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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	23rd May 2018		Agenda Item	3b
Report Title	Cancer Performance			
Report Author	Marisa Bennett, Cancer Information Manager			
Report Sponsor	Claire Birchall, Service Director NPT			
Presented by	Claire Birchall, Service Director NPT			
Purpose of the Report	To provide the summary of Urgent Suspected Cancer Performance for February and March 2018, and a detailed analysis of April 2018. To describe recovery and improvement actions for Quarter 1.			
Key Issues	April 2018 forecast will not meet our trajectory.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
		✓		
Recommendations	The Executive Team are asked to note the Cancer performance position and the ongoing actions taken to support its recovery to the agreed Welsh Government trajectory.			

CANCER PERFORMANCE

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 April 2018 position will not be reported until the end of May, although forecasting has been undertaken where possible.

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 the April forecast will not meet our trajectory.

The WG target for USC performance is 95%. The UHB had agreed a trajectory of 90% for the end of Quarter 4 2017/8 and delivered 88%. The performance remains vulnerable with a lot of variation and three main vulnerable tumour sites (Breast, Urology (POW), and Gynaecology). The April forecast is 77% despite a number of urgent remedial actions, which is extremely disappointing given there had been a trend of recovery since the Winter months.

2. BACKGROUND

Final reported February & March 2018 position.

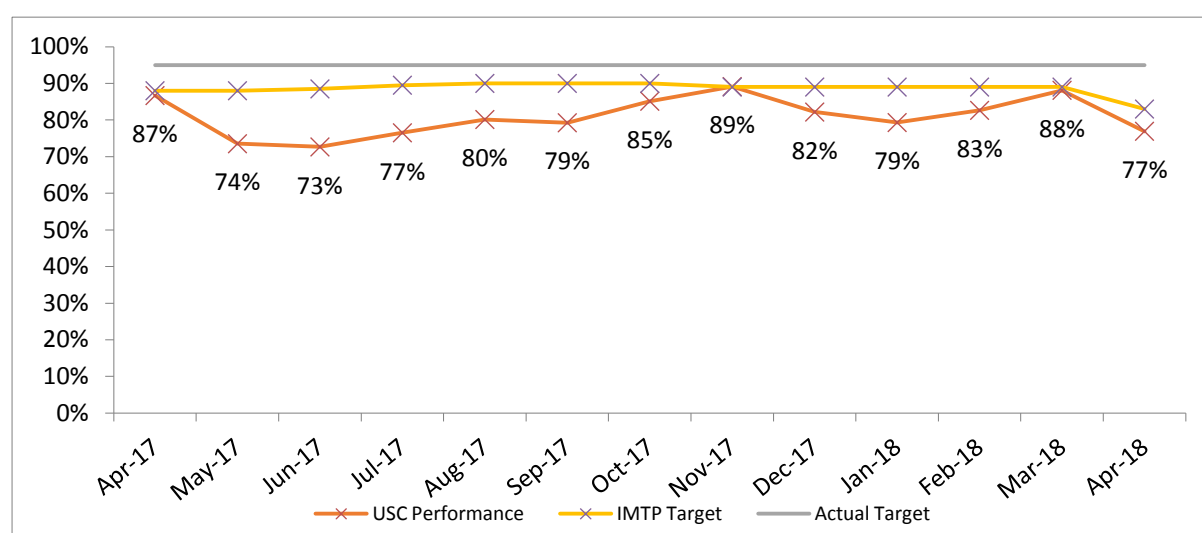
The reported February position shows that we delivered 21 breaches which was 83% against a trajectory of 89%. The reported March position shows that we delivered 17 breaches which was 88% against a trajectory of 90%.

