



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>22<sup>nd</sup> August 2018</b>		<b>Agenda Item</b>	<b>2c</b>
<b>Report Title</b>	Cancer Performance			
<b>Report Author</b>	Marisa Bennett, Cancer Information Manager			
<b>Report Sponsor</b>	David Roberts, Service Director MH&LD			
<b>Presented by</b>	David Roberts, Service Director MH&LD			
<b>Purpose of the Report</b>	To provide the summary of Urgent Suspected Cancer Performance for June 2018 and July 2018.			
<b>Key Issues</b>	July 2018 forecast has met and exceeded trajectory.			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			✓	
<b>Recommendations</b>	<p>Members are asked to :</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the Cancer performance position and the ongoing actions taken to support its recovery to the agreed Welsh Government trajectory.</li> </ul>			

# CANCER PERFORMANCE & IMPLEMENTATION OF THE SINGLE CANCER PATHWAY

## 1. INTRODUCTION

The purpose of this report is to provide the summary of the most recent Urgent Suspected Cancer (USC) Performance. It is important to note that the July 2018 position will not be reported until the end of August, although forecasting has been undertaken where possible.

The report below describes activity and performance to date; performance and progress against the Single Cancer Pathway, and outlines the particular risks going forward along with the actions we are taking to put our performance back into a sustainable position.

## 2. BACKGROUND

### Current Cancer Waiting Times

**Final reported May & June 2018 position.**

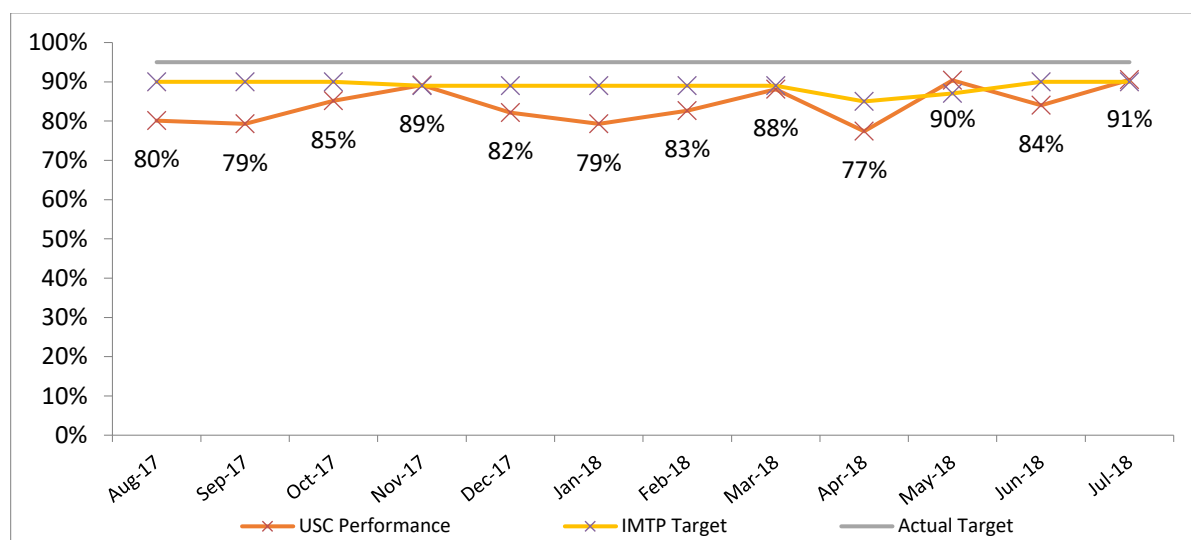
The reported May position shows that we delivered 15 breaches that was 90% against a trajectory of 87%. The reported June position shows that we delivered 22 breaches that was 84% against a trajectory of 90%.

