

Process for reviews in clinical oncology services

Board of the Faculty of Clinical Oncology
The Royal College of Radiologists

1. Introduction

The Faculty of Clinical Oncology may, from time to time, be asked to respond to a request for reviews of service provision in departments of clinical oncology where concerns have arisen regarding standards, governance or performance issues. As such, requests may be both sensitive and urgent. The Faculty has an agreed and appropriate process for conducting such a review. It is essential that any review is carried out effectively and in the interests of maintaining high-quality oncology services for patients.

This document is intended to inform trusts etc, departments and individuals of the Faculty's agreed process for service review in clinical oncology and to provide an overview of procedures. It is based on the procedures and policies that have been developed for the conduct of service reviews in the Faculty of Clinical Radiology.^{1,2} The Faculty's Clinical Oncology Professional Support and Standards Board (PSSB) and Faculty Board have agreed not to establish a formal Service Review Committee due to the relative infrequency of such requests. The process for service reviews will instead be overseen by the Clinical Oncology Officers who will form the group to manage any review request, in conjunction with the medical members of the Faculty's PSSB. The review process will remain confidential and will not be shared with members of the PSSB, apart from those who are members of a specific review team.

Requests for, or queries about, service reviews should be directed in the first instance to the Dean of the Faculty of Clinical Oncology at The Royal College of Radiologists, 38 Portland Place, London W1B 1JQ.

Throughout this document, 'trust' will be used to refer to the different types of health organisations delivering healthcare in the UK.

2. Overview of the service review process

2.1 Request from the trust and commencement of the process

- 2.1.1 The initial contact to the RCR may be by letter, email or telephone to the Dean, or another Officer, of the Faculty of Clinical Oncology.
- 2.1.2 The review arrangements and processes will be led by the designated Clinical Oncology Officer which, unless there is an actual or perceived conflict of interest, will be the Dean of the Faculty of Clinical Oncology. In the event that there is a conflict of interest, another Clinical Oncology Officer will be designated to lead the review arrangements and processes.
- 2.1.3 If, after an initial dialogue with the trust concerned, the designated Clinical Oncology Officer deems that a review is appropriate and is a likely course of action, (s)he will write to the trust's chief executive asking for a formal letter of invitation from the trust for a review. A template letter to the trust for this purpose is provided at Appendix 1.
- 2.1.4 In its response the trust should:
 - Clearly define in writing the problem as seen by the trust, and the reason(s) for the request
 - Indicate:
 - a. Whether a referral has been made to the National Clinical Assessment Service (NCAS), General Medical Council (GMC) or similar organisation and
 - b. Whether employment tribunals or other related legal processes are completed, or in progress, or are expected to commence during the service review; and
 - Give details of the steps already taken to try to resolve the problem and their outcomes.
- 2.1.5 Allegations of poor performance on the part of an individual will usually be investigated by NCAS, or other appropriate body, or through the Responsible Officer in a revalidation process, rather than by the RCR. While reviews of poor performance on the part of an individual per se will not be undertaken by the RCR, reviews of overall service provision may impact on specific individuals. Where a review is requested, it will be made clear to the trust that the RCR's review team will review the whole oncology service within which those individuals are working. The trust must confirm that any such individual knows of the review and has been offered the opportunity to be accompanied at interview by a colleague or friend of their choice.
- 2.1.6 The trust will be informed that the review team will only consider issues relating to professional standards or areas of concern which have been identified by the trust procedures for clinical governance, critical incident reporting or risk management. This is to ensure that the issues for review have been subjected to

the necessary level of scrutiny locally to properly identify them as representing an unacceptable standard of service.

- 2.1.7 Where any external advice is agreed to be necessary, the trust must also agree to indemnify any clinical expert engaged to undertake this work and ensure that the individuals whose work is reviewed are informed about the agreed process.
- 2.1.8 Following receipt of the formal letter of invitation from the trust for a review to be conducted, the designated Clinical Oncology Officer will review the request with RCR Officers and decide whether to proceed with the review. If the trust's request does not meet the Faculty's agreed role in CO service reviews, the designated Clinical Oncology Officer will write and inform the trust of this. A template letter to the trust for this purpose is provided at Appendix 2.
- 2.1.9 If the trust's request does meet the Faculty's agreed role in CO service reviews, the designated Clinical Oncology Officer, will appoint a review team leader (see Section 2.2.1) and will notify the trust that the team leader will undertake a preliminary visit to the trust in order to be fully briefed by the trust, and be provided with any necessary documentation. A template letter to the trust for this purpose is provided at Appendix 3. The outline terms of reference and methodology will be discussed at this stage.
- 2.1.10 Following the preliminary visit and any subsequent contacts, a final decision on whether to proceed with the review will be made by the Clinical Oncology Officers after consultation with the team leader.
- 2.1.11 If the decision is taken not to proceed with the review, the designated Clinical Oncology Officer will notify the trust accordingly and give the reasons for this decision. A template letter to the trust for this purpose is provided at Appendix 4.
- 2.1.12 If, following the preliminary visit and any subsequent contacts, it is agreed to conduct the review, the designated Clinical Oncology Officer and the team leader will appoint team members for the review (see Section 2.2.2). The review team leader and team members will discuss and finalise the terms of reference and methodology for the review. These will be subsequently agreed with the designated Clinical Oncology Officer and the trust.
- 2.1.13 If it is decided that the services of a clinical expert or another member of the multidisciplinary team (MDT), physicist, radiographer, pharmacist, dosimetrist or senior nurse are required to assist with specific aspects of the review, the terms and costs for this will be agreed. Any report provided will not necessarily form part of the final review report.
- 2.1.14 The designated Clinical Oncology Officer will confirm formally in writing to the trust that the review will be carried out by the RCR by sending a standard letter (Appendix 5) and a Deed of Indemnity (Appendix 6) for signature. The letter will include details of fees (Appendix 7), terms of reference, an information management protocol dealing with confidentiality in respect of any requests received by the trust under the Freedom of Information Act 2000 (Appendix 8) and the names of the review team. These documents, together with the latest published version of *Process for reviews in clinical oncology services*, will form the basis of the agreement between the RCR and the trust and, once agreed, cannot be changed without the consent of the designated Clinical Oncology Officer and the trust.