	Feb-18				Mar-18			
	SING	NPTH	POWH	MORR	SING	NPTH	POWH	MORR
Unit Performance Trajectory	89%	100	87%	92%	89%	100	89%	92%
Unit Breach Trajectory	4	0	7	3	4	0	6	3
Unit Activity	33	1	45	42	45	1	62	35
Unit Performance	79%	100%	80%	88%	91%	100%	81%	97%
Reported Breaches	7	0	9	5	4	0	12	1
Head and neck	-	-	-	2	-	-	-	-
Upper GI	1	-	4	-	-	-	1	1
Lower GI	-	-	1	-	-	-	-	-
Lung	1	-	-	-	-	-	2	-
Sarcoma	-	-	-	-	-	-	-	-
Skin	-	-	1	-	-	-	-	-
Breast	-	-	2	-	-	-	2	-
Gynaecological	4	-	-	-	3	-	1	-
Urological	-	-	1	-	-	-	5	-
Haematological	1	-	-	3	-	-	-	-
Other	0	-	-	-	1	-	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 April 2018 position

The charts below show the activity and performance over the last 13 months for the USC pathway. They demonstrate an improvement from January until March.



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

The tables below show the detailed breakdown against trajectory based on the information to date for April 2018.

	Apr-18			
	SING	NPTH	POWH	MORR
Unit Performance Trajectory	84%	100%	85%	84%
Unit Breach Trajectory	5	0	8	6
Unit Activity	35	3	67	38
Unit Performance	83%	100%	79%	74%
Reported Breaches	6	0	17	10
Head and neck	-	-	-	1
Upper GI	2	-	1	1
Lower GI	-	-	2	4
Lung	2	-	2	-
Sarcoma	-	-	-	2
Skin	-	-	-	-
Breast	-	-	10	-
Gynaecological	1	-	-	-

Urological	-	-	2	-
Haematological	1	-	-	1
Other	-	-	-	1

This shows that both POW and Morriston had a particularly bad month, which combined sent us so far off trajectory. Performance is therefore indicated to be lower than trajectory and a deterioration from the March position with 33 breaches. Further to an urgent escalation meeting held with the COO and Unit Service Directors on the 19th April, potential additional activity within target for April was identified and delivered. This undoubtedly stabilised the position from what had been a far worse forecast at that time. The activity reported in April is above average at 143 compared to a usual month which is 125. Best case scenario would be 77%, which requires an additional 4 patients treated in April to convert to a reportable malignancy.

April Breach analysis

The table below shows the number of days passed target patients were treated in April 2018. 21% of breaches (7) occurred within 7 days of breach. 9% (3) breached over one month following target date.

	63 - 69	70 - 76	77 - 83	84 - 90	91 +	Total
MORR	3	2	5			10
POWH	3	6	1	6	1	17
SING	1	2	1		2	6
Grand Total	7	10	7	6	3	33

A closer review of those patients who breached within one week of target by unit and tumour site is shown below. These patients possibly demonstrate the best opportunity for avoidance of breach and performance would be in the region of 80% with no additional activity undertaken.

	Tumour Site	63	64	65	66	Total
MORR	Lower GI	1			2	3
POWH	Breast	2	1			3
SING	Lung			1		1
Grand Total		3	1	1	2	7

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 67% of all breaches between April 2017 and April 2018.

Tumour Site	Health Board Total		Princess of Wales		Singleton		Morrison	
	breaches	% of Total Breaches	breaches	% of Total Breaches	breaches	% of Total Breaches	breaches	% of Total Breaches
Breast	77	24%	77	44%	0	-	0	-
Gynaecological	64	20%	13	7%	51	52%	0	-
Urological	38	12%	36	21%	0	-	2	5%
Lower GI	32	10%	11	6%	13	13%	8	21%
Upper GI	24	8%	9	5%	12	12%	3	8%
Lung	22	7%	9	5%	9	9%	0	-
Haematological	18	6%	5	3%	3	3%	10	26%
Head and neck	15	5%	5	3%	0	-	10	26%
Other	13	4%	7	4%	3	3%	3	8%
Sarcoma	7	2%	0	-	5	5%	2	5%
Skin	5	2%	2	1%	2	2%	1	3%
Grand Total	315		174	55%	98	31%	39	12%

For the POW Unit, their top four tumour sites are the main sites for breach. 55% of all HB breaches originated pathway within services managed by the POW. There had been improvement in Breast until January 2018. 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. 31% of all HB breaches originated pathway within services managed by the Singleton. There has been improvement in since February 2018 for Gynaecology. Inefficiency and delay in the Post-Menopausal Pathway has been the main contributing reason for breach over the course of the year with changes to pathway introduced towards the end of 2017 which should eliminate breaches in this pathway.