	May – 18				June -18			
	SING	NPTH	POWH	MORR	SING	NPTH	POWH	MORR
Unit Performance Trajectory	87%	100%	87%	87%	90%	100%	90%	89%
Unit Breach Trajectory	4	0	7	5	3	0	5	4
Unit Activity	48	3	66	39	35	2	59	42
Unit Performance	92%	100%	83%	100%	86%	100%	78%	90%
Reported Breaches	4	0	11	0	5	0	13	4
Head and neck	-	-	-	-	-	-	-	-
Upper GI	3	-	-	-	2	-	-	1
Lower GI	-	-	1	-	-	-	1	-
Lung	-	-	-	-	-	-	-	-
Sarcoma	-	-	-	-	-	-	-	1
Skin	-	-	-	-	-	-	-	-
Breast	-	-	4	-	-	-	5	1
Gynaecological	1	-	-	-	2	-	1	-
Urological	-	-	4	-	-	-	6	-
Haematological	-	-	2	-	1	-	-	-
Other	-	-	-	-	-	-	-	1

The table above demonstrates each Unit's variance in activity and from the breach trajectory. Of concern is variability in activity across Units and breach numbers, particularly in POW.

### Draft July 2018 position

The charts below show the activity and performance over the last 13 months for the USC pathway.



The draft performance for July is based on intelligence around the breach position known and the actual confirmed malignant activity undertaken to date which will increase. We do not anticipate any change to the number of breaches.

The tables below show the detailed breakdown against trajectory based on the information to date for July 2018 with activity (total number of patients treated) is above average.

	July-18			
	SING	NPTH	POWH	MORR
Unit Performance Trajectory	90%	100%	88%	89%
Unit Breach Trajectory	3	0	6	4
Unit Activity	31	2	69	38
Unit Performance	90%	100%	88%	97%
Reported Breaches	3	0	8	1
Head and neck	-	-	-	-
Upper GI	-	-	1	-
Lower GI	1	-	1	-
Lung	-	-	-	-
Sarcoma	-	-	-	-
Skin	-	-	1	-
Breast	-	-	1	-

Gynaecological	2	-	1	-
Urological	-	-	3	-
Haematological	-	-	-	1
Other	-	-	-	-

This shows that NPT, Singleton and Morriston met trajectory. Although POW continue to have the largest number of breaches, the Unit treated higher than average numbers in month allowing the trajectory of 88% to be met. Performance is therefore indicated to exceed trajectory with 12 breaches (91%); an additional 5 patients treated and confirmed malignant will achieve 92%.

### Breach Analysis – by Tumour Site and Unit

The top four tumour sites across the HB for breach are shown in the table below and account for 63% of all breaches between August 2017 and July 2018.

Tumour Site	Health Board		Princess of Wales		Singleton		Morriston	
	Total breaches	% of Total Breaches	Total breaches	% of Total Breaches	Total breaches	% of Total Breaches	Total breaches	% of Total Breaches
Breast	49	20%	48	35%	-	-	1	3%
Gynaecological	47	19%	11	8%	36	49%	-	-
Urological	36	14%	34	25%	-	-	2	5%
Upper GI	26	10%	7	5%	15	20%	4	10%
Lower GI	26	10%	10	7%	10	14%	6	15%
Haematological	18	7%	6	4%	3	4%	9	23%
Lung	15	6%	9	7%	5	7%	-	-
Head and neck	11	4%	2	1%	-	-	9	23%
Other	11	4%	6	4%	1	1%	4	10%
Sarcoma	6	2%	-	-	3	4%	3	8%
Skin(c)	5	2%	3	2%	1	1%	1	2%
<b>Grand Total</b>	251		136	54%	74	30%	39	16%

For the POW Unit, their top four tumour sites are the main sites for breach. 54% of all HB breaches originated pathway within services managed by the POW. First outpatient/assessment waits are the main breach reason for Breast.

For the Singleton Unit Gynaecology, Lower GI, Upper GI and Lung are the top four areas of concern. 30% of all HB breaches originated pathway within services managed by the Singleton.

The Morriston Unit generally perform well, the overall number of breaches are far less, although Lower GI & Upper GI features in the top 4. No haematological services are managed by the Unit, however the tumour site features in the top four largely due to haematological malignancies being diagnosed via the Head & Neck pathway. 16% of all HB breaches originated pathway within services managed by Morriston.