The designated Clinical Oncology Officer will also request in writing from the trust the core data needed to inform the review, and any other information deemed necessary (a standard core data questionnaire can be found in Appendix 9).

In summary, the trust will be requested to:

- Inform all the involved local clinicians that an external review of the department of clinical oncology has been requested
- Agree the Terms of Reference and methodology with the RCR
- Indemnify the review team, the RCR and any clinical expert appointed to assist with the review
- Agree that the proceedings of the review and all related documentation will be treated as absolutely confidential by the trust and its employees
- Agree to abide by the protocol on information management
- Arrange and fund the appropriate administrative support for the review team, including the provision of an independent stenographer
- Provide suitable and private office accommodation to allow the review team to conduct its work in absolute confidentiality
- Identify a single point of contact who should be a senior clinician or manager
- Reimburse direct expenses and recompense appropriately the members of the review team and any additional agreed clinical expertise through the RCR

- Agree to formulate an action plan in response to the review recommendations and to respond at chief executive level to the RCR's request for information on progress with any action points in the action plan at six months after the review.
- 2.1.15 The designated Clinical Oncology Officer will write a letter of appointment to any external clinical expert (Section 2.1.13) where agreed. A template letter for this purpose is at Appendix 10.
- 2.1.16 Confirmation by the trust of its acceptance of the terms of the review will be the receipt by the RCR of the signed Deed of Indemnity.
- 2.1.17 The team leader will then brief the team members, with the definitive terms of reference, methodology, fees, administration procedure, and so on and make available to team members all relevant documents/core data.
- 2.1.18 The RCR will make a provisional booking via a suitable agency for an independent stenographer. Final arrangements for the stenographer must be organised by the trust and approved by the team leader in advance of the review (Appendix 11).

2.2 The team leader and team

- 2.2.1 The team leader is appointed from among the medical members of the Clinical Oncology PSSB, by the designated Clinical Oncology Officer, in conjunction with other Clinical Oncology Officers.
- 2.2.2 Members of the review team are appointed from among the medical members of the Clinical Oncology PSSB by the designated Clinical Oncology Officer, in conjunction with the team leader. Where particular expertise or experience is required beyond that available through members of the Clinical Oncology PSSB, the review team may be drawn from medical members of wider Clinical Oncology Boards and Committees. In particular, where significant training issues have been identified as part of the review, the Warden or a member of the RCR Faculty of Clinical Oncology Specialty Training Board may be consulted for advice.
- 2.2.3 The team leader and team members will be appointed with regard to the following.
- There should be a minimum of two clinical oncologists appointed to the team in addition to the team leader, one of whom should be from a department of similar size and nature to the one visited.
 - If a university-appointed oncologist is directly involved as part of the review, the review team should include a clinical oncologist who holds a university appointment.
 - If there is a problem related to a specific area of clinical oncology, this should be reflected in the choice of team members, one of whom should have the appropriate specialist skills/expertise.
 - Consideration should be given to the inclusion of a medical oncologist where teamworking or any areas of mutual practice are identified within the clinical service in the initial scoping of the review.
 - The review team may be asked to assess problems of process, organisation and management. While some clinical oncologists may possess the necessary skills, it may be appropriate to include an experienced clinical manager on the review team.
 - Consideration should be given to the inclusion of other professionals, for example a senior radiographer, medical physicist, clinical pharmacist, dosimetrist, clinical nurse specialist or an appointed lay member.
 - Conflicts of interest, biases or prejudices must be identified before selection.
 - Robust lines of communication must be in place between the review team and the RCR.
- 2.2.4 The team leader and team are briefed by standard letter of appointment (see Appendix 12), which includes:
- a. The terms of reference for the review
 - b. The agreed outline methodology
 - c. Full supporting documentation
 - d. Timetable
 - e. Any other appropriate documentation.
- 2.2.5 All team members should be advised that the terms of reference and methodology should be varied only following explicit agreement by the designated Clinical Oncology Officer, who will then ensure agreement by the trust.
- 2.2.6 The team leader is responsible for setting the date of the review visit, co-ordinating the team and the visit, the necessary liaison with the trust and the conduct of the visit, including final decisions on who may be interviewed, or be present during interviews.

2.3 The review visit and conduct of the review

- 2.3.1 The visit to the trust will be in accordance with the Faculty's agreed role in clinical oncology service reviews. The principles of natural justice should be observed on all occasions.
- 2.3.2 The review visit is unlikely to take place at less than 6 weeks' notice due to the requirement for review team members to give notice for leave of absence.
- 2.3.3 The trust will be asked to circulate to individuals invited for interview a briefing note in advance of the review (see Appendix 13).
- 2.3.4 An independent stenographer, organised and funded by the trust, must be used to provide a transcript of formal interviews. Interviewees will be informed that transcripts of their interviews will be kept confidentially in hard copy format or electronically by the RCR, as a safeguard for them, for six months following formal acceptance of the report (see Section 3.3.4). The transcript will remain the property of the RCR (see Appendix 8). All members of the review team will normally be present at interviews but where this is not possible at least two team members will be present. Any other form of formal contact with individuals (such as telephone interviews) should be minuted and signed by the individuals concerned.
- 2.3.5 If, during the visit, the team leader feels it is necessary to change the terms of reference or methodology, s/he will discuss this with the designated Clinical Oncology Officer, who will agree and changes with the trust. Any revised document must be checked with the RCR (with the designated Clinical Oncology Officer) before it can be agreed.
- 2.3.6 Written records will be kept in accordance with the information management protocol.
- 2.3.7 Interviewees will have been told at the beginning that evidence will not appear against their name without their prior consent.
- 2.3.8 The team leader is responsible for the conduct of the visit, including final decisions on who may be interviewed or be present during interviews.
- 2.3.9 The designated Clinical Oncology Officer should be kept informed about the progress of the review.
- 2.3.10 The team leader may (following discussion with the designated Clinical Oncology Officer) suspend or terminate the review if it is discovered that the context of the review has changed.

