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1	Cancer Delivery Plan 2019 - 2020			Prevention								
2	Prevention											
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Serv	Lead Name	May 2019 Position	October 2019 Update	RAG
4	Prevention -Smoking Supporting the development of a sustainable health and care system focused on prevention and early intervention	We envisage that by 2030, by working with Welsh Government and others and by involving people in our decision-making, Public Health Wales will have: • delivered year on year increases in the proportion of children and young people who are smoke free and helped an increasing number of smokers to quit	Fully implement the existing Help Me Quit programme. This will include the development of a wider range of support options, including those which maximize the use of technology. We will take action to increase the proportion of smokers who are aware that quitting with NHS help provides the best chance of success and help health professionals support smokers to access the best help for them.					Primary Care	Info from JET paper - Keith Reed	<ul style="list-style-type: none"> • SBU Cessation Services Steering group established to aid greater collaborative working and collective planning between SBU cessation services. • Local service review of Hospital based Stop Smoking Service completed. Internal SBU discussions have been undertaken about optimal location of in house services. <ul style="list-style-type: none"> • SBU HB has treated 1613 smokers (November monthly activity data) against the cumulative monthly target of 2008 smokers. • All three smoking cessation services have achieved the 40% target for CO Validated 4 week quitters for all months except one service for one month (October). • Primary and Secondary care promoting and refer to smoking cessation services. • Inpatient referrals to the in house hospital service are low despite a high level of training and awareness raising about service. • 100 Community Pharmacies commissioned from April 2018 to deliver the level 3 smoking cessation Primary Care Pharmacy Service have plan in place to address performance and share success of top performing Pharmacies. • SBU has treated 1003 smokers (monthly activity data) against the cumulative monthly target of 1255, achieving to August 2018 1.1% of the overall target. This is higher than the figure to August 2017 at 905 or 1%. • All three smoking cessation services are exceeding the 40% target for CO Validated 4 week quitters 	4 week successful quit rates above target . Numbers of quitters up but below local trajectory. 100 community pharmacies commissioned to deliver level 3 smoking cessation service – actively supported to improve effectiveness and ensure consistent quality Inverse Care Law CVD risk assessment project now referring in to our cessation services	
5	Prevention – Obesity - Supporting the development of a sustainable health and care system focused on prevention and early intervention	Implementation of a new national obesity prevention and reduction strategy	To support Welsh Government to develop and implement a new national obesity prevention and reduction strategy and To implement fully the current 10 Steps to a Healthy Weight programme	Evidence synthesis produced <ul style="list-style-type: none"> • Data and intelligence products • International Evidence Review Delivery Plan for 10 Steps to a healthy Weight <ul style="list-style-type: none"> • Action plan for reducing early childhood sugary drinks consumption • Infant feeding action plan • Joint work with Play Wales on importance of outdoor play • Opportunities for health professionals to support families to adopt 10 steps • System for measurement and monitoring 			<ul style="list-style-type: none"> • Strategic goals (and where appropriate indicators and measures) developed • Implementation plans developed • Action to raise awareness of normalization of obesity commenced • Social Marketing Campaign 	Public Health Wales	Susan O'Rourke - Senior Business Manager	<p>Work undertaken on reinstating SBU multiagency Physical Activity Alliance to increase physical activity and promote healthier weights which will decrease risk of cancer</p> <ul style="list-style-type: none"> • The SBU multiagency Physical Activity Alliance to increase physical activity and promote healthier weights has been established with 4 working sub-groups (0-5 years, 6-18 years, 19-65 years, 66 + years). 	Making Every Contact Count' training sessions delivered with Health Visitor Groups focusing on healthy weight – over 540 staff trained in total Physical Activity Alliance established with 4 groups taking a lifecourse approach Health Board Wellbeing Champions in place promoting local initiatives for staff Nutrition 'skills for life' support delivery of Foodwise Weight Management Programmes (currently being piloted in Swansea Primary Care Cluster) Obesity Pathway Delivery review underway in anticipation of Healthy Wales, Healthy Weight	
6	Prevention – Alcohol- Supporting the development of a sustainable health and care system focused on prevention and early intervention	We will have developed a new comprehensive programme of prevention of alcohol related harm	Develop a new comprehensive programme of prevention of alcohol related harm	<ul style="list-style-type: none"> • Collaborative programme established • Priorities for action agreed 			<ul style="list-style-type: none"> • Monitoring and evaluation arrangements agreed 	Public Health Wales	Susan O'Rourke - Senior Business Manager	<ul style="list-style-type: none"> • SBU LPHT participated in an investigation into increased infections in groin injecting intravenous drug users- final report Q3 • SBU supported Swansea PSB and NPT PSB in the investigation of local Drug Related Deaths and the development of an action plan • SBU LPHT supported the development of a pilot study of Opiate Substitute Therapy within HMP Swansea for newly incarcerated prisoners (evaluation Q4) • SBU LPHT participated in an investigation into increased infections in groin injecting intravenous drug users- final report Q3. Final report of investigation to be released in Q3 and APB to develop a response. • SBU LPHT supported Swansea PSB and NPT PSB in the investigation of local Drug Related Deaths and the development of an action plan. Actions taken to improve SBU clinical actions and referral reporting • SBU LPHT supported the development of a pilot study of Opiate Substitute Therapy within HMP Swansea for newly incarcerated prisoners (evaluation Q4). Opiate Pathway pilot underway and evaluation begun Q3 and report in Q4. 	What we have proposed is to update the alcohol profiles at cluster level for Q3	

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4	Established Rapid Diagnostic Clinic	Improve patient outcomes through early detection - more curative, less intensive and less expensive treatments. Reduce new cancer diagnoses made in an emergency setting	The Cancer Improvement Board to support/agree the business case to secure funding to maintain and expand the service	Business case approved.	The RDC Team to present their delivery plans to the Cancer Improvement Board.	Implement action plan	The RDC Team to present yearly outcome report to the Cancer Improvement Board	Neath Port Talbot	Kim Beddow	SBU have agreed that they will continue to support the Rapid Diagnostic Clinic (RDC) at Neath Port Talbot Hospital. The Welsh Cancer Network have provided additional funding to enable the RDC to complete a 2 year local operational evaluation and also provide clinical data to facilitate a national evaluation of the pilot. The RDC clinic will continue to be held at Neath Port Talbot Hospital and 2 clinics a week will be held until the evaluation takes place. Further scoping work is currently being undertaken to determine the feasibility of extending the scope of the clinic to take referrals from AGPU in Singleton and A&E departments. The Senior Team are also in discussions with Executive colleagues with regard to the future direction of the clinic. Patients referred to the service. Total number of referrals received for Q4 – 141 Number of referrals rejected – 26 Total number of referrals accepted – 115 Total number of patients seen between January and March – 109	Further funding has been received from WCN to extend the pilot until March 2020. Discussions are taking place with respect of the boundary changes and patient flow, and this will need to be completed prior to any development of a business case.	