### **Summary of Breaches in July**

The table below shows the number of days passed target treatment was delivered in July 2018. 54% of breaches (12) occurred over 4 weeks after breach date.

Number of days passed target	63 - 69	70 - 76	77 - 83	84 - 90	91 +	Total
Urological	-	1	-	-	2	3
Gynaecological	1	1	-	-	1	3
Lower GI	1	-	-	1	-	2
Upper GI	-	-	-	-	1	1
Skin	-	-	-	-	1	1
Haematological	-	-	-	-	1	1
Breast	-	-	1	-	-	1
Total	2	2	1	1	6	12

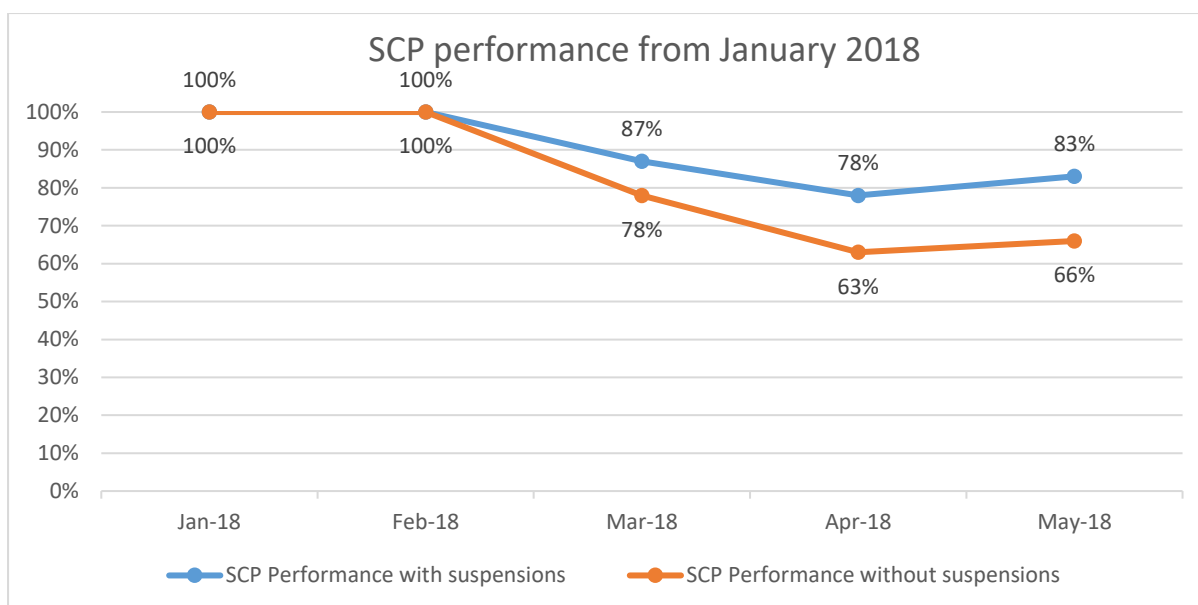
Four of the breaches were unavoidable or attributed to complex pathways. The majority of breaches are because of multiple delays along the pathway. Diagnostic waits are seen in radiology, particularly MRI at POW; TRUS biopsy at POWH.

### **Single Cancer Pathway Performance**

Following the Health Ministers announcement of the Single Cancer Pathway in November 2017, Health Boards are required to report activity for patients whose date of suspicions is the 1st January 2018 or later.

The graph below shows performance against the pathway with and without adjustments since January 2018. It is important to note that because the SCP only applies to patients whose suspicion date is identified as the 1st of January 2018 or later, performance for the months of January and February are by default 100% compliant, as 62 days has not elapsed during that time.

The decline in performance from March to April mirrors the decline in performance against the USC pathway reported.



A comparison of the number of breaches reported is shown below.

	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018
Total breaches USC & nUSC pathways	40	30	26	44	25
Total breaches Single Cancer Pathway	N/A	N/A	31	56	53

### 3. GOVERNANCE AND RISK ISSUES

#### POW

##### Urology

There are ongoing concerns with the Urology Pathway, with both backlog and clinical concerns regarding the Prostate Pathway and the length of time patients remain on the pathway.