3. The report

- 3.1 The Clinical Oncology Executive Officer at the RCR will provide secretarial support to the review team, if requested, for preparation of the report. All pages of each draft report should be clearly marked with their draft number (or marked 'Final') and dated.
- 3.2 *Draft 1* – The team leader and team will prepare a draft report of the review. A template for this report is at Appendix 14. The completed draft report should be sent to the designated Clinical Oncology Officer, for discussion with and comment by Clinical Oncology Officers, and to ensure it does not conflict with wider RCR policies.
- 3.3 *Draft 2* – Following any comments on Draft 1 by the RCR, this should be redrafted by the team leader, clearly marked as 'Draft 2', and sent to the designated Clinical Oncology Officer. The team leader may choose to send Draft 2 to other individual team members for comment. Draft 2, minus the recommendations, will be sent to the medical director and chief executive of the trust for confirmation of factual accuracy. Responses should be requested within a clearly stated deadline. That this consultation has occurred should be mentioned within the final draft of the report.
- 3.4 *Final report*
 - 3.4.1 The team will produce a final report incorporating amendments as appropriate and this will be sent to the designated Clinical Oncology Officer. The final report will be agreed by the designated Clinical Oncology Officer and the team, in consultation with other Clinical Oncology Officers, as appropriate. The final report, signed by the designated Clinical Oncology Officer, including recommendations, will then be sent to the trust, in accordance with the Terms of Reference for the review. The report with recommendations will be sent to the trust chairman, chief executive, medical director and clinical director.

The RCR reserves the right to communicate the existence of the report to other appropriate or proper bodies (for example, in England, the Care Quality Commission, and/or the Department of Health), where issues of patient care or safety are involved.

- 3.4.2 A copy of the final report will be reviewed at the next meeting of Clinical Oncology Officers. Draft reports will also be reviewed at Clinical Oncology Officers meetings as 'works in progress'.
- 3.4.3 An anonymised summary report of key themes from reviews may be produced by the Faculty of Clinical Oncology for publication.

4. Review recommendations

- 4.1 The review team may recommend changes to the working environment, support facilities or equipment replacement programmes. Advice may cover not only clinical practice but also communication and management structure.
- 4.2 The review team may recommend that a process of further training of an individual consultant clinical oncologist or oncologists would enhance the performance and improve the service to the patients served by the trust.
- 4.3 If appropriate, the review team will indicate that the practice of individual oncologists or of departments should be restricted where the facilities are inadequate for the safe performance of particular procedures or the number of procedures being performed within the department are inadequate to maintain competence.
- 4.4 The review team may recommend disciplinary procedures or referral to the GMC where expertise or performance falls below minimum acceptable standards.
- 4.5 The trust or equivalent body may be advised to review and revise local practice in the light of the review team's report, published data and evidence from other institutions.
- 4.6 The RCR reserves the right to communicate the existence of the report to a higher level within the NHS (for example, in England, the CQC, strategic health authorities, and/or the Department of Health) if it is felt that patient care or safety is an important issue.

5. Information management

- 5.1 All service reviews will be conducted confidentially and all information or documentation generated by reviews shall be treated in accordance with the information management protocol.
- 5.2 The transcript of any interviews conducted as part of the review, the draft report and the final report remain the property of the RCR.
- 5.3 In relation to personal data, the RCR and the trust will abide by the Data Protection Act 1998.
- 5.4 Although, the Freedom of Information Act 2000 does not directly cover the RCR, the Act does have an indirect effect to the extent that the RCR shares information generated in the course of the service review process with the trust. The RCR therefore requires that in commissioning a service review, the trust abides by the information management protocol set out in Appendix 8.

6. Expenses

- 6.1 The expenses claims from the review team should be sent to the team leader for onward transmission to the Clinical Oncology Executive Officer at the RCR.
- 6.2 The review team expenses will be processed by the RCR Finance Department.
- 6.3 The RCR Finance Department will produce an invoice to be sent to the trust for payment.

7. Post-review follow-up

- 7.1 A follow-up letter will be sent to the chief executive of the trust by the designated Clinical Oncology Officer six months after the review to ascertain progress following the review (Appendices 15 and 16), and a response will be required at chief executive level.
- 7.2 Written evidence relating to the review will be kept until six months after the RCR's follow-up letter is sent, regardless of whether the trust has responded.

Approved by the Board of the Faculty of Clinical Oncology: October 2011

References

1. The Royal College of Radiologists. *The process for service reviews conducted by the Service Review Committee*. London: The Royal College of Radiologists, 2006 (updated April 2011).
2. The Royal College of Radiologists. *College Review of Radiology Services*, Third edition. London: The Royal College of Radiologists, 2009.

Appendix 1. Standard example initial letter to trust

DRAFT

Date

Dear [Chief Executive]

We are in receipt of your initial request for the Faculty of Clinical Oncology within The Royal College of Radiologists (RCR) to undertake a service review in the department of oncology. The process of service review is undertaken according to the RCR's Faculty of Clinical Oncology *Process for reviews in clinical oncology services*, a copy of which is enclosed with this letter.

The RCR is keen to ensure that the process of service review evaluates whole departments and, where appropriate, individual oncologists within departments, to ensure that any review is performed in context. However, the RCR is also keen to ensure that internal processes have been exhausted prior to commencing a service review visit. In this respect I would draw your attention to Section 2.1.4 within the enclosed *Process for reviews in clinical oncology services*. **In particular, it is important for the RCR to receive a written outline of the problem, or scope of the problems, perceived by the trust; the processes that have been followed in order to attempt to resolve the problem(s); and the outcome of those processes.** The RCR must be informed of any outstanding issues and particularly if any other bodies (such as the National Clinical Assessment Service [NCAS], the General Medical Council and so on) are involved and if the trust is aware of any legal advice having been sought.