5	Diagnostic Capacity	Complete the diagnostic part of the pathway within time scales stipulated in the SCP	Establish Demand & Capacity planning/modelling as core business in service delivery plans	Establish feedback loops to monitor the health of the current service	Use feedback loops to validate previously produced and verified modelling undertaken for the service	Revisit demand and activity data contained in the feedback loop and identify areas of significant increase in demand	Remodel capacity requirements for areas displaying significant changes in demand	Cancer Information Team	Lead Improvement Science Practitioner/HCSE team - Chris Jones	Demand and Capacity work is ongoing across components of a pathway i.e. first OPA; Diagnostics; Treatment. Component waits for an individual patient pathway have not yet been worked through but are planned within future development of the Swansea Bay Cancer Dashboard and NWIS implementation of WPAS 19.1 Cancer Tracker that supports this piece of work. WPAS 19.1 is scheduled to be deployed late May 2019. The dashboard allows users to actively manage queue length and the outputs from the dashboard will be used to power models of the system which will allow us to ensure we have enough capacity available to complete the diagnostic phase of the new single cancer pathway. The most recent addition to our live dashboards is Radiology, the Service is able to use this information for future capacity planning. A further addition will include performance to monitor time to scan and results.	Live dashboards for first OPA, endoscopy and radiology are now in place. The dashboard provides the user with current queue sizes and allows changes in demand and activity to be examined over time. The live dashboards will provide the healthboard with their continuous feedback loops going forward. There are no currently live Demand and Capacity programmes in this area.	

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2			Detecting Cancer Early									
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	May 2019 Position	October 2019 Update	RAG
6	To focus on improving bowel cancer outcomes by optimisation of the bowel screening programme and the development of sustainable endoscopy services	Ensure service delivery plans account for the capacity required for the introduction of a new first-line Faecal Immunochemical Test (FIT). The programme is on course for a phased implementation to begin in January 2019. The Cancer Research UK GP facilitator programme is now running in Wales and ABMU is one of the early adopting health boards. An endoscopy prototype live queue dashboard has been developed and verified. Complete work with Informatics colleagues to activate the live version.	Establish Demand & Capacity planning/modelling as core business in service delivery plans.	Establish feedback loops to monitor the health of the current service	Use feedback loops to validate previously produced and verified modelling undertaken for the service	Revisit demand and activity data contained in the feedback loop and identify areas of significant increase in demand.	Remodel capacity requirements for areas displaying significant changes in demand.	Cancer Information Team	Lead Improvement Science Practitioner/HCSE team - Chris Jones.Imran Rao - Patient Pathway Manager	The FIT test supersedes the previous FOBt screening test in 2019. The new FIT test is more convenient for the participant as it requires only one sample. It is also more specific in detecting human blood and the positivity cut-off threshold can be adjusted to become more sensitive. From the end of January 2019, one in every 28 people who are called for bowel screening in Wales will be invited to complete a new FIT test instead of the card based FOBt test. From June 2019 it is expected that all participants will have a FIT test. Whilst the focus is currently on rolling out the FIT test at a cut off of 150 micrograms of blood per gram of faeces, the aim is to reduce that level down to increase the sensitivity. Capacity and Demand analysis for Endoscopy completed and gap of 124 points per week (inclusive of USC) confirmed. Additional short term initiatives including insourcing, waiting list initiatives and process review to continue and a more sustainable capacity plan developed and currently being discussed as part of the HB RTT delivery framework.	A national endoscopy demand and capacity programme is now underway. The health board's new endoscopy patient pathway manager is sitting on the group and representing the Health board in this area.	
