ABM University Health Board	
Date of Meeting: Wednesday 21st February 2018 **Name of Meeting: Performance & Finance Committee** **Agenda item: 2b**	
Subject	*Urgent Suspected Cancer Performance December 2017 – January 2018 (USC)*
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1.0 Situation

The purpose of this report is to provide the summary of activity in relation to Cancer Performance for December 2017. It is important to note that the January position will not be reported until the end of February, although forecasting has been undertaken where possible. The performance against the USC target (95% against the 62 day standard), has been improving over the last 6 months, and for September, October and November, in line with an agreed trajectory.

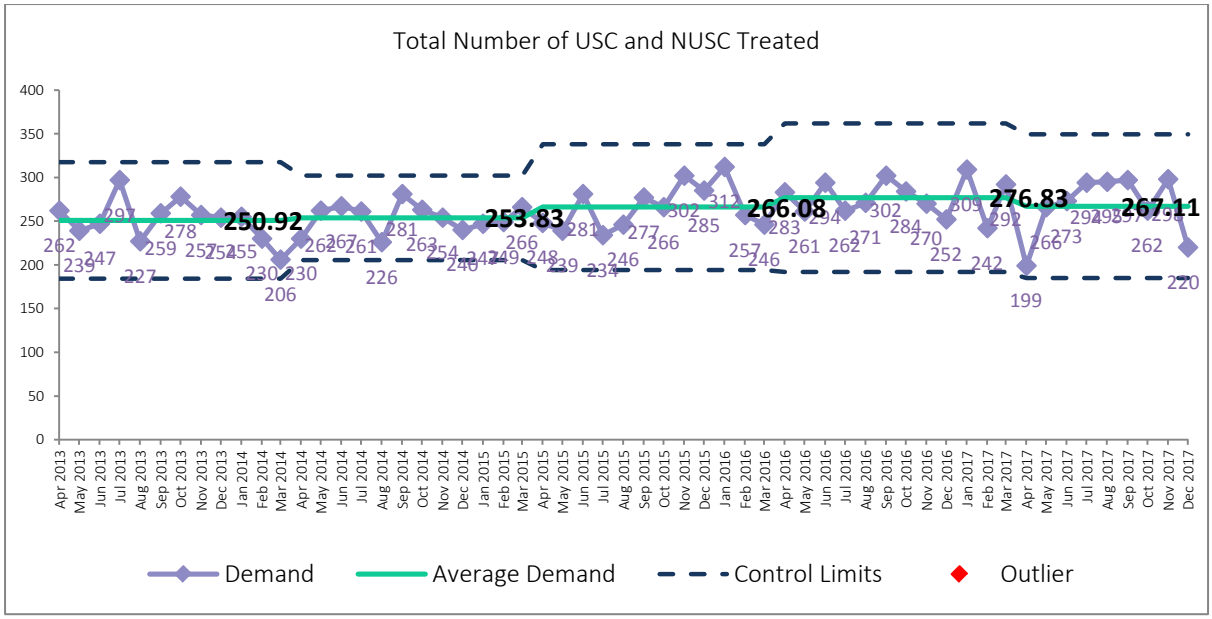
With regard to the most recent performance, the validated Urgent Suspected Cancer (USC) December 2017 position is 82% against a performance 85% trajectory. The trajectory was to have no more than 19 breaches and to maintain usual volumes of activity. We are reporting 18 breaches as planned however activity is lower than average at 101. The report below describes activity and performance to date, and outlines the particular risks going forward along with the actions we are taking to put our performance back into a sustainable position.

It is important to note that at this stage both January and February performance appear to be compromised.

2.0 Background

Activity

The graph below illustrates the number of patients reported as treated across both pathways since 2013. This demonstrates that the average monthly activity had increased annually until April this year. This financial year to date our activity has decreased when compared to 2016/17, but is comparable with 2015/16.