- TRUS and Template biopsy waits. A review of the pathway where patients undergo multiple biopsy attempts is being undertaken with the aim for clarity where patients are no longer 'USC' and under a follow up protocol.

##### Breast

Breast services remain out of balance mainly due to gaps in service provision and the ability to match up breast radiology with Breast Surgeon activity.

- There are around 305 patients waiting their first assessment currently, these patients will take around 4 weeks to get to first appointment based on average activity.

Additional clinics have been held over recent months and through the Summer, including weekend and evening WLIs which has helped reduce waiting times, this activity is heavily reliant on goodwill and difficult to sustain on a regular basis.

Forecast performance remains a significant risk until sustainable solutions are identified.

## **Morrison**

The Morrison Unit Improvement Plan focuses on some of the vulnerable areas in Head and Neck, Lung and Upper GI, as well as more general issues such as tracking and theatre access.

- Efforts on the front end of the pathway to achieve their Unit stretch target of 10 calendar days to first appointment continue.
- Demand and capacity modelling for Lower GI with the support of the Cancer Improvement Team and 1000 lives is underway with an aim of improving straight to test uptake.
- Detailed pathway analysis of the LGI pathway will be undertaken in August to identify any other areas for service improvement.
- Upper GI pathway review and discussions to identify where bundling of diagnostic requests can be undertaken.

## **Singleton**

- Gynaecology's PMB pathway has seen a recent loss in activity at the first assessment stage due to annual leave of the CNS. Cover for the annual leave was planned however unplanned sickness of the cover meant loss of activity. Another CNS is in training to support this service but not yet able to see the same number of patients in clinic, currently seeing 9 of a possible 12 per clinic.

The Unit have mitigated this lost activity with additional clinics to recover the position and planned additional hysteroscopy activity as an increase is anticipated as a result of the additional clinics scheduled.

The Unit is working towards moving from a 3 days a week to a 5 day a week PMB service, however this requires the support of POW consultants where consultant staffing is an issue.

- Advertise for a 4<sup>th</sup> Gynae-oncology surgeon.
- There remain concerns about the resilience of both Radiotherapy and Chemotherapy Services. It is expected that current processes will be reworked to reduce waits for all patients. The information work stream for this is being progressed with the Cancer Improvement Team, Radiotherapy and Informatics with a live dashboard due to be available for Radiotherapy by

week commencing 20<sup>th</sup> August. An options paper is being prepared by the Unit for short and long-term solutions to ensure resilience and improvement.

- The Unit have requested the support of the Cancer Improvement Team to undertake Demand and Capacity modelling for Endoscopy across Swansea and Neath. Work for this has been undertaken and shared with the Delivery Unit.

## **Health Board Trajectory**

A revised trajectory has been proposed for each Unit, based on updated activity and breaches from the previous 12 months. Performance meetings are in place through the Cancer Improvement Board to monitor risks and review the Units detailed improvement plans.

## **Single Cancer Pathway**

Progression and resolution of pathway and performance issues in relation to the current waiting times targets are also applicable to the Single Cancer Pathway and a risk to performance against the new targets. ABMU are engaged with the work of the Wales Cancer Network (WCN) and the Cancer Implementation Group contributing to the national shaping of the work to support SCP implementation, and escalate potential risks. A number of meetings have already taken place with the WCN, 1000 Lives, NHS Delivery Unit and NWIS.

- Three National workshops have taken place, hosted by WCN and 1000 Lives which have been well attended by ABMU HB with the next workshop being held on the 20th September 2018.
- A Single Cancer Pathway Implementation Board has been established. The group are tasked to work through 5 work streams to achieve a methodical and staged programme for implementation, they are:
  - Data, Rules & Reporting
  - Demand & Capacity
  - Clinical Engagement
  - Communication
  - Patient Experience
- These work streams are supported by a SCP Project Support Officer who commenced in post 2nd July 2018, funded by the WCN for 12 months.
- On the 3rd July 2018, 1000 Lives facilitated a successful SCP workshop for managers and MDTs to support our communication and engagement.
- On the 19th July 2018, the NHS DU held a demand and capacity all day workshop for service managers, nominees from all Delivery Units attended the event.
- The WCN provided an Implementation Plan template that HB's were required to populate and submit in June 2018. The Cancer Performance team felt that the template is not an action plan with clearly defined actions and leads; therefore, an action plan is under development.