7	Effective and efficient partnership working with Primary Care/ Macmillan GP Lead	Seamless handover between primary and secondary care.	Establish routine liaison mechanisms between primary and specialist care	Establish working group to ensure plans maintain strategic alignment with both Health Board and Primary Care strategic plans.	Development and agreement of terms of reference and membership of group	Scope current liaison mechanisms	Develop action plan for identified pilot areas	Cancer Information Team	HB Strategic Lead Cancer Nurse- Lisa Wilks	A high level work plan developed, identifying key work streams and actions for the next 12-18 months to provide structure to the core aims of the HB Cancer Lead Nurse and Person Centred Care Manager roles 'meeting patient needs and person centred care'. The work streams include key worker role, e-HNA, treatment summaries, CISS, health and well- being and patient experience. Initial meeting undertaken with the Macmillan Primary Care Cancer GP Lead to share the work plan and to give Primary Care the opportunity to combine / contribute their own work streams or actions to form an organisational work plan. A Macmillan Recovery Package Steering Group planned to be established which will be supported by five sub groups:- . Holistic Needs Assessment & Care planning sub group . Macmillan Cancer Information and Support Service Project sub group . Treatment Summaries & Cancer Care Reviews sub group ☑ Pre-habilitation and rehabilitation operational group ☑ Health and Well Being sub group	Person Centred Care steering groups established with agreed TOR's. The PCCSG oversees 5 project groups; eHNA, Health and Well-being, Cancer Information and support services, treatment summaries and cancer care review and rehabilitation. The PCCSG reports to the Cancer Improvement board. Each project work is developing improvement interventions that contribute to PCC for people affected by cancer. The PCCSG includes both primary and secondary care leads to ensure collaborative working. A new Macmillan GP lead facilitator has been appointed .	
8	Supporting the development of a sustainable health and care system focused on prevention and early intervention	By 2021 we will have delivered and developed evidence based national population screening programmes [6A2]in line with UK National Screening Committee and Welsh Government Recommendations	We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include a focus on national population-based screening, reducing variation and inequality in care and harm in its delivery and supporting care moving closer to the home.	Implementation completed for Breast Test Wales Screening Programmes Developed engagement and communication plan.				Public Health Wales	Dr Ardiana Gjini - consultant lead for the cancer screening programmes in PHW	Breast Test Wales receives excellent surgical support from SBU. The Breast Test Wales Quality Assurance Surgical Lead is an ABMU Breast surgeon and there is a good working relationship between the two organisations. Breast Test Wales also has a good, close relationship with Radiology in ABMU. PHW are working to see how they can support further appointments in breast radiology that would benefit both the screening and the symptomatic service. The latest published screening uptake figures for Breast Screening (2016/17) are 73.1% for Wales and 73.5% for ABMU, exceeding the 70% target. We know that uptake is starting to fall in the younger women invited and the Screening Engagement Team have been working to investigate potential barriers that can be addressed.		

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2			Detecting Cancer Early									
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	May 2019 Position	October 2019 Update	RAG
9				Cervical Screening Wales Informatics solution (CSIMS) <ul style="list-style-type: none">• CSIMS Core System Development and testing• CSIMS Go Live				Public Health Wales	Dr Ardiana Gjini - consultant lead for the cancer screening programmes in PHW	The latest published screening coverage figures for Cervical Screening (2017/18) are 76.1% for Wales and 75.1% for ABMU. Although these show that nearly 8 out of 10 women attend for a smear, there has been a slight decrease since last year which is reflected at a UK level.		
10				Human Papilloma Virus screening (HPV) <ul style="list-style-type: none">• Confirmed service contract arrangements• Active management of timeliness of results with reducing cytology staff across Wales until full implementation of HPV screening• Share learning of implementation with other countries in UK• Undertake confirmed changes to the Laboratory• Undertaken confirmed changes to systems configuration• Published Evaluation Report• Produced new Long Term Agreements• Designed and delivered required Training to Smear takers• HPV Primary Screening Go Live				Public Health Wales	Dr Ardiana Gjini - consultant lead for the cancer screening programmes in PHW	HPV Primary testing was rolled out across Wales in October 2018, meaning that all screening is now undertaken with HPV as the first line test. Extensive engagement work was undertaken with service users around developing the public information to support roll out, including working with learning disability groups and minority communities in Easy Read resources. There has been an extensive programme of training for smear takers in primary care. After the introduction of HPV primary testing, referral rates to colposcopy are expected to remain increased for a few years, although they are unlikely to exceed currently commissioned volumes. Work has been undertaken by the Screening Engagement Team to look at barriers to uptake in younger women, a group where we know that uptake is particularly low. A social media campaign to target this age group focusing on the identified barriers is being developed with the Public Health Wales communications team.		
11				Bowel Screening Wales -Faecal Immunochemical Testing (FIT) <ul style="list-style-type: none">• Analyser and Consumable procurement completed• Informatics Solution (BSIMS) developed and tested• Develop local plans with Health Boards to manage capacity in Colonoscopy, Pathology, Radiology & Surgery for implementation of FIT• BSW preparation complete literature / leaflets• Laboratory Preparation completed• Started phased Introduction of FIT						The FIT test supersedes the previous FOBt screening test in 2019. The new FIT test is more convenient for the participant as it requires only one sample. It is also more specific in detecting human blood and the positivity cut-off threshold can be adjusted to become more sensitive. From the end of January 2019, one in every 28 people who are called for bowel screening in Wales will be invited to complete a new FIT test instead of the card based FOBt test. From June 2019 it is expected that all participants will have a FIT test. Whilst the focus is currently on rolling out the FIT test at a cut off of 150 micrograms of blood per gram of faeces, the aim is to reduce that level down to increase the sensitivity.		