The Morrison Unit generally perform well, the overall number of breaches are far less, although Lower 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. 13% of all HB breaches originated pathway within services managed by Morrison.

Summary of Breach Reasons in April

Around 6 of the breaches were unavoidable due to equipment failure or complex pathways. A maximum of 6 breaches would ensure the HB meets 95% compliance. The majority of breaches are as a result of multiple delays along the pathway however around 9 breaches had some sort of avoidable delay within the pathway and/or wait to MDT discussion, with several breaches being potentially avoidable for these reasons.

The table below describes the possible position the Health Board would be reporting for April had no administrative/pathway breaches occurred and had recovery actions described in section 3 implemented prior to April 2018. This translates to a possible performance of 91%.

	Apr-18			
	SING	NPTH	POWH	MORR
Unit Performance Trajectory	84%	100	85%	84%
Unit Breach Trajectory	5	0	8	6
Unit Activity	32	3	62	32
Possible Unit Performance	91%	100	92%	88%
Possible Reported Breaches	3	0	5	4

3. GOVERNANCE AND RISK ISSUES

The POW, Singleton and Morriston Units have provided analysis details for each of the breaches in April; any themes which led to the deterioration and the cancer improvement and recovery plans.

POW

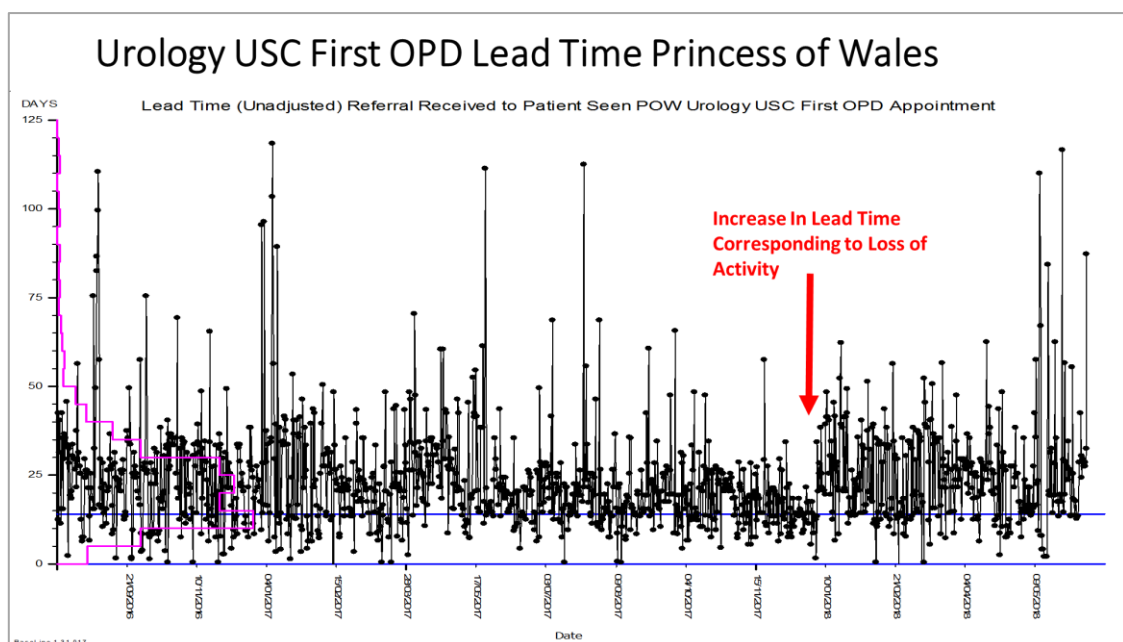
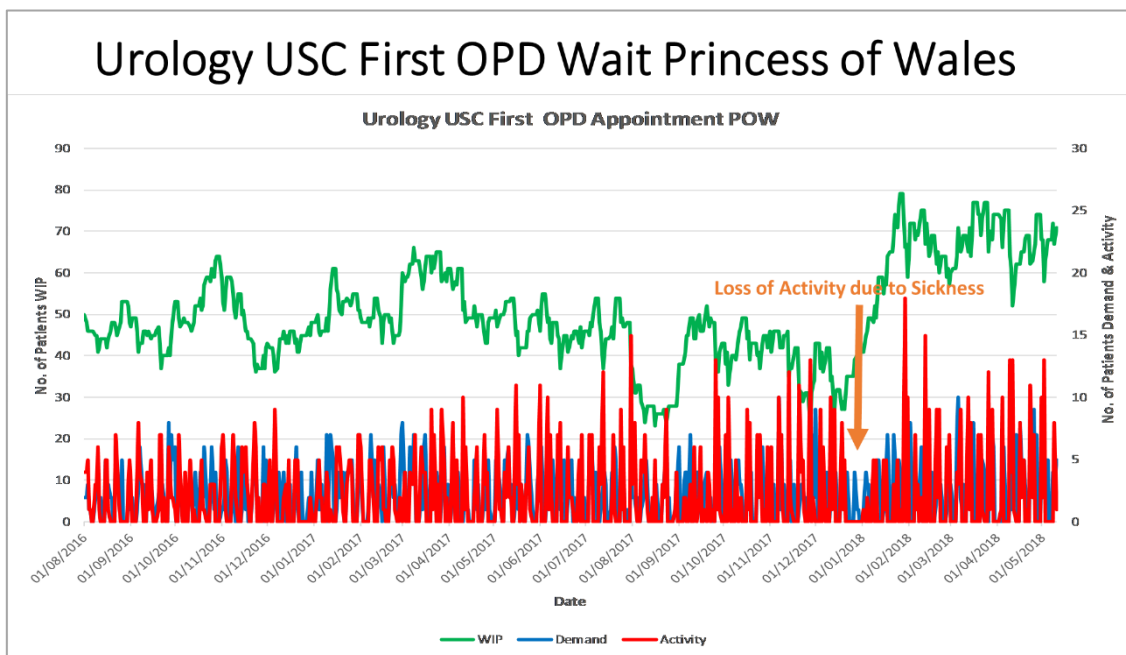
The POW Unit is of the greatest concern given there are breaches across a number of tumour sites, and the variance from their trajectory. The Cancer Improvement Team have focused their attention to supporting the Unit in providing live demand and capacity information for breast USC outpatient appointments. The NHSDU are also planning to support Urology POW going forward. Recovery actions include:

Urology

There are ongoing concerns with the Urology Pathway, with both backlog and also clinical concerns regarding the Prostate Pathway and the length of time patients remain on the pathway. In part, this has been due to a lack of clinical support due to consultant and CNS sickness. This is now resolved and it is expected the pathways waits will reduce as a result.

- A Consultant Nurse remains contracted to POWH until the 1st June 2018 providing additional outpatients and diagnostics to the prostate pathway.

- Additional TRUS activity is being undertaken to reduce the wait to 10 days or less. Additional 16 flexi-cystoscopy diagnostic slots provided in May through Locum Consultant appointment.
- POW is exploring options to increase theatre capacity for treatment to build on improvements made in the diagnostic phase.
- Demand and Capacity modelling work has commenced for Urology with an aim to release this to Units for use by early June. A prototype has been developed for validation purposes and demonstrated the loss of activity in January directly corresponds in a sharp increase (graph 2 below) in Lead Time.



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.

- A 'One stop' clinic has been established at NPTH from 1st May 2018 which will significantly reduce the time to first outpatient /diagnostic.

Live demand and capacity modelling has been provided to the Unit via the Cancer Dashboard and demonstrated the USC capacity required to meet demand and maintain timely activity throughout the year on both Singleton and Neath Port Talbot sites. This can be used to prospectively predict the lead time for patients in the queue by dividing the size of the Queue (WIP) by the Average number of weekly slots available (Little's Law) providing the queue is relatively stable.

The example below shows the unadjusted number of days that elapse between receipt of a new patient referral and first attendance in clinic. The WIP is shown on the top graph and Lead-time on the bottom graph. At the point of the first red arrow, our WIP has peaked at around 180 patients in the queue. We know that there is an average of 30 diagnostic slots per week in the area selected, so are able to predict that patients in the queue at this point will take 6 weeks (42 days) to their first attendance.

