OUTLIER RESPONSE AND Action Plan: The lung cancer clinical outcomes publication (LCCOP)

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| **Outline of the service** |
| * *What is the population and the lung MDTs served?* * *What is the organisational context of the unit (specialist hospital or service within a general hospital, large vs. smaller unit)* * *Are there any gaps in staffing or other resources?* |
| **Issue(s) Identified** |
| * *Which outcome was outside the expected range i.e. was outlying; 30, 90 or 365 day survival?* * *How does the result compare to previous years, and to similar surgical units?* * *If any causative or contributory issues have been identified, please itemise them.* |
| **Data Collection** |
| * *What processes are in place for collecting data within the surgical unit and the MDTs that it serves?* * *What processes are in place for clinical validation of the LCCOP data?* * *What data collection resources are available to the clinical team; e.g. how much data collection and audit personnel time is devoted to thoracic surgery, what IT or software resources are available?* |
| **Data Quality** |
| * *Is there any evidence that local data quality falls below the national standards?* * *What investigations have been carried out to determine where data submission processes have fallen short of expected?* * *Is there any issue with allocation of cases to other local trusts or to other cancer teams within the trust (e.g. cancer of unknown primary)?* * *What are the barriers to improved data quality?* * *Does the unit have regular morbidity and mortality meetings? Are there any other routine audit or quality improvement activities?* |
| **Investigation of the Issue** |
| * *Has any investigation of the care given to individual patients been performed? Who carried this out and what were the findings?* * *Has any supporting data (e.g. NLCA reports, local Getting it Right First Time (GIRFT) report, SCTS returns data, Trust critical incident reporting or other internal data) been used to cross-reference the LCCOP findings?* * *Consider any potential issues in terms of (1) the outcomes achieved (survival, complication rates), (2) the processes of care used (e.g. does pre-operative assessment meet NICE or BTS/SCTS guidelines), and (3) the setting in which care is provided (e.g. the size of the unit, staffing, resources).* |

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| **Action Plan** | | | |
| Create a SMART action plan (Specific, Measurable, Achievable, Realistic, Timely) | | | |
| **Action** | **Responsible person(s)** | **Timescale** | **Output** |
| *(EXAMPLE) Prospective audit of documentation of lung function and transfer factor in all lung resections* | *Dr XX* | *End October 2018* | * *Report to divisional audit meeting* |
| *(EXAMPLE) Implement routine weekend consultant ward round* | *Clinical Lead: Dr XX*  *Management Lead: XX* | *End January 2019* | * *Agree DCC PA funding* * *Change to surgical job plans* |
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| **Discussion and Dissemination** | |
| * Have the LCCOP findings and other relevant data (e.g. National Lung Cancer Reports for Local MDTs) been disseminated to the clinical team? * Does the Trust Risk Register need to be updated? * Have any issues been identified which require notification of local commissioners or the CQC? * How have/will the results of this action plan be disseminated to all interested parties? * Has the investigation identified any patient issues that require duty of candour letters? | |
| Name | Signature |
| Clinical Lead for Thoracic Surgery: |  |
| Medical Director: |  |
| Chief Executive: |  |