A number of risks have been identified which include:

- Ongoing work by the WCN to refine the definitions of point of suspicion. ABMU contributed to a NHS Data Standards meeting on the 21st May 2018, raising concerns regarding the definitions and ambiguity regarding the definition statements. Version four of the definitions document was sent to Health Boards in early August 2018.
- No single system will automatically capture point of suspicion to start a patient clock and prompt tracking. This is still the biggest risk at present, both in terms of a tight process that identifies all patients, but also means that we are not able to establish the full size of the demand of patients who will need to be tracked and have diagnostics within the 28 days. Without timely notification of a patient being placed on the SCP, patients could be identified at such a late stage that delivery of the target would be unachievable.
- The potential increase in diagnostics needs further analysis and demand and capacity assessment by diagnostic and modality. Whilst these are not necessarily additional investigations, they will need to be provided in a far quicker timeframe.
- Fundamental to the success of delivering the Cancer targets is the tracking process behind it, which pushes and pulls patients through the next step of their pathway. The tracking resource required to deliver this additional demand needs to be quantified, as we already know that tracking capacity has been a constraint in the management of cancer within ABMU, and it often forms only one part of peoples job. The increased volume of patients will undoubtedly burden the current staff in tracking posts with increased risk to specialties where tracking is undertaken by service managers. This assessment needs to be undertaken once we have more detail on potential volumes by tumour site.
- In terms of data capture, a number of additional component waits are expected to need to be reported. On the 9th August the WCN identified the following measures:
  - Current CWT 62/31 performance
  - Referrals, conversion and detection rates by HB and Cancer Site Group (and then by CSG/MDT by HB) by USC and increasingly by nUSC and SCP
  - Median time and 75th, 95th centiles to treatment from Point of Suspicion (PoS) by HB and CSG
  - Median time and 75th, 95th centiles to diagnosis from PoS by HB and CSG
  - Median time and 75th, 95th centiles to treatment from diagnosis by HB and CSG
  - Median time and 75th, 95th centiles to treatment from Date of Decision to Treat by HB and CSG
  - Median time and 75th, 95th centiles to treatment from last diagnostic test by HB and CSG
  - Waiting times from DDT for SACT, RT and surgery
  - Stage at diagnosis % of NR, 1, 2, 3, 4 by HB and CSG

- Routes to diagnosis by HB and CSG

During September, the Cancer Information Team will commence work to scope automation of this data via the Cancer Information Portal/Dashboard for monitoring and reporting purposes.

#### **4. FINANCIAL IMPLICATIONS**

No recommendations are specifically made within this report requiring Board approval.

#### **5. RECOMMENDATION**

Members are asked to:

- **Note** the Cancer performance position and the ongoing actions taken to support its recovery to the agreed Welsh Government trajectory and the risks which ABMU have identified around implementation of the Single Cancer Pathway.

Governance and Assurance							
<b>Link to corporate objectives</b> (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
	✓		✓				
<b>Link to Health and Care Standards</b> (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓		✓	✓	✓		
<b>Quality, Safety and Patient Experience</b>							
Timely access for cancer patients improves outcomes							
<b>Financial Implications</b>							
Nil identified outside of agreed WLIs							
<b>Legal Implications (including equality and diversity assessment)</b>							
N/A							
<b>Staffing Implications</b>							
Shortages of staff due to vacancy/sickness do impact on access for cancer patients							
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>							
Long term public health and cancer survival outcomes Collaborative working							
<b>Report History</b>	Previous deep dive presented to Performance and Finance Committee 2017.						
<b>Appendices</b>	Nil						