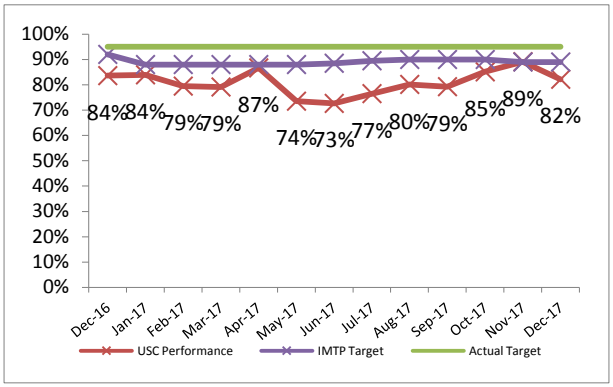


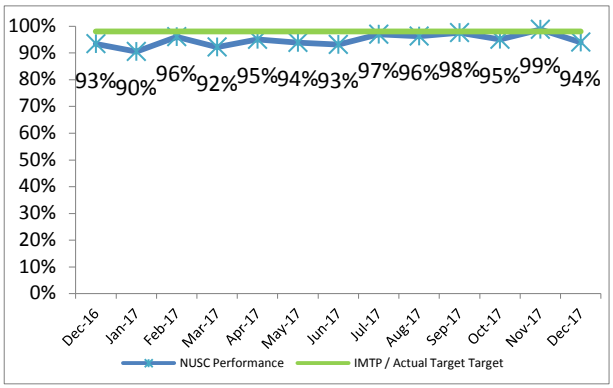
At the end of the 2016/2017 financial year, the Health Board had treated 3322 patients against the USC and NUSC pathways, an increase on the previous year. To the end of quarter 3 of this financial year the Health Board has treated 2404 patients. This is below average, and attributed to the low volume of patients treated in the months of April and December 2017.

April - March	USC Total	NUSC Total	USC and NUSC Total
2013	1296	1715	3011
2014	1392	1654	3046
2015	1516	1677	3193
2016	1604	1718	3322
2017 (to end Quarter 3)	1115	1289	2404

Performance

The charts below show the activity and performance over the last 13 months for USC and NUSC. These figures demonstrate that there had been improvement over recent months, until the December position. December is off trajectory for both NUSC and USC (see later).





December USC Activity and Breach Position:

USC					
Total no. of patients treated					101
No. of breaches					18
% achieved					82%
Breaches by tumour site / unit					
	SING DU	NPT DU	POW DU	MORR DU	**Tot**
Urological	-	-	3	1	**4**
Gynae	2	-	1	-	**3**
H&N	-	-	1	1	**2**
Upper GI	1	-	-	1	**2**
Lower GI	1	-	-	1	**2**
Other	-	-	1	1	**2**
Sarcoma	2	-	-	-	**2**
Breast	-	-	1	-	**1**
Haem	-	-	1	-	**1**
Total	**6**	**-**	**8**	**5**	
No. Treated	26	1	37	37	
In Target	20	1	29	33	
%	77%	100%	78%	89%	

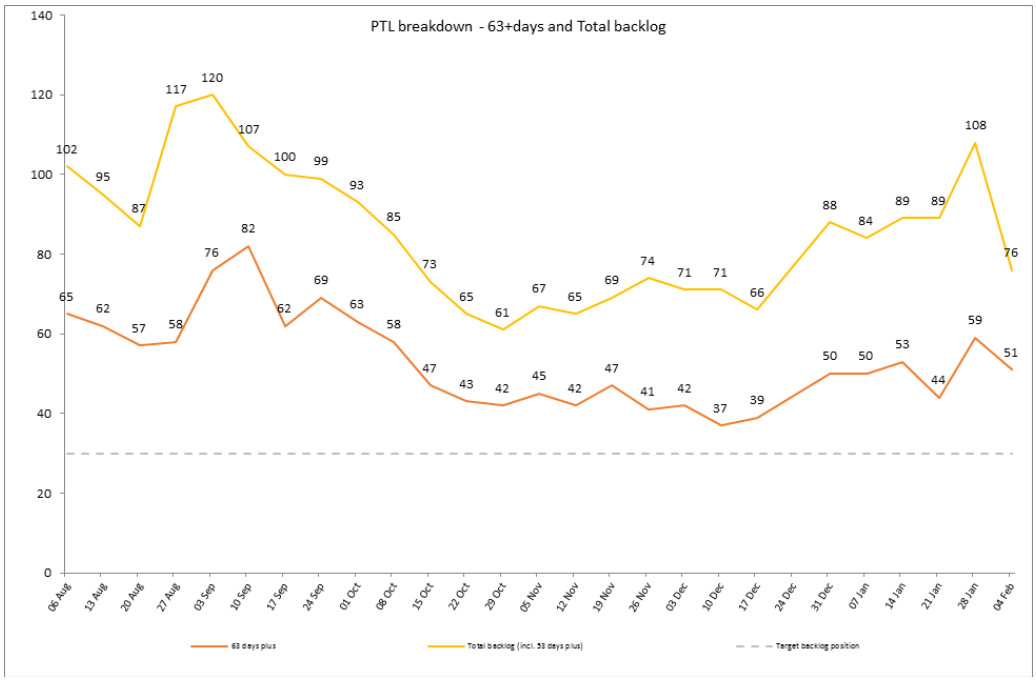
December NUSC Activity and Breach:

NUSC					
Total no. of patients treated					133
No. of breaches					8
% achieved					94%
Breaches by tumour site / unit					
	SING DU	NPT DU	POW DU	MORR DU	**Tot**
Breast	-	-	5	-	**4**
Gynae	1	-	-	-	**1**
Sarcoma	1	-	-	0	**1**
Urology	-	-	-	2	**2**
Total	**2**	**-**	**5**	**2**	
No. Treated	45	2	46	40	
In Target	43	2	42	38	
%	96%	100%	91%	95%	

Backlog

(USC Backlog position reported from Tracker 7 31/01/2018)*

Backlog has been steadily increasing since mid-December, despite the weekly scrutiny meeting, with the exception of an improvement in the most recent week. This is mainly made up by Urology (POW), Gynaecology & Breast.



The table below shows that the deterioration in backlog is also being driven by Breast, Lung, Lower GI, Upper GI and Urology in POW.

	26/11/2017	28/01/2018	+ / -
	Total Waiting +53 days	Total Waiting +53 days	
Breast	4	19	15
Gynaecological	19	16	-1
Haematological	7	7	0
Head and Neck	8	9	1
Lower GI	2	5	2
Lung	5	9	4
Other	2	1	-1
Skin	2	2	0
Upper GI	4	6	2
Urological	21	34	13
Grand Total	**74**	**108**	**36**

Component Waits

(Wait to first seen as reported in the waiting list report 24th January 2018).

The data is based on patients who were reported as being at first outpatient appointment stage with a booked appointment date.

	≤10	11-20	21-30	>31	Total
Breast	2	6	71	79	158
Gynaecological	7	25	2	1	35
Haematology	1	0	0	0	1
Head and Neck	14	7	0	0	21
Lower GI	24	10	0	0	34
Lung	1	2	0	0	3
Other	15	20	3	2	40
Skin	34	38	3	1	76
Upper GI	3	8	0	0	11
Urological	2	18	7	31	58
Total	103	134	86	114	437

186 patients had appointments for first assessment within 14 days (45%). 226 were appointed to their first assessment over 2 weeks, with 112 Breast patients and 28 urology patients having their first appointment over a month after receipt of referral.

This reflects the difficulty that both of these specialities have had in delivery activity and is noticed in the backlog, but also the opportunity in delivery if we get the outpatient wait back towards a 10 day wait target.

3.0 Assessment

December

The December position shows that we delivered 18 breaches which should have given us performance of 85%, had we delivered the usual expected volumes of activity. However, activity appears to have been lost in December and, we only had 101 confirmed treatments. The table below shows activity delivered in December by Unit comparison with what we had planned, based on previous December activity.

Unit	December Planned Activity	December Actual Activity	Variance
POW	54	37	17
Singleton	35	26	9
Morriston	38	37	1

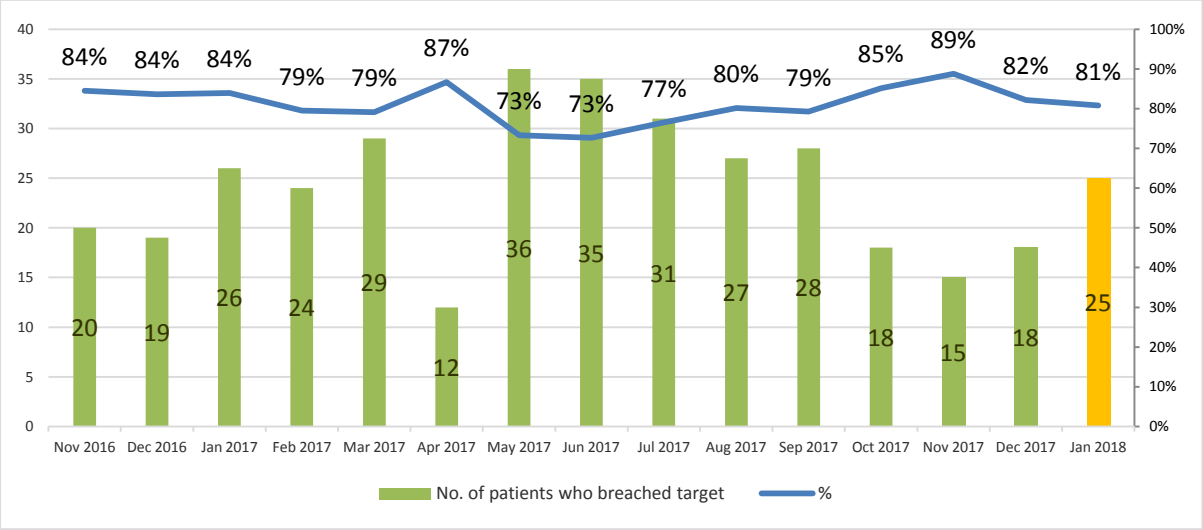
Performance against the trajectory for December, and January prediction by Unit is shown below, showing the deterioration from plan which we expect in January, particularly at POW.