Allegations of poor performance on the part of an individual will usually be investigated by NCAS, or other appropriate body, rather than by the RCR. In circumstances where a RCR review is requested, agreement will be dependent on your agreement that the review team will review the whole oncology service within which the individual is working. If this is relevant to this particular request, please confirm to me that any such individual knows of the review and has been offered the opportunity to be accompanied at interview by a colleague or friend of their choice. Please note that any review would be conducted according to the terms of the information management protocol established by the RCR, a copy of which is at Appendix 5 of the enclosed *Process for reviews in clinical oncology services*.

You should note that the review team will only consider issues relating to professional standards or areas of concern which have been identified by the trust procedures for clinical governance, critical incident reporting or risk management. This is to ensure that the cases and situations examined have been subjected to the necessary level of scrutiny at local level to properly identify them as representing an unacceptable standard of service. Where an external review of any work is agreed as part of the review, the trust must agree to indemnify any clinical expert engaged to undertake this work and ensure that the individuals whose work is reviewed are informed about the agreed process.

I would be grateful if we could now receive a formal request from the chief executive of the trust along with a written outline of the scope of the problem(s). If we agree, following your response to this letter, that the request falls within the brief of the RCR then I will arrange to appoint a service review team leader who will then contact you to organise a preliminary visit.

I look forward to hearing from you.

Yours sincerely

[name]

**[Designated Clinical Oncology Officer]
Faculty of Clinical Oncology**

Appendix 2. Standard example letter informing trust of decision not to proceed with review (before preliminary visit)

DRAFT

Date

Dear [Chief Executive]

Thank you for your letter of [date] in which you formally requested the Faculty of Clinical Oncology within The Royal College of Radiologists to undertake a review of clinical oncology services within [name of trust].

In accordance with the RCR's policy and process for reviews of clinical oncology services, the Officers of the Faculty of Clinical Oncology have reviewed the [name of trust] trust's request and decided that it does not meet the Faculty's agreed role in clinical oncology service reviews for the following reasons:

- ...
- ...
- ...
- ...

The Clinical Oncology Officers understand the situation which is being faced by [name of trust] but I am sure you will appreciate the Faculty's position and why we are unable to assist you further.

Yours sincerely

[name]

**[Designated Clinical Oncology Officer]
Faculty of Clinical Oncology**

Appendix 3. Standard example letter informing trust of preliminary visit by team leader

DRAFT

Date

Dear [Chief Executive]

Thank you for your letter of [date] in which you formally requested the Faculty of Clinical Oncology within The Royal College of Radiologists to undertake a review of clinical oncology services within [name of trust].

In accordance with the RCR's policy and process for reviews of Clinical Oncology services, I have now asked [name of team leader], as the appointed service review team leader, to undertake a preliminary evaluation of the scope of the review. This will involve a visit to [name of trust] in order to be fully briefed by the trust, and to be provided with any necessary documentation. [S/he] will be in contact with the trust in due course to arrange this visit. I would be grateful if you could supply contact details of any individuals (for example, clinical director, medical director, lead clinician(s)) whom it would be appropriate for the team leader to meet during this visit.

Yours sincerely

[name]

**[Designated Clinical Oncology Officer]
Faculty of Clinical Oncology**

Appendix 4. Standard example letter informing trust of decision not to proceed with review (after preliminary visit)

DRAFT

Date

Dear [Chief Executive or lead person for the preliminary visit by team leader]

Further to the visit made by [name of team leader] to [name of trust] on [date], [name of team leader] has consulted with the Faculty of Clinical Oncology Officers regarding the request for a review of clinical oncology services. We have considered the scope and nature of the problem(s) identified by [name of trust] and all the issues discussed during the course of the visit, together with the materials that [name of trust] provided to [name of team leader]. This consultation was conducted in accordance with the RCR's policy and process for reviews of clinical oncology services.

The Officers of the Faculty of Clinical Oncology have decided that the request made by [name of trust] does not meet the Faculty's agreed role in clinical oncology service reviews. Our reasons for this are as follows:

- ...
- ...
- ...
- ...

The Clinical Oncology Officers understand the situation which is being faced by [name of trust] but I am sure you will appreciate the Faculty's position and why we are unable to assist you further.

Yours sincerely

[name]

**[Designated Clinical Oncology Officer]
Faculty of Clinical Oncology**

cc. [Chief Executive or lead person for the preliminary visit by team leader]

Appendix 5. Formal letter of confirmation of review to trust

DRAFT

Dear [Chief Executive]

Re: Request for review

I am writing further to your letter of [date] in which you sought the help and advice of the Faculty of Clinical Oncology within The Royal College of Radiologists (RCR) in respect of a performance review of the [name of dept] at [name of trust].

I can now confirm that the RCR has formed a review team of [how many] representatives, namely [insert names] and with [name] agreeing to act as a lay representative.

The proposed review will be subject to the following terms and conditions and enclosed documents, which must be agreed in writing by the trust before the review can proceed. A provisional date will be set for the review to take place upon receipt of the signed Deed of Indemnity (1.1 below) plus a signed copy of this letter confirming the trust's agreement to the contents of the documents at 1.2 to 1.4 and the points specified in paragraph 2 below.

1. Enclosed documents

- 1.1 Deed of Indemnity – this has been drawn up with regard to the various parties involved. On the understanding that it is acceptable to you, I should be grateful if you would sign this document, before witnesses, and then return it to me at the RCR.
- 1.2 The latest version of *Process for reviews in clinical oncology services*.
- 1.3 Information management protocol.