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2				Delivering fast, effective treatment								
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4	Implementation of the Single Cancer Pathway including pathway standardisation and detecting cancer early programme.	Our patients receive prompt, effective high quality treatment and care in an equitable and sustainable service for their cancer so that they have the best chance of optimising their quality of life and improving survival, reciprocated by patients taking responsibility for lifestyle choices that positively contribute to their treatment and care. National outcome measures <ul style="list-style-type: none">• Referral to treatment time• Compliance with national quality standards• 30 day mortality post treatment	Provide capacity for bespoke Stock & Flow modelling of services to establish if any capacity gaps are present within the existing service model.	Establish an adequately resourced Health Care Systems Engineering team & Put the team through an accelerated learning programme to develop required capability within the team.	Develop bespoke models for identified stages of the SCP and verify models with the service.	Run verified models and feed in any capacity gaps identified into the areas IMTP process	Validate the outcome of the modelling process by comparing the outcomes realised when the service is implemented against the outcome forecast by the modelling exercise.	Cancer Information	Lead Improvement Science Practitioner/HCSE team - Chris Jones	Demand and Capacity work is ongoing across components of a pathway i.e. first OPA; Diagnostics; Treatment. Component waits for an individual patient pathway have not yet been worked through but are planned within future development of the ABM Cancer Dashboard and NWIS implementation of WPAS 19.1 Cancer Tracker which supports this piece of work. The dashboard allows users to actively manage queue length and the outputs from the dashboard will be used to power models of the system which will allow us to ensure we have enough capacity available to complete the diagnostic phase of the new single cancer pathway. Further developments include: Under development: <ul style="list-style-type: none">• Chemotherapy• Gynae-oncology• Radiology• Urology straight to test• Lung To be developed: <ul style="list-style-type: none">• Pathology A number of risks have been identified both locally and nationally. There has been ongoing work by the WCN to refine the definitions of point of suspicion that allows us to work to configure our systems to identify patients at the earliest point of suspicion where that happens outside of a WPAS referral process e.g. Radiology, Endoscopy, and Outpatient Clinics. To support identification of patients and D&C, Informatics Department are progressing: Radiology: <ul style="list-style-type: none">• Priority codes to be brought into the repository before we can build the final prototypes to validate the live dashboard against.• Waiting list view required in the repository.• Live Vitals dashboard to be built and tested.• A new replacement radiology performance dashboard to be built following transfer to Radis II.• Point of Suspicion Cancer flag to be included in repository and tested. Endoscopy: <ul style="list-style-type: none">• The RTT feed to be updated so that we have a more accurate understanding of demand.• Inclusion of Primary endoscopist column	<ul style="list-style-type: none">• A number of risks have been identified both locally and nationally. The absence of an Informatics solution to enable identification of patients with suspected cancer within the various clinical systems and registration of those patients within the tracking system remains a risk, particularly from an outpatient appointment. A possible solution has been identified and the Outpatient modernisation group have been asked to take this forward.• Work is ongoing with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager will be presented her findings and recommendations to the Cancer Improvement Board on 15th Novemeber. This work will continue with the other tumour site groups.• Demand and Capacity work is ongoing across components of a pathway i.e. first OPA; Diagnostics; Treatment. Component waits for an individual patient pathway have not yet been worked through but are planned within future development of the Swansea Bay Cancer Dashboard and NWIS implementation of WPAS 19.1• SCP workshop held with H&N Cancer MDT, findings to be summarised and service to produce an action plan to address findings/improvements identified. Further workshops with Upper and Lower GI MDTs are being arranged for early 2020 to concentrate on the Optimal Pathways.• Internal to organisation communication of the new consolidated Cancer RTT guidelines. The new consolidated rules for cancer waiting times come into effect from 1st December 2019.• SCP awareness continues throughout the HB. The Corporate team attended the Cancer Clinical Nurse Forum on the 6th November. A day has been arranged for all disciplines within the Pathology Department to be held on December 13th 2019.	
5			Deliver the Health Board's Single cancer Pathway Delivery Plan to implement the Single Cancer Pathway by April 2019	Single cancer Pathway adopted in line with WG expectations	Scoping exercise for compliance – identifying gaps in pathways	Report recommendations and key themes to the Cancer Improvement Board	Improved compliance against the Single Cancer Pathway targets	Executive Team	Cancer Executive Lead	As diagnostic capacity above. The Wales Cancer Network have produced a communication package to assist Health Boards to communicate SCP beyond the clinical groups regularly dealing with cancer referrals. A bulletin for release via the HB intranet site is being prepared and an SCP section within the HB Cancer Information Hub that is accessible to all will be available simultaneously as a resource to staff.	As above	
6			Improve compliance against the national cancer optimal pathways by changing service models	Review of the cancer pathways against the national optimal cancer pathways	Report gaps and provide recommendations to Delivery Units, MDT Leads and Cancer Improvement Board	Delivery Units to provide action plans on how service models will be changed to Cancer Improvement Board to comply with optimal pathways	Implement action plans based on the recommendations	Cancer Information	Macmillan Quality Improvement Manager - Lisa Williams & Cancer Information Manager Marisa Bennett	8 optimal pathways for a number of high volume tumour groups have been developed by the All Wales CSG's and circulated to MDTs. Work has commenced with Lung and Colorectal to map and compare pathways against the optimal pathways to understand variance and consider improvements required at the various steps. Actions currently being prepared and validated <ul style="list-style-type: none">• New - Baseline review of EBUS and CT Pet Scan.• New - Queue for thoracic surgery from Decision to treat to Surgery• Update on the progress of understanding the delays between referrals written and receipted.• Update on grading processes at Morriston, Singleton, and Neath Port Talbot Hospitals.• Update data overtime reviewing number of patients awaiting grading.• Update of CT Guided biopsy numbers – broken down by Singleton and Morriston Hospital.• For USC pathway with clear definition of point of suspicion systematically develop feedback loop on the time between X ray undertaken and CT Reported	Recommendation paper presented at November 2019 Cancer Improvement Board. Establishment of SBU -wide Lung Pathway Group:-Oversee and ensure continuation of Lisa's good work Subgroups where required Delivery of optimum pathway Developing business case for prehabilitation for non-surgical patients	
7	Robust Spinal Surgery Access for patients diagnosed with Metastatic Spinal Cord Compression	Patients with Metastatic Spinal Cord Compression (MSCC) diagnosed have a whole spine MRI within 24 hours and then a surgical opinion within 6 hours	Pathway to be agreed and formalised between SBU & C&V	Undertake an audit to look at time patients diagnosed with MSCC to MRI and surgical opinion. AOS MDT to capture the data	Review of Acute Oncology Service. Report gaps and provide recommendations to Cancer Improvement Board	Develop a strategic holistic plan regarding how the AOS will be developed and resourced	Implement action plan	Cancer Services	AOS MDT Lead/HB Cancer Lead Clinician	AOS Workshop planned for the 1st July 2019. MSCC pathway is an agenda item.	Swansea Bay University Health Board and Cardiff and Vale University have an established Regional and Specialised Services Provider Partnership, comprised of ourselves, our Medical Directors, our Chief Operating Officers and our Strategy/Planning Directors. Spinal services are within the scope of that partnership group, which focuses on priority services requiring collaborative, regional solutions. At the last meeting our Medical Directors updated us on work done to develop an outline model for future services that is focused on providing a sustainable regional service for South West and South East Wales. It relies on recruitment to a post in Swansea Bay University Health Board from April 2020. As well as addressing challenges with the current pathways, it takes into account the emerging role of the Major trauma Network and Centre in the management of spinal trauma.	