Unit	Trajectory (number of breaches)		Actual /Likely Breaches	
	Dec	Jan	Dec	Jan
POW	9	8	8	18
Singleton	5	5	6	7
Morriston	4	3	4	0

January

The USC trajectory agreed for January 2018 position was 17 breaches (87%). To date performance is indicated to be much lower, with 24 known breaches and one further risk within haematology that we are awaiting communication from Haematology for to ascertain whether a management plan was agreed between clinician and patient by phone in January. Based on usual activity this would equate to an end of month performance of 81%. Pathways for all breaches have been reviewed for validation purposes, to ensure they are true breaches.

The impact on performance is shown below.



The issues associated with the deterioration in January are being driven in the main by Breast. An exception report and recovery plan has been submitted to the Chief Executive by the POW Unit.

The main concerns are associated with lost capacity over the Christmas and New Year period, and an apparent increase in general demand, and confirmed cancers late December 2017. More work is required to understand the true nature and extent of this demand and the impact on capacity and any resultant gap. The Cancer Improvement Team are supporting the Directorate with this work.

In terms of recovery, this is being overseen by the Unit Director, and Clinical Director, and includes any triage of all patients at the new outpatient wait stage, and additional clinics and lists. The Unit are also developing more sensitive triggers to any spike in demand, and are trying to secure some additional tracking support, for which they have submitted a proposal to the COO.

The backlog in Urology at POW remains high. There have been issues with sickness in the Lead Cancer clinician, but the main constraint remains with a pathway with is not in line with the rest of Wales. A meeting is planned in the next 2 weeks with the Medical Director, Unit Medical Director and the Cancer Lead for Urology to address this. In the interim a number of additional Clinics and Lists have been picked up by colleagues, and the Unit have secured a locum.

Gynaecology at Singleton remains a concern, as the Post-Menopausal Bleeding pathway is still not fully implemented. This means that backlog continues to be carried forward putting pressure on time to surgery. There have been improvements in this pathway and diagnostic waits do appear to improving, but full implementation must be prioritised to give more lead in time for surgery. The Unit are currently measuring the impact of the PMB implementation to date, and are also working through what the surgical capacity gap is.

The Singleton Unit have also been asked to provide assurance around Cancer Services (Oncology), and the current workforce gaps both in senior management and key clinical posts which could impact on performance across all tumour sites.

This needs to be quantified in light of an increase in potential Haematology breaches in February.

Urgent Remedial Actions

- The Unit Directors have been briefed on the likely January and now February status. They have prepared exception and recovery reports to the Chief Executive for Gynaecology and Breast. These will now be operationalised, and performance managed on a weekly basis, with Chief Operating Officer oversight.

- It is recommended that the Unit Directors (POW and Singleton) attend the weekly Cross Unit tracking meetings until the end of March to ensure performance is turned around.

- The Unit Directors have been asked to review every February risk alongside their team early next week, and to put in place any potential mitigation. This approach needs to be undertaken weekly going forward with an assurance report to the COO (format to be agreed).

- Further work is needed to understand how actions taken in January and February can try and recover the March position to a level in line with the rest of Wales – if the planned 90% trajectory cannot be met. This needs to be completed by each of the Units with support from the Cancer Improvement Team by the second week of February.

- An assessment is currently being made around the February and March position and what can be turned around. For those tumour sites/Units who are off trajectory, and without an appropriate recovery plan the Executive Team are considering Special Measures Intervention (in line with the proposed Internal Escalation Process to be agreed by the Executive Team.)

February

The February position is too early to call. We had hoped to recover our trajectory – which is 89% (14 breaches). However, having undertaken further detailed work with Gynaecology; Breast and Urology, it is unlikely that these will recover due to the volume of backlog they need to clear, and there are risks across all Units. This is worst case scenario as we have included all the risks and unconfirmed cancers – but the numbers are unusually high for this stage of the month.

Worryingly there are breaches across the tumour sites, and for many of the risk patients, the patients have already breached – we are simply waiting on confirmed dates of treatment, or confirmation of cancer diagnosis. Although early to call, it is likely that February's performance will be similar to what we expect January to outturn.

4.0 Recommendations

The Performance & Finance Committee is asked to note the deterioration in the Cancer position and the actions taken to support its recovery.

Support a Turnaround approach as described above to recover the position with weekly assurance from the Unit Directors.

Support the proposed Special Measures approach to performance manage and support to tumour sites/Units who are off trajectory without an agreed/timely recovery plan.