2. Other key points

- 2.1 All those involved – the specialists within the department, the medical director or chief executive of the trust – should be informed that the review is taking place.
- 2.2 The trust's regional office must be informed that the trust has commissioned a review.
- 2.3 In accordance with the information management protocol (enclosed), the review must be carried out in an open and informal manner in discussions with all parties involved. All proceedings of the review and all related or generated documentation will be treated as absolutely confidential by the trust and its employees. The trust agrees to be bound by the information management protocol and to convey this to all those employed or engaged by the trust who will be participating in the review. In accordance with the protocol, the trust will notify the RCR what its procedures will be and what use it intends to make of the review report. Should this vary during the review or as a result of the report, the trust should advise the RCR beforehand.
- 2.4 The draft report will be sent to the chair and chief executive of the trust. The RCR will encourage the trust to share it with all who have taken part in the review.
- 2.5 The final report of the review team should be made available by the trust to all those concerned.
- 2.6 The fees and expenses of the review team must be met by the trust. The level of fee has been determined by the RCR in the light of the perceived complexity of the review and will be: [Specify here]
- 2.7 The administrative costs of the RCR [insert figure] in setting up this review must be met by the trust.
- 2.8 Appropriate facilities for the visit, including administrative and secretarial support to the review team and its meetings, must be organised and provided by the trust to the satisfaction of the review team leader. To ensure the accuracy of the information upon which the report is based, the trust will be required to arrange and pay for an independent stenographer. The RCR will make a provisional agency booking for this service.
- 2.9 A named individual for the review team leader to contact and liaise with concerning the visit must be identified by the trust.
- 2.10 All reviews will inevitably take a 360° approach. If the review highlights significant issues outside the strict terms of reference agreed with the trust, the review team reserves the right to investigate these issues.

Appendix 6. Deed of indemnity

THIS DEED OF INDEMNITY is made the [date] day of [month] [year]

BETWEEN:

(1) **THE [HOSPITAL] NHS TRUST** ('the Trust') whose principal place of business is [address];

and

(2) **THE ROYAL COLLEGE OF RADIOLOGISTS** ('the RCR') whose address is at 38 Portland Place, London W1B 1JQ.

WHEREAS:

1. The Trust has asked the RCR to assist it in resolving a problem ('the Problem') relating to the [state problem: with person/department/Trust as fully as possible] at the Trust's [name of hospital] hospital.
2. The RCR has proposed that the review team leader, the review team member[s] and any lay member and clinical expert where external peer review is required ('the review team') be jointly appointed to investigate the Problem and to recommend a solution for the Trust in accordance with the *Process for reviews in clinical oncology services*.

NOW THIS DEED WITNESSES as follows:

1. The Trust shall hold harmless and indemnify the RCR and the review team from and against any and all claims, losses, charges, liability (whether civil or criminal), damages, fines, financial impositions, compensation or costs (including legal costs) suffered or incurred by the RCR, the review team or its members, their servants or agents as a consequence of any claim made or action taken by any third party claiming to be affected, prejudiced or damaged by any act or omission by the Trust as a result of or in disregard of advice or recommendations made to the Trust by the RCR or the review team.
2. The indemnity set out in paragraph 1 is intended to include, but not be limited to, any claim for defamation or wrongful or constructive dismissal taken by any clinical oncologist who is the subject of any action taken based upon any advice or recommendation made to the Trust by the RCR or the review team. The indemnity set out in paragraph 1 is not intended to include any intentionally dishonest, fraudulent, criminal or malicious act of the RCR or the review team which arise from any steps taken to resolve the Problem.
3. The Trust shall, wherever appropriate, take independent legal advice on the possible consequences for it, the RCR, or the review team if it acts on or disregards any advice or recommendation by the RCR or the review team to resolve, ameliorate or otherwise deal with the Problem. Subject to any contrary obligation of confidentiality, such advice shall be disclosed to the RCR and to the review team who shall treat such advice in confidence.
4. The methodology and aims of any investigation of the Problem shall be as outlined in the *Process for reviews in clinical oncology services*. The Trust has had the right to make representations to the RCR about the methodology and aims.
5. The RCR reserves to itself the right to recommend pursuance of disciplinary procedures or referral to the General Medical Council (GMC) where expertise or performance falls below minimum acceptable standards. The RCR reserves the right to bring the report and transcripts of any interviews to the attention of such other bodies or persons as it sees fit.
6. The transcript of any interviews and the final report remains the property of The Royal College of Radiologists.
7. In the event that the Trust and the RCR agree that the services of a clinical expert are required to assist with specific aspects of the review, the clinical expert will be covered under the terms of indemnity as set out in paragraph 1.

IN WITNESS WHEREOF the Parties have executed this Agreement as a Deed.

Signed by
THE [HOSPITAL] NHS TRUST
in the presence of:

Name:
Signed:

Name:
Signed:
Occupation:
Address:

Signed by
THE ROYAL COLLEGE OF
RADIOLOGISTS
in the presence of

Name:
Signed:

Name:
Signed:
Occupation:
Address:

Appendix 7. Schedule of payments to members of service review teams (2012)

1. The Service Review fee is based on the length of any individual review and incorporates all work undertaken by the members and the review team leader in connection with the review. The 2012 rates:
 - One-day review: Member £650, Leader £1,625
 - Two-day review: Member £1,300, Leader £2,440
 - Three-day review: Member £1,950, Leader £3,250.
2. The size of the review team and the period of the review (and hence the total fees payable) should be agreed in advance between the trust and the review team leader.
3. Where there is a follow-up visit, this will be charged to the trust on the following daily basis:
 - £325 for the review team members
 - £500 for the team leader.
4. If the review visit or follow-up visit is cancelled by the trust within 14 days of the agreed date(s), the trust will be invoiced for the number of clinical experts' planned attendance days at the agreed rate.
5. The team leader will collect from team members all expenses and notification of to whom payment shall be made. Team members shall determine whether the visit shall be undertaken during their own or NHS time. If the latter, they should identify to which authority the fee should be paid.
6. In addition to the fees, trusts are required to meet clinical experts' direct costs, the costs of the review (including the stenographer) and the RCR's administration fee of £1,320 (2012 rate).
7. The RCR will pay all expenses and fees to the clinical experts as required by the team leader, and will invoice the trust for the total fees paid to review team members, their direct expenses (travel etc), plus the agreed RCR administration fee.
8. These rates are adjusted according to inflation annually.