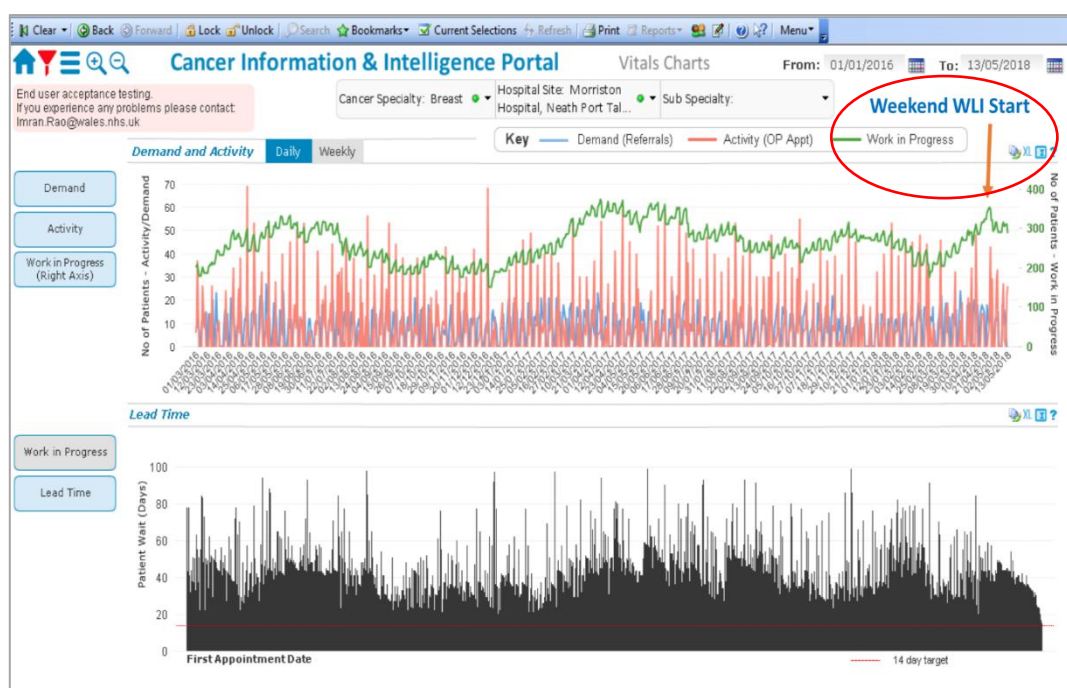


A calculator has also been developed to allow services to simulate the effect additional capacity may have on waiting times of patients in the queue and predict how long it will take to clear backlog and sustain a 10 day wait to first outpatient or to work out how much capacity is required to deliver a 10 day wait in the shortest timeframe.

- Approximately 120 patients were in 'backlog' having waited 30 days or more to assessment. Additional weekend diagnostic clinics are being run to see 30

patients per weekend, bringing forward long waiting patients and freeing capacity in the week to begin dating new referrals in a timelier manner.

This activity will be monitored via the live dashboard to monitor the effect on the queue and evidence the reduction in waiting time to first appointment. For example, the graph below shows demand (new referrals received), activity (patients seen in OPD) and Work in Progress (queue of patients referred and yet to be seen) for all sites within ABMU. The orange arrow marks the point on the WIP chart where the WLI initiatives commenced and the positive effect these have on the total queue.



- Capacity for wires continues to be a risk due to radiologist availability, the Unit are working with Morriston to try and secure additional capacity.

Forecast performance remains a significant risk until the backlog is addressed and the number of patients converting to a confirmed malignancy and requiring treatment are progressed.

Gynaecology

This is starting to feature as a regular risk for POW, and needs some careful oversight given the sickness of key Consultants.

- Additional theatre time has been allocated to the remaining cancer surgeon to mitigate potential delays.

Morriston

The Morriston Unit have a detailed Improvement Plan which addresses the known areas of risk and constraint. They have been asked to firm up outcomes and delivery associated with their action so that they can measure tangible improvements.

The plan specifically 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.

