

ORGANISATION OF EUROPEAN CANCER INSTITUTES

PEER REVIEW OF TRINITY ST JAMES'S CANCER INSTITUTE

2019

SUMMARY OF REPORT

Strengths and Opportunities

Strengths

Cancer Centre Organisation and Governance

- Formal research collaborations exist between the Trinity Biomedical Sciences Institute, Trinity Translational Medicine Institute, Clinical Research Facility, and Trinity Centre for Practice and Healthcare Innovation
- Since 2018 TSJCI has developed its organisation and governance structure, with the Cancer Institute Executive Committee being established
- As of 2019, the full implementation of the final planned organogram for TSJCI was still pending
- TSJCI was encouraged to improve their document management some documents that were provided to the audit team were out of date

National Leadership and Government Support

- SJH has a broad cancer patient portfolio
- It is a nationally designated reference centre for 4 cancer surgical modalities and for molecular diagnosis
- TSJCI has been designated at the national centre for CAR-T cell therapy
- TCD is recognised as an advanced research institution internationally
- The development of TSJCI is in accordance with the national cancer development plan

Aims and Strategic Plans

- TSJCI has several comprehensive and detailed strategic plans for its development
- 2017-2021 Strategic Document: Aims to integrate the clinical care and research structures into a coordinated entity and includes education in an academic setting, to prioritise research in the basic and translational/clinical fields, and to develop TSJCI into an international reference site
- Aim to integrate basic science at TCD with translational and clinical research at SJH
- Have developed 8 tumour-based research programs

Multidisciplinary, including MDT structure and function

- Auditors evaluated that the MDTs are in place and are well functioning for all tumour groups, and common guidelines are followed
- Noticed that gastrointestinal MDT discussed all GI tumour sites in one meeting. The audit team suggested splitting this MDT into upper and lower GI MDTs for more optimal time management.

Nursing

- The audit team commended SJH/TSJCI on a well-educated, highly motivated, and well organised nursing staff. Nursing leadership is very strong.
- Noted that they work to evidence-based protocols
- Praised the robust institutional education system, efficient organisation, and well-known procedures.

Supportive Care

- Well organised and based upon multidisciplinary collaboration
- Referrals come through medical and nursing staff
- NMBI 3-day psycho-oncology programme is provided annually to staff by the psycho-oncology team
- Hospital's survivorship plan links in with local support services
- Hospital has a 'no tobacco' policy on the grounds

Education

- TSJCI's education system is robust
- Interdisciplinary training and education programme that includes oncology, several MSc programmes focusing on oncology, and a structured PhD programme
- Education is continued by periodic evaluation of employees
- Partner with Irish Cancer Society, ARC Cancer Support Services, and others
- Comprehensive libraries of patient information are present

Overall ICT Structure

- Internal ICT competence and capacity appear strong
- EPR system is strong due its comprehensiveness, strong cancer management support, user-friendliness, modulated safe access policy and single sign-on procedure
- Audit team noted that EPR is not yet operational in outpatient clinics
- 80% of the EPR content is categorised and can be downloaded, and there is an integrated electronic chart on the wards
- TSJCI has a data protection policy compliant with GDPR and a written role for the DPO

Availability of research facilities

- TCD and SJH together offer a strong portfolio of research infrastructure
- TCD offer support to start-up companies and technology transfer services

Oncogenetics

- National Cancer Genetics Service is present in SJH
- Genetics testing is outsourced to 4 different laboratories

Pharmacy

- Pharmacy is well-organised and relies on an Automated Dispensing System
- Prescription, preparation, delivery, and administration of cancer drugs are secured through documented, well known, and applied SOPs. This system is paper based, but digitalisation is planned
- Aseptic Compounding Service ensures 2500 cancer drug preparations per month, some of this is outsourced to private pharma

- Testing is carried out on a GMP compliance basis and technical calibrations are operated every 6 months under SLA with suppliers

Opportunities

Co-ordinated Strategic Plan for research across TSJCI

- It is advised that one coordinated research strategy is formulated and is a joint venture between TCD, SJH, and St Luke's
- It should also include strategies for the development of innovation from own research
- The 2017-2021 TSJCI Strategic plan is very descriptive, and it would be beneficial if it was transformed into a more prioritised action plan
- The Improvement Plan following the OECI A&D process should also be included into these plans

Visibility of St Luke's Radiotherapy Network (SLRON)

- The audit team advised increased involvement of SLRON in the TSJCI governance, strategic plans, annual report, and research activities
- It is strongly advised to include the radiotherapy modality to a larger degree in all relevant processes

Annual Report

- TSJCI issued a first annual report for the year 2018, this was very descriptive
- The 2018 report contains 'Key Priorities' in each chapter, and in future reports it is advised that such priorities should result from the preceding annual results
- Research section should include content from all areas of research and innovation
- The report from the Cancer Audit Programme at SJH gives valuable insights and should be continued complementary to the annual reports

Clinical Research Activity

- The volume of clinical trial activity is low for both active trials and number of patients enrolled in them, and this a hurdle with respect to the OECI standards for Comprehensive Cancer centres in Ireland
- The strengthening of the CCTU is planned
- The audit team supports the CCTU Strategy 2018 which aims to improve this area and gives further advice to TSJCI such as to prioritising solving the most urgent issues, include clinical trials as ordinary treatment for patients, and to set annual targets for number of active studies etc.

Consultant numbers

- The number of medical oncologists employed seems low given the large cancer patient volume, this also limits the amount of dedicated research time they have
- This is also an obstacle for increasing clinical trial activity

Research Governance

- Advised that TSJCI establishes a committee which evaluates all clinical study proposals with regard to scientific interest and quality, feasibility, priority, funding and other resource availability

- Also, to establish a Cancer Centre Research Council to meet regularly with broad representation from cancer research stakeholders

Cancer biobank and link to clinical data

- No centralised database on available samples
- Advised that TSJCI develops a centralised biobank database for future research use and an improved systematic link to detailed clinical registries

Scientific Advisory Board (SAB)

- An international SAB had been appointed but not yet consulted, advised that they become engaged in the strategic research priorities in the near future

Further development of Clinical Pathways

- Clinical pathways are under development
- In clinical pathways the responsibilities of the different disciplines involved in the diagnosis, treatment, follow-up, and survivorship of the patient should be defined

Treatment Guidelines

- These are provided by the National Cancer Control Programme

Digital system for anti-cancer medication

- There are protocols and SOPs available for the prescription, preparation, distribution, and administration of cytostatic drugs. These will be digitized.

Quality: Uniform reporting across TSJCI

- Recommended that TSJCI develop a structure for quality reporting and follow-up of quality issues specific for the cancer institute
- An annual report on the quality in cancer care should be developed, and should include quality issues in radiotherapy and an action plan for improvement
- Should also implement TSJCI specific audits

Document management control system

- Quality and Safety Improvement Directorate (QSID), Risk Register Guidance, Policy Safety Incident, Reporting and Management Policy Medication Safety Programme, and Policy Procedures were all provided
- Some policies and SOPs that were provided by TSJCI were out of date and so the system needs to be improved to systematically enforce document control

Day care/inpatient capacity

- The daycare department was well organised
- The audit team recommend a strategy to increase the capacity in the day ward

Patient empowerment

- Recommend that TSJCI engages its own group of patient representatives and involves this group in both strategic and operational activities