Appendix 8. Information management protocol

The Royal College of Radiologists (RCR) considers it is important to the production of an accurate and effective review report, which will assist in service improvement both locally and in the application of learning points more widely, that all involved in the review process can participate in an open, constructive, fair, equal and co-operative way.

The RCR readily accepts that the trust or equivalent body will have disclosure obligations under the Freedom of Information Act 2000. Furthermore, disclosure to appropriate third parties of some information generated by service reviews may be a positive element in the overall strategy of improving oncology services for the benefit of patients and may assist oncology departments to perform better and to avoid or overcome problems. It is recognised that the trust will need to reflect on and use reports provided to them internally. The RCR also considers it vital that reports are used and recommendations and action implemented, as an important part of the review process is the follow-up to consider progress on any action points. However, to ensure that all individuals will feel that they can participate and contribute on an agreed basis in the review process, the review team will give an assurance of confidentiality, non-attribution or anonymisation to individual participants, and therefore needs to guarantee that the trust will ensure that such assurances are respected. An independent stenographer must be appointed to maintain this principle.

This is an outline of the principles to be adopted in relation to information generated by the review process and the handling of requests by third parties for disclosure of some or all of that information.

1. Confidentiality

- 1.1 All service reviews will be conducted confidentially, and all information or documentation generated by reviews shall be confidential to the trust and the RCR. Where patient care or safety is an important issue in any report, the RCR reserves the right to communicate the existence of the report to a higher level within the appropriate UK health service (see paragraph 4.6 of the *Process for reviews in clinical oncology services*).
- 1.2 The RCR will use its best endeavours to ensure that all individuals who are named in a report have an opportunity to comment, confidentially, on the relevant sections of a draft report. All proceedings of the review and all related documentation will be treated as absolutely confidential by the trust and its employees, during and after the review.
- 1.3 In relation to personal data, the RCR and the trust will abide by the Data Protection Act 1998.

2. Disclosure

- 2.1 The RCR has no general objection to disclosure within the trust of certain information arising from reviews such as:
 - Letters and formal documents relating to the request for a review, the terms of reference and methodology, the arrangements etc, provided that any reference to the names of individuals under scrutiny or means of identifying them are removed
 - Core data about the department provided by the trust for the review team
 - Administrative data such as records of contacts, visits, dates of meetings etc, again provided that any reference to the names of individuals under scrutiny or means of identifying them are removed
 - The contractual arrangements between the RCR and the trust, including fees.
- 2.2 By their very nature, however, service reviews inevitably deal with inherently sensitive information, which might be contained in a variety of documentation, including but not limited to:
 - All comments given to the review team, whether in documents or verbally, or at interviews, recorded in transcripts/stenographer records
 - Details of and/or comments about the trust's individual practitioners or managers who may be under scrutiny during a review
 - Minutes of team meetings
 - Personal notes kept by review team members
 - The draft and final reports
 - Communication with the RCR about specific issues discussed during reviews, and records of discussion of those matters within the RCR.

If any request under the Freedom of Information Act received by a trust is found to cover information of this sort, or if there are any enquiries or requests from third parties [that is, this includes individual oncologists or their advisers who may be thinking of suing the trust or the RCR] concerning such information, the trust

must consult the RCR before responding to the enquiry or request and be bound by any refusal by the RCR of consent to disclosure.

3. Retention of records

- 3.1 The RCR will keep written records of all contacts during the service review (including any summaries of telephone calls) until six months after the RCR's follow-up letter is sent, which is approximately six months after the review, regardless of whether the trust responds. After this point (approximately 12 months after the review), all such records will be destroyed by the RCR. For the avoidance of doubt, the remaining or retained documentation will be the formal documents surrounding the establishment of the review and the report itself.

4. Review of cases

- 4.1 Any such review conducted during a service review will not form part of the review documentation or report.

5. External statements

- 5.1 During the review process and until the completion of the follow-up process which will be undertaken six months after the completion of a review, the trust should ensure there is express agreement with the team leader and the designated Clinical Oncology Officer about any statement concerning the review given to an external agency. Similarly, the RCR will ensure that the trust is content with any statement about a review that it might make.

6. The trust's use of the review report

- 6.1 The trust accepts that the transcripts of any interviews, the draft report and the final report will remain the property of the RCR.
- 6.2 In using the report for its purposes, it is recognised that the trust must take all appropriate steps to ensure that the report is considered as necessary to ensure that it is implemented. However, the trust should ensure that all individuals who receive the full report are aware of and respect its confidentiality; that in any wider circulation any personal data is deleted or modified; and those individuals cannot be identified directly or indirectly.
- 6.3 In confirming that a review should proceed, the trust should state what its procedures will be and what use it intends to make of the review report, such usage to be in accordance with the principles set out here. Should this vary during, or as a result of, the report, the trust should advise the RCR.

Appendix 9. Standard core data questionnaire

Information required to support the RCR service review

Introduction

Each review of a department of clinical oncology will require certain information prior to the visit, to inform the review team members of the nature and pattern of work within the department. The amount of information will depend upon the nature of the review. Individual performance reviews, for example, may require information about workload, but would not, for example, require information about service level agreements. The following represents a menu from which data will be chosen, appropriate to the individual terms of reference for particular reviews. The specific items to be included for particular reviews will be determined by the Team Leader in consultation with the designated CO Officer. It is important to stress that while the information requested is adequate to undertake the review, it must not be viewed as including unnecessary and irrelevant data, if the credibility of the process of review is not to be undermined.

The following is an example of the information that may be required to support a review.

