group, specialty risk registers, quality improvement groups and the hospital wide clinical governance group.</p> <p>At regional level, this is conducted through the CUH/NCCP service plan review meetings, the High Level Planning Steering Group Meeting and structured meetings with the HSE and CUH Group in relation to the reconfiguration of acute hospital services.</p> <p>At national level, arrangements include formal strategy and planning meetings with the Director, NCCP, the CEO CUH, relevant clinical representatives and the HSE.</p> <p>The SBD lead Clinician is secretary to the Society of Irish Breast Surgeons and therefore a representative on the national tumour group. The tumour group will provide advice to the NCCP in relation to service improvement and resource implications to achieve an optimal standard of quality of care and will be accountable to the Director, NCCP.</p>
<b>Multidisciplinary Approach</b>	
<p><b>MDT1.</b> The symptomatic breast disease service should introduce specific multidisciplinary team audit activities as part of the multidisciplinary team meeting to further support effective functioning.</p>	<p>As part of the NCCP national review of SBD SOPs, CUH is reviewing the SOP relating to multidisciplinary teams. The schedule of meetings and attendees is audited on an ongoing basis.</p> <p>The service is routinely monitoring performance against the national SBD KPIs including patients discussed at multidisciplinary meetings (MDM). The service has arrangements in place to identify and implement required actions where a variance in achieving the target is identified.</p>

<p><b>MDT2.</b> The symptomatic breast disease service should ensure that all clinical details are effectively communicated and recorded in the healthcare record.</p>	<p>CUH routinely audits a sample of the patient healthcare records to ensure that all clinical details are effectively communicated and recorded.</p>
<b>Data Management</b>	
<p><b>DM1.</b> The symptomatic breast disease service with the National Cancer Control Programme should ensure consistency in the definition of the date of definitive diagnosis used to calculate the national key performance indicators (KPI) relating to National Quality Assurance Standards 2.8<sup>(2)</sup> and KPI 5a<sup>(1)</sup>.</p>	<p>The date of definitive diagnosis has been agreed with the NCCP as the date of the MDM where a B5 or C5 was first identified.</p>
<b>Access</b>	
<p><b>A1.</b> The symptomatic breast disease service should ensure that the patient triage classification is recorded according to the National Quality Assurance Standards<sup>(2)</sup> and National Breast Cancer General Practitioner referral guidelines.</p>	<p>CUH monitors patient triage classification through audit and review with actions put in place to mitigate risks. A further audit is planned for August 2011.</p> <p>CUH is participating in the NCCP National Review of Triage and Referral Processes to ensure patient triage classification is recorded according to the National Quality Assurance Standards<sup>(2)</sup> and National Breast Cancer General Practitioner referral guidelines<sup>(9)</sup>.</p>
<p><b>A2.</b> The symptomatic breast disease service should put a targeted programme of actions in place to ensure that all patients who are triaged as non-urgent are offered an appointment within 12 weeks, with this target being met in more than 95% of patients</p>	<p>The SBD service at CUH has arrangements in place to ensure all patients triaged as non-urgent are offered an appointment within 12 weeks (&gt;95% of patients).</p> <p>The service is routinely monitoring performance against the national SBD KPIs including access for urgent and non-urgent referrals. The service has arrangements in place to identify and implement required actions where a variance in achieving the target is identified.</p>

<b>Clinical Effectiveness</b>	
<p><b>CE1.</b> The symptomatic breast disease service should systematically and critically analyse the quality of care provided by developing and directing specific symptomatic breast disease clinical audit activities through the revised symptomatic breast disease governance structure.</p>	<p>CUH analyses the quality of the SBD service through the SBD Governance Group. This includes continuous monitoring and auditing of the service for example patient satisfaction surveys, monitoring of KPI performance with actions implemented as a result, e.g. reduction in patient length of stay, improvement in out-patient wound drain management.</p> <p>The SBD service is represented on the monthly mortality and morbidity group meetings for surgery and participates in the CUH general surgical audit programme. CUH is also represented on the NCCP Audit, Quality and Risk Forum.</p>

## 4. Conclusion

At the time of the focused review, the SBD service had reviewed the governance and operational management arrangements as well as the arrangements for the provision of outreach medical oncology services. The Authority found that the service had implemented actions to ensure a more structured, streamlined approach for the governance of the SBD service through a number of groups and committees at local and regional level through the CUH Group, the NCCP and the HSE. The service was able to demonstrate a clear alignment of the activities of these groups to ensure a comprehensive, integrated governance structure.

The service had a clear referral patient pathway for breast cancer patients from CUH to the medical oncology service in the SIVUH. There were arrangements in place for the coordination and monitoring of the patient journey with processes in place for the communication and availability of patient information to enable effective multidisciplinary decision making.

The service was routinely monitoring performance against the national SBD KPIs through the hospitals data management arrangements, through the SBD governance group and the CUH/NCCP service plan review meetings. There were arrangements in place to identify and implement required actions where a variance in achieving the target is identified.

The service had a framework to address the Authority's recommendations of the 2010 Quality Review.

Overall, based on the evidence of the focused review, the Authority concluded that the symptomatic breast disease service at Cork University Hospital had the arrangements in place to monitor the key quality and safety requirements as set out in the Standards<sup>(2)</sup>.

## 5. Next Steps

The Authority, under section 8 of the Health Act 2007 has the remit to monitor compliance with national standards. The Authority will liaise with the Director of the NCCP, delegated by the HSE as responsible for developing and monitoring an implementation plan for the recommendations of the National Quality Review of Symptomatic Breast Disease Services in Ireland.

The Authority will continue to monitor and publicly report on performance against national key performance indicators for symptomatic breast disease.

## 6. References

- (1) Health Information and Quality Authority. Report of the Quality Review Assessment at Cork University Hospital. Dublin: Health Information and Quality Authority; 2010. Available from: <http://www.hiqa.ie/category/publication-category/healthcare-quality-and-safety?page=1>. Accessed on 29 August 2011
- (2) Health Information and Quality Authority. National Quality Assurance Standards for Symptomatic Breast Disease Services – Developing Quality Care for Breast Services in Ireland. Dublin: Health Information and Quality Authority; 2007.
- (3) Health Service Executive. January 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (4) Health Service Executive. February 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (5) Health Service Executive. March 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (6) Health Service Executive. April 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (7) Health Service Executive. May 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (8) Health Service Executive. June 2011, Performance Report on NSP 2011. Dublin: Health Service Executive;2011.
- (9) Health Service Executive. National GP Breast Cancer Referral Guidelines, April 2009. Dublin: Health Service Executive;2011.

Published by the Health Information and Quality Authority

For further information please contact:

Health Information and Quality Authority  
George's Court  
George's Lane  
Smithfield  
Dublin 7

Phone: +353 (0) 1 814 7400  
Email: [info@hiqa.ie](mailto:info@hiqa.ie)  
URL: [www.hiqa.ie](http://www.hiqa.ie)

© Health Information and Quality Authority 2011