8	Continue participation in National Cancer Peer Review Programme	Assurance that structures and processes are in place to deliver high quality care, that clinical teams are working effectively together and that there is service improvement ethos based on treatment outcomes and patient experience.	Engagement of all MDT's and Service Delivery Units in the process and the delivery of action plans	Report findings and key themes of recent Peer Reviews to Cancer Improvement Board and report outstanding actions from previous reviews.	Report findings and key themes of recent Peer Reviews to Cancer Improvement Board and report outstanding actions from previous reviews	Report findings and key themes of recent Peer Reviews to Cancer Improvement Board and report outstanding actions from previous reviews	Report findings and key themes of recent Peer Reviews to Cancer Improvement Board and report outstanding actions from previous reviews	Cancer Services	Cancer Quality & Standards Manager- Melanie Simmons	Action plans reviewed and monitored via the Cancer Improvement Board. <ul style="list-style-type: none">• Outstanding actions reviewed at the October Cancer Improvement Board.• Common themes to be addressed include the Acute Oncology Service , single handed surgeons, oncology provision, holistic need assessments and governance arrangements for the regional MDT's. Teenage and Young Adults with Cancer Peer review visit planned for 3rd July 2019.	Action plans reviewed and monitored via the Cancer Improvement Board. Outstanding actions reviewed at the October Cancer Improvement Board. Lung Cancer Peer Review Visit planned for November 18th 2019 and SACT self assessment to be submitted by December 23rd 2019.	

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4	Meeting Peoples Needs /Person Centred Care	Promote excellence in practice through the development, implementation and evaluation of patient centred and evidence based standards. Our patients to be placed at the heart of cancer health care with their individual needs identified and met so that they feel well supported, informed and able to manage the effects of living with and after cancer	Macmillan Strategic Cancer Lead Nurse will take a transformational approach to cancer nursing across SBU, work collaboratively with the Director of Nursing, Patient Experience and Delivery Unit Nurse Directors to further develop and provide leadership on the strategic direction of Clinical Nurse Specialists caring for patients with cancer	Review the CNS review undertaken within cancer services.	Extend the CNS review to provide up to date information on CNS teams, activity and job plans	Evaluate the efficiency and effectiveness of CNS teams and their contribution to the quality of care and experience patients receive within the HB	Report recommendations and key themes to Directors of Nursing and Executive Director of Nursing.	Cancer Information	Macmillan HB Strategic Lead Cancer Nurse - Lisa Wilks	Macmillan Strategic Cancer Lead Nurse will take a transformational approach to cancer nursing in 2019; <ul style="list-style-type: none"> • Commenced the review of the CNS review undertaken within cancer services. Extend the CNS review to collect data on CNS teams and caseload activity in quarter 2.Evaluate the efficiency and effectiveness of CNS teams in quarter 3 and Report recommendations and key themes in quarter 4.	The Cancer CNS caseload review will commence the data collection process in October 2019. There has been a slight delay due ot the need to seek engagement from the key stakeholders. The data collection will be undertaken between October and December 2019.	
5		Implementation of recovery package: 100% of people diagnosed with cancer in SBU will be allocated a Keyworker	Name and date of Keyworker is to be recorded electronically on a yet to be identified system.	Monitor compliance with Keyworker standard.	Identify if there are gaps in service where key worker not allocated and develop action plan.	Impact of Keyworker will be reflected in Wales Cancer Patient Experience Survey (WCPEs) 2019.	Evaluate data regarding the impact of the Key worker on individual care	Cancer Information	HB Strategic Lead Cancer Nurse and Person Centred Care Manager- Lisa Wilks and Necia Jones	Please see response for Detecting Cancer Earlier- Effective and efficient partnership working with Primary Care/ Macmillan GP Lead.The Swansea Bay University Health Board (SBUHB) Macmillan Recovery Package Steering group will provide leadership to shape the delivery of the partnership between Macmillan Cancer Support and the Health Board to deliver the Macmillan Recovery Package. The core aim of the aim of the steering group is to ensure that the needs of people affected by cancer are met through the delivery of the Macmillan Recovery Package	The Wales Cancer Patient Experience Survey commissioned by Macmillan Cancer Support has been delayed, the Health Board is waiting to receive details from Macmillan and the Wales Cancer Network with regard the roll out date for the WCPEs 2019. The Person Centred Care manager has undertaken a scoping exercise with the Cancer CNS's, this porvides assurance that the CNS provide key worker information to new cancer patients. Improvment work is being undertaekn to ensure that the name of the key worker is recorded on CANISC. the Person Cnetred Steering group has established TOR's, and will oversee the delivery of the Macmillan Recovery Package intervention project groups.	