1. Workload and environment

- The number of new referrals and subsequent consultations/annum
- The geographic distribution of the service and any multi-site working
- The number and complexity of radiotherapy treatments delivered
- The number (%) of intensity-modulated radiotherapy (IMRT) delivered treatments
- The number, complexity and profile of systemic treatments delivered
- The process by which clinical oncology is linked to other specialties within the hospital, as well as to local and regional services
- Peer review reports (as appropriate to the department or the issues of the service review – for example, site-specific review)
- Ionising Radiation (Medical Exposure) Regulations (IRMER) inspection report
- Incident reports
- Cancer waiting time performance
- 30-day chemotherapy mortality reports
- Any available evidence relating to radiotherapy mortality rates – for example, deaths within four weeks of radiotherapy
- The working environment, to include brief description of the trust, including size of population served, number of beds etc. within the department of clinical oncology, the number of linear accelerators, other radiation delivery facilities, planning facilities and specialist services such as brachytherapy or isotopes delivery, the clinic accommodation, chemotherapy delivery accommodation and office accommodation
- Workload figures for the service – for example, number of cycles and courses of systemic therapy delivered, number of fractions and courses of radiotherapy delivered.

2. Workforce and job plans

- Names of oncology consultants in post indicating number of sessions worked and the agreed job plan
- Details of any consultant vacancies and of consultants staff turnover in the past three years
- Other medical support, including associate specialist and career grade doctors
- The job planning process and the regularity with which this is carried out
- Teamworking arrangements
- The appraisal process and the regularity with which that is carried out
- The level of recognition of teaching, on-call, acute oncology, multidisciplinary team meetings, and administration/management and other non-fixed commitments and the time and resources allocated for these responsibilities
- The departmental and individual clinical oncologist audit plan and the department process for audit
- The support available from non-consultant medical staff, nursing, radiography, physics and other staff groups.

Provide whole-time equivalent (WTE) for the following:

- (i) Radiographers and helpers
- (ii) Medical physicists
- (iii) Nurses including profile of clinical nurse specialists (CNSs)
- (iv) Secretariat and clerical staff
- (v) Pharmacists
- (vi) Dietetic/physiotherapy/speech therapy/occupational therapy.

3. Junior medical staff

- List of junior medical staff and profile of specialist registrar (SpR) trainees
- Junior staff rotas

4. Continuing professional development

- Opportunities for funded study leave
- Involvement of clinical oncologist in local education and training
- Personal development plans that are realistic and support and resourced by management
- Are all clinical oncologists able to fulfil the RCR requirements for CPD?

5. Communication

5.1 Communication between staff

- Communications between consultants, consultants and radiographers, physicist, nurses and clerical staff such as minutes of management, incident, peer review, IRMER meetings, communication of policies and procedures through email
- With other clinical consultants via multidisciplinary team conferences, with general practitioners, nurses and radiographers etc
- With management
- Consultant/medical staff meeting minutes

5.2 Communication between patients

- The process for assessment of patients' satisfaction
- Evidence from patients' satisfaction surveys
- Any complaints and testimonials relating to individual oncologist and to the department
- Any specific relevant clinical incidents
- Use of patient information leaflets

6. Management arrangements

- Local management structures shown in diagram format, identifying those with a management role in the oncology service
- Details of arrangements for local cancer networks
- Service level agreements (SLAs), if any, with oncology components
- The process of line management for dissemination of information and decision-making
- Management style and its effect on morale
- The involvement of clinical oncologists in trust management, particularly their representation on trust management boards
- Involvement of clinical oncologists in central decision-making processes, particularly in negotiations related to recruitment, contracts and workload
- Risk management strategies
- The opportunities for management training for clinical oncologist
- Administrative support
- List of responsibilities and leadership roles for the service (eg, audit/teaching/junior staff management/ethics committee/drugs and therapeutics/incident review committee/research committees)

7. Organisational infrastructure

- Functioning of appointment systems
- Robustness of the arrangements for health record generation, storage and retrieval
- Availability of appropriate IT, sufficient to support the activities of the department
- Electronic chemotherapy prescribing systems
- Radiotherapy planning systems
- Electronic patient record systems
- Results systems
- The presence of well-defined approved, written protocols
- The availability and adequacy of medical support for role development

8. On call and continuity of care

- Whether there is a robust on-call rota, including acute oncology
- Whether the arrangements for leave are clearly identified and adhered to
- The cover arrangements for leave

Appendix 10. Standard letter of appointment and remit of CO Service Review External Expert

DRAFT

[Date]

Dear Dr [name],

Re: Service review of [trust]

Thank you for agreeing to take part in a review of clinical oncology services at [trust]. We would be grateful for your expert opinion in this review in your capacity as a [professional capacity in which the person is being consulted].

For this work you will be covered under the terms of indemnity agreed and signed by both the College and the trust (copy enclosed). However, you may also wish to ensure that you are covered by your personal indemnity arrangements. You will be remunerated for this work for the fee of £xx per case following completion and submission of your report. All work relating to this review is to be considered confidential.

The nature of your report should be factual and un-opinionated. Your report will not form part of the College final review report, but you should note that excerpts from your report and/or reference to it may well be made in the final report to the trust. The College will retain your report in accordance with the stated Information management protocol for reviews (enclosed) up to around 12 months after the review, when the College follows up the review with the trust. After this point, your report and all other records, other than the formal review report, will be destroyed. You may wish to consider whether you would wish to retain a confidential copy of your report for your own records, and in accordance with your usual practice.

When you have completed your work, we propose that you should return any materials provided by the trust for its return, via the College.

Please contact myself or the Clinical Oncology Executive Officer, should you have any queries during this process.

Yours sincerely,

[Designated Clinical Oncology Officer]

Encs: Information management protocol
 Deed of indemnity

Appendix 11. Standard letter from trust chief executive to procure the transcription service provider, the provisional booking for which is made by the CO Executive Officer

DRAFT

'Date'

'Name & Address of Transcription Service'

Dear 'X',

Re: Departmental Review at 'X' Hospital, Scheduled for 'dates of review'

I am writing to confirm that we would like to procure your transcription services for a review of the clinical oncology services at [name of] Hospital.

The interviews will commence on [date] and [time]; the final timetable, maps and venue details will be emailed to you in due course.

Accommodation has been booked for the individual providing the transcription service in a local hotel for the nights of [dates].

The arrangements at [name] Hospital are being organised by [name] (lead review contact) (tel. number: ***, Email: ***).

We look forward to receiving confirmation of this booking and the name of the individual attending the review.

Yours sincerely,

[Name]

**Chief Executive
[name of Trust]**

Appendix 12. Standard letter of appointment to team members

DRAFT

Date

Dear [team member]

Re: Service review visit to [trust]

The Faculty of Clinical Oncology within The Royal College of Radiologists has received a formal request from [****] to undertake a review of its clinical oncology services. The issues as outlined by the trust are:

[issue 1 etc]

I am writing to formally invite you to join the visiting team. The outline methodology is [].

I look forward to hearing from you in this regard.

Yours sincerely

[Designated Clinical Oncology Officer]

Appendix 13. Instructions to individuals taking part in a service review

[Review name and date]

Information for individuals invited to be interviewed during a service review

1. Your trust or equivalent has asked the RCR's Faculty of Clinical Oncology to undertake a review of [***]. The principles of, and process for, the Faculty's review of services are set out in the *Process for reviews in clinical oncology services*. This document is available on the RCR website. The specific arrangements for each review are agreed in advance with the trust or equivalent.
2. The RCR seeks to work within an ethos of openness in the conduct of its work. It is important to the production of an accurate and effective review report, which will assist in service improvement locally and in the application of learning points more widely, that all involved in the review process can participate in an open constructive, fair, equal and co-operative way. All information relating to each review is treated as strictly confidential. The RCR's review team will give all participants an assurance of this confidentiality, as well as non-attribution or anonymisation of comments made. The trust or equivalent is asked to ensure that all such assurances are respected.
3. The review will be led by a team leader, who will be accompanied by [at least two team members, one of whom will be a lay member]. An independent stenographer will also be present to take and write up a transcript of all interviews, to help the team in assessing the review and writing its report.
4. During the interview, the review team may ask you about a wide range of issues relating to service delivery in your department/trust or equivalent.
5. Interview transcripts will be kept confidentially in hard copy format or in electronic form by the review team leader or by the RCR, in accordance with the information management protocol for reviews (see Process document, Appendix 7), and will at the end of the process be destroyed. The RCR will encourage the trust or equivalent to ensure the factual accuracy of the report and to share the final report as appropriate, ensuring any appropriate confidentiality. The RCR will send a follow-up letter to the trust or equivalent about six months after the review to ask for a report on progress on any recommendations in the report.
6. The transcript of any interviews conducted as part of the review, all draft reports and the final report remain the property of the RCR. The RCR and the trust or equivalent will abide by the Data Protection Act 1998 in relation to any personal data. Where patient care or safety is an important issue in any report, the RCR reserves the right to communicate the existence of the report to a higher level within the appropriate UK health service.
7. If you have any queries about your involvement in the review, please raise them with the review team leader.

Appendix 14. Review report

Guidance for writing the report of a service review

The written report

The most important outcome of the invited service review is the action taken on the recommendations in the written report produced by the review team. It is the aim of the RCR to issue the final report within a timely fashion (usually within three months) of the formal review visit by the review team.

The report will be prepared in draft format by the team leader and circulated to the review team for input and comments. The draft report will then be sent to the Designated Clinical Oncology Officer, for discussion with the Clinical Oncology Officers of The Royal College of Radiologists (RCR). The draft report will be amended to take account of any comments by the RCR and sent to the medical director and chief executive of the requesting trust for correction of matters of fact.

The transcript of any interviews conducted as part of the review, the draft report and the final report remain the property of The Royal College of Radiologists. It is for the trust to decide how the report should be used and who should see the report. However, the RCR expects that the report should be shared with those who provided information to the review team.

Since the RCR only makes recommendations based on its analysis of the situation, it is for the requesting trust to decide upon appropriate action.

Confidentiality and anonymity

All service reviews will be conducted confidentially and all information or documentation generated by reviews shall be confidential to the trust and the RCR. All individuals interviewed during the process of the review will be named in full in the report.

Appendix 15. Post-visit follow-up letter to trust

DRAFT

Date

Chief Executive

Hospital

Dear [xx]

Re: Service review – request for feedback

As part of our normal procedure following a service review, the College asks for feedback on the recommendations made to determine whether the review was useful. As some time has now passed since the visit, we felt this might be an appropriate time and we would very much appreciate your feedback on the points included in the attached questionnaire.

We would like to remind you that our review team would be willing to undertake a follow-up visit if you felt that would be helpful.

We look forward to hearing from you in this regard.

Best wishes.

Yours sincerely

Dr X

**[Designated Clinical Oncology Officer]
Faculty of Clinical Oncology
The Royal College of Radiologists**

Appendix 16. Feedback questionnaire

Audit of reviews

Name of trust reviewed:

1. Was the review useful for the organisation?
2. Who took charge of the recommendations?
Were they co-ordinated through one individual or were they delegated to several individuals?
3. What progress has been made?
4. Have all the recommendations been implemented?
If not, what are the reasons for this?
5. Views on how the process could be improved.

Citation details:

The Royal College of Radiologists. *Process for reviews in clinical oncology services*. London: The Royal College of Radiologists, 2012.

Ref No. BFCO(12)1 © The Royal College of Radiologists, February 2012.

For permission to reproduce any of the content contained herein, please email: permissions@rcr.ac.uk

This material has been produced by The Royal College of Radiologists (RCR) for use internally within the specialties of clinical oncology and clinical radiology in the United Kingdom. It is provided for use by appropriately qualified professionals, and the making of any decision regarding the applicability and suitability of the material in any particular circumstance is subject to the user's professional judgement.

While every reasonable care has been taken to ensure the accuracy of the material, RCR cannot accept any responsibility for any action taken, or not taken, on the basis of it. As publisher, RCR shall not be liable to any person for any loss or damage, which may arise from the use of any of the material. The RCR does not exclude or limit liability for death or personal injury to the extent only that the same arises as a result of the negligence of RCR, its employees, Officers, members and Fellows, or any other person contributing to the formulation of the material.