Generally, Morriston performance meets its planned trajectory, but April saw a number of new risks which the Unit has given assurance it will address in Quarter 1;

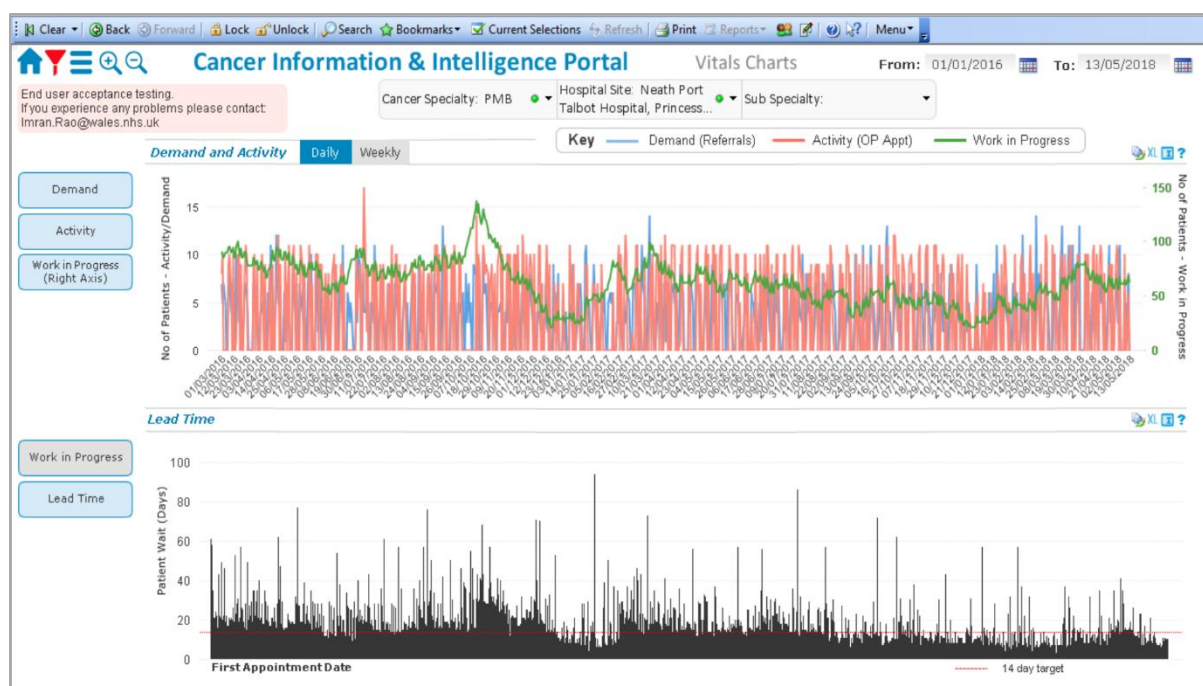
- Efforts on the front end of the pathway to achieve their Unit stretch target of 10 calendar days to first appointment.
- Increasing capacity where and when required and pooling all appropriate cancer cases at any stage of the pathway to deliver treatment within target.
- Delays to grading contributed to several breach pathways therefore a new process for grading has been implemented to ensure grading within 24 hours
- A tighter escalation process between Morriston and services managed by other Units is in place
- Medical Equipment Bid submitted to Morriston Medical Equipment Board for discussion on the 16th May to replace the CO2 Laser.
- Training package for cancer trackers to be developed to support the newly appointed staff
- Begin demand and capacity modelling for Lower GI with the support of the Cancer Improvement Team and 1000 lives.

The Unit have been asked to commit to a trajectory of 3 breaches going forward to support the UHB trajectory and difficulties at other Units.

Singleton

Gynaecology have undertaken significant pathway improvement work and the Unit have been asked for a zero breach position for Gynaecology going forward and expect this tumour site to perform going forward given these changes. Tracking is also noted to have improved.

Demand and Capacity modelling was undertaken and we can see that since the new service delivery model has been introduced in gynaecology that the lead times have remained below the 14 calendar day red line and this corresponds to WIP remaining under 70 for the same time period.



There remain concerns about the resilience of both Radiotherapy and Chemotherapy Services with delays at both outpatient and treatment stages. The Unit are trying to work flexibly and bring forward capacity with any last minute cancellations/discussions outside of MDT.

The 5th LINAC has been operational since mid-March, this will offer resilience to the radiotherapy pathway as the impact of machine breakdown is reduced. For 6-8 weeks all LINACs will be operational providing additional 20% capacity for this time, thereafter a programme of servicing will commence for the older LINACs. The Unit have also had approved the replacement of a LINAC for next year.

In addition actions through Q1 are;

- There continue to be risks around the