6		Implementation of recovery package: 100% of people diagnosed with cancer will be offered a Holistic Needs Assessment (HNA) and associated care plan at key times of need. This will include adopting an opt-out approach to offering Welfare Benefits Advice (WBA).	As a minimum every person will have a HNA offered at diagnosis to identify their individual needs. The specific dates for this may range between date of suspicion and start of treatment This will ensure prompt information provision, signposting and onward referral to wider health and social care teams such as TYA service, learning difficulties	Establish a e-HNA steering group to oversee the implementation of e-HNA within ABM UHB. Purchase electronic devices to roll out electronic Holistic Needs Assessment (e-HNA's) Identify a tumour site to undertake a pilot of the e-HNA's – identify the baseline and (Breast and Head and Neck both keen to be part of the pilot)	Provide training to all relevant staff on the e-HNA's Ensure infrastructure is capable of recording and reporting accurate data of HNA activity.	Evaluate the progress over a 3 month period when the e-HNA's have been implemented	Implementation of the e-HNA across the tumour site teams in the Health Board. Link in with colleagues developing	Cancer Information	HB Strategic Lead Cancer Nurse and Person Centred Care Manager- Lisa Wilks and Necia Jones	Holistic Needs Steering group set up to provide governance in the implementation for e-HNA across the HB. <ul style="list-style-type: none"> • Pilot team has been chosen in order to implement the eHNA • Standard Operating Procedure(SOP) Steering Group for the eHNA have met and developed the SOP for the pilot team and has been presented to the CIB • Awaiting approval from IT and IG for the project to be undertaken within the Health Board • ToR's for the eHNA Steering group amended in order to reflect the relevant membership of the group • Second pilot team have been identified for the implementation of the eHNA • Request for training has been submitted to the Macmillan eHNA trainer for the pilot team 	The Health Board is prepared for the implementation of the Macmillan eHNA resource. Macmillan Cancer Support are in the process of gaining the Cyber Essentials Plus certificate so that the HB has assurance around data security. It is hoped that Macmillan can provide the certificate by November 2019.	
7		Implementation of recovery package: 100% of people diagnosed with cancer in ABMU will have a Treatment Summary to support patients in primary care beyond their cancer treatment and recovery	A treatment summary will be completed by secondary care professionals after a significant phase of patients cancer treatment to inform GP's and other primary care professionals	The Strategic Lead Cancer Nurse and Person Centred care Manager will work collaboratively with tumour site teams and Macmillan GP facilitator to set up a Treatment Summary Steering group.	Determine treatment summary processes that will be effective in ABMUHB.	Review each cancer site and treatment modality pathway with team to determine which professional group and when in the pathway each treatment summary will be completed	Ensure infrastructure capable of supporting treatment summary	Cancer Information	HB Strategic Lead Cancer Nurse and Person Centred Care Manager- Lisa Wilks and Necia Jones	Please see response for Detecting Cancer Earlier- Effective and efficient partnership working with Primary Care/ Macmillan GP Lead. Dr Jenny Brick is currently working on a discharge Cancer Care summary to improve communication between secondary and primary care.	Scoping work is being undertaken to determine best practice model for treatment summaries and cancer care review in primary care. The Lead Cancer Nurse and Person Centred Care manager are supporting the gynae surgical oncolgoy team to develop an electronic treatment summary . A project group will be established in November to oversee the development of treatment summaries across the HB.	
8		Further develop the Cancer Information and Support Service: to offer timely, high quality and accessible information about specific cancers and treatments; this will include pre-diagnosis supporting information, information on complexities and complications of treatment and information on how to access care and support wherever they are in the cancer pathway.	To establish a steering group within the health board to provide direction and accountability for the establishment of CISS within Singleton, Morriston and Neath Port Talbot Hospital delivery units.	Steering group to identify objectives, work streams and actions for the CISS in SBU.			Evaluate patient experience of CISS	Cancer Information	HB Strategic Lead Cancer Nurse and Person Centred Care Manager- Lisa Wilks and Necia Jones	Please see response for Detecting Cancer Earlier- Effective and efficient partnership working with Primary Care/ Macmillan GP Lead. Plans for Macmillan information pods to be placed at Morriston, Neath and Singleton Delivery Units – currently for approval by the HB Accessibility Reference Group (ARG).	Cancer Information and support service Info PODS were launched in September 2019 following investment by Macmillan Cancer Support. A sustianability project manager has been recruited for 12months to evaluate the service and provide a sustainability plan.	
9	Teenage and Young Adults with Cancer	To ensure access to high quality cancer services for teenagers and young adults with cancer within the Health Board and at TYA Principle Treatment centre.	Implementation of the National Standards for teenagers and young adults with cancer aged between 16 and 24 years within the HB and comply with monitoring criteria. The standards include referral to the TYA MDT at the Principle Treatment Centre in CVUHB. Identify a process to identify and monitor TYA diagnosed with cancer and referrals to TYA MDT.	Develop guidance based on the National TYA Standards for the Cancer MDT's to ensure age appropriate management of TYA's between the ages of 16 – 24. Ensuring age appropriate referral to the TYA MDT and principle treatment centre and for psychosocial support.	Ensure all Cancer MDT's are aware TYA standards and referral process to TYA MDT. Monitor compliance with standards on a quarterly basis and submit report to cancer MDT's				Lead Clinician for TYA cancers (Dr Ann Benton)/ Cancer Quality & Standards Manager (Melanie Simmons) and HB Strategic Lead Cancer Nurse (Lisa Wilks)	TYA Operational policy developed and circulated to MDT Cancer Leads (10/04/19). TYA Peer Review Visit scheduled for 3rd July 2019. HB TYA Lead Clinician is a member of the WCN CSG	The Lead Cancer Nurse continues to work collaboratively with the TYA lead nurse. The HB awaits the TYA peer review report to identify and develop improvement actions.	

	A	B	C	D	E	F	G	H	I	J	K
1	Cancer Delivery Plan 2019 - 2020										
2	End of Life										
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	October 2019 Update	RAG
4	Advance Care Planning End of Life Care Patient Flow	Reduce admissions to Acute Hospitals at the end of life & supporting patients to remain in their place of residence	Incorporation of “surprise question” into correspondence across all care settings			To educate all working with children and young people on PAC planning and communication skills		Children's Services SSDU	Jo Griffiths		
5			Identify processes to support the enquiry and recording of preferred place of care and preferred place of death.			Ty hafan CCN post embedded within the CCN service within SBUHB allows improved communication between hospice and home . Gives additional workforce with expetise in EOLC for CYP into CCN service . Funding reapplied via EOLB		Children's Services SSDU	Nicola Lewis		
6		Increase in patients dying in their preferred place of care	Clarify current activity around processing of Fast Track applications for Continuing Health Care. This will include education to deliver well evidenced practices from other services across primary, secondary and tertiary settings			Funding for psychology sessions in ABMU to fill the unmet need for psychology to be available in the paediatric palliative care setting for any child or young person living with a life-limiting condition within the health board		Children's Services SSDU	Jo Griffiths		
7		Reduce admission to hospital for care in the last days of life where appropriate	Explore features of admission to hospital for care in the last days of life								
8		Enhance transition from paediatric to adult specialist palliative care service	Identify and understand current pathways and how these may be modified to optimise patient and family support.								
9		Enhance Hospice at Home provision for children	Explore possible ways to strengthen community children’s nursing services through joint work with children’s hospice sector & All Wales managed clinical network								
10	PREMS & PROMS	Measuring success through better engagement with patients & by developing outcomes measures that more accurately reflect the experience of the patient	Work with All Wales PREMs, PROMs and Effectiveness Programme to identify All Wales solution to PROMs Work with SBU HB Patient Experience Team to identify appropriate PREMs across all care setting					End of Life Group		Specialist Palliative Care have opted not to use “I want Great care” until the updated version is available. The T&F group from the End of Life Group worked with Ffion Ansari to incorporate PREMS and PROMS into the Health Board’s IMTP – as you’re aware.	
11	Bereavement Support	Access to Bereavement care & appropriate facilities	Identify current services involved in supporting bereavement care								
12			Review evidence base for longer term impact of unsupported complicated bereavement								

	A	B	C	D	E	F	G	H	I	J	K
2	End of Life										
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	October 2019 Update	RAG
13	Education & Training	Extending the Reach through Education by facilitating 'Serious Illness' conversations & providing training to professionals on how best to support patients around decision making on behalf of those who lack mental capacity	Enable our experienced clinical staff to deliver an enhanced educational experience with potential links with local universities to provide the appropriate support to education around delivery of end of life care.					End of Life Group		The University were supposed to educate the health board on the CDT a few years ago but that didn't really happen.	
14			Role out of PAC-Plan / serious illness conversation across Health board. Build upon work with Macmillan to open up communication skills training (Sage and Thyme and Intermediate Communication skills) to a wider audience								
15		Promote delivery of end of life care on the neonatal unit	Targeted education and support								
16	Digital Technology	Better utilising digital technology to ensure that end of life information is captured in a way that supports the delivery of better care	Identify opportunities for technology assisted remote assessment of patients by Specialist Palliative Care and GP palliative care register								
17			Development of ABMU HB internet page providing information and understanding around delivery of end of life care across all care settings; links to resources; and sign-posting to relevant services								
18			Engage with Welsh managed clinical network on IT planning for all Wales database								
19	Research	Using Research & audit to effect change & enable Palliative Care in Wales	Improve links with the local universities to support and create activity around delivery of end of life care Maintain and strengthen links with the Marie Curie Research Centre in								
20		Gain a better understanding of the psychosocial / emotional needs of children and families	Data collection and scoping exercise around play therapy								
21	Audit	Increase understanding of current delivery of end of live care across all care setting through audit against national and local standards	Engagement with All Wales National Clinical Audit and Outcome Programme								
22			Undertake audit around the quality of decision making around end of life care where the Care								
23			Decision Tool was used and where it was not used to support care.								
24			Re-audit PAC-plan use in paediatrics								

	A	B	C	D	E	F	G	H	I	J	K	L
1	Cancer Delivery Plan 2019 - 2020											
2			Improving Cancer Information									
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	May 2019 Position	October 2019 Update	RAG
4	Improving Cancer Information	Access to automated data in a useable, extractable, visual based format which tells the user the current health of the component parts of the SCP.	Continue roll out of Demand & Capacity Vitals Charts programme across planned stages within the SCP.	Complete first OPA queue dashboard for the SCP, embed dashboards into management process for each area.	Realise live queue dashboard views for endoscopy and radiology across the health board	Realise live queue dashboard views for pathology/histology part of the diagnostic pathway	Assess current position of dashboard developments realised in q1-3 and fine tune existing products where required	Cancer Information	HCSE team/ Lead Improvement Science practitioner - Chris Jones	Please see Detecting Cancer Earlier – Diagnostic Capacity	Live doashboards for first OPA, endoscopy and radiology are now in place. The dashboard provides the user with current queue sizes and allows changes in demand and activity to be examined over time. The live dashboards will provide the healthboard with their continuous feedback loops going forward. There are no currently live Demand and Capacity programmes in this area.	
5			To work in collaboration with NWIS to implement the cancer information solution to replace the CaNISC functionality and the developments to improve Tracker 7 to support the implementation of the Single Cancer Pathway, ABMU have been chosen as the pilot site for Tracker 7 developments.	Continue collaboration with NWIS	Continue collaboration with NWIS	Continue collaboration with NWIS	Continue collaboration with NWIS	Cancer Information	Cancer Information Manager - Marisa Bennett.	Component waits for an individual patient pathway have not yet been worked through but are planned within future development of the Swansea Bay Cancer Dashboard and NWIS implementation of WPAS 19.1 Cancer Tracker that supports this piece of work. WPAS 19.1 is scheduled to be deployed late May 2019.	Demand and Capacity work is ongoing across components of a pathway i.e. first OPA; Diagnostics; Treatment. Component waits for an individual patient pathway have not yet been worked through but are planned within future development of the Swansea Bay Cancer Dashboard and NWIS implementation of WPAS 19.1	

	A	B	C	D	E	F	G	H	I	J	K	L
1	Cancer Delivery Plan 2019 - 2020											
2	Research											
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible :	Lead Name	May 2019 Position	October 2019 Update	RAG
4	Our patients affected by cancer should have equitable access to participate in clinical trials and other well designed studies, including opportunities to be involved	Our patients affected by cancer should have equitable access to participate in clinical trials and other well designed studies, including opportunities to be involved in and engaged in research activities	Over the next three years increase the number of trials open to recruitment	Agree Phase one research clinic becomes permanent	Aim to increase the number of Commercial trials open	Seek funding for a Research assistant to support the set up process	Seek funding for a Research support worker to support clinical requirements of pharmaceutical trials e.g. Blood work, supporting monitor visits, .	Research	Research Delivery Manager - Jayne Capparos	Funding from Welsh Government through Health and Care Research Wales continues supporting a dedicated cancer research delivery team working together with research active clinicians. The portfolio of research trials available in the Cancer Centre remains strong. Surgical cancer trials are successfully recruiting to target. There is also an increase in planned radiotherapy trials due to open in Q4 which is still on plan A strong portfolio of Commercial trials in the Urology and Melanoma setting continues to contribute to income generation. More commercial studies in other cancer areas planned for Q4 and early next financial year Research delivery staff continue to be productive members of MDT's Research delivery staff continue to have a presence on the student nurse curriculum. Student nurses have spoke placements in the Cancer trials unit. No scheduled teaching in quarter three . Next due in Feb 19. 4 Sessions planned over two days covering over 100 student nurses The Research Strategy for radiotherapy has been launched and regular radiotherapy research working group meetings have beenFunding from Welsh Government through Health and Care Research Wales continues supporting a dedicated cancer research delivery team working together with research active clinicians. The portfolio of research trials available in the Cancer Centre remains strong. Surgical cancer trials are successfully recruiting to target. There is also an increase in planned radiotherapy trials due to open in Q4 which is still on plan A strong portfolio of Commercial trials in the Urology and Melanoma setting continues to contribute to income generation. More commercial studies in other cancer areas planned for Q4 and early next financial year Research delivery staff continue to be productive members of MDT's Research delivery staff continue to have a presence on the student nurse curriculum. Student nurses have spoke placements in the Cancer trials unit. No scheduled teaching in quarter three . Next due in Feb 19. 4 Sessions planned over two days covering over 100 student nurses The Research Strategy for radiotherapy has been launched and regular radiotherapy research working group meetings have been established quarterly. Successful attendance continues at these meetings Phase 1 research clinic commenced September 2018 - Funding has been received from the Wales Cancer Research centre to support a Phase 1 clinic at the Cancer Centre . This will enable cancer patients from West Wales to have initial treatment discussions relating to early phase trials closer to home. This is in partnership with Velindre Early Phase Unit. Phase 1 funded post commenced December2018 and monthly clinics commenced The second year of funding for the radiotherapy research fellow has been confirmed and funding for a 2nd radiotherapy research fellow has been secured to commence December 2018.	Funding for the phase 1 clinic is under review with the Wales Cancer Research Centre . The local research team has agreed to continue with this service irrespective of funding next year. One Wales Expression of Interest process through Health and Care Research Wales now in place and has increased the number of commercial studies that are considered in our department.	

	A	B	C	D	E	F	G	H	I	J	K	L
1	Cancer Delivery Plan 2019 - 2020											
2	Cancer Strategy Leadership											
3	Priority Area	Outcome of Aim at the end of 2021/2022	Action	Q1	Q2	Q3	Q4	Responsible Service	Lead Name	May 2019 Position	October 2019 Update	RAG
4	Cancer Strategy & Leadership	A Cancer Strategy, that is clinically lead and supported by Executive Directors. Leadership and accountability for the delivery of the Cancer Delivery Plan defined	Recommendations submitted to the Executive Team to be taken forward	Executive Lead for Cancer appointed. Review of to ensure that its role matches that of the Executive Lead, Cancer Lead and the requirements of the Delivery Units	Role of the Corporate Cancer Information Team and Health Board Cancer Lead defined and clarified	Established Corporate Cancer Information Team with defined leadership and accountability	Development of a Health Board Cancer Strategy and approved by the Cancer Improvement Board	Executive	HB Cancer Lead Manager/ Cancer Executive Lead	Recommendations being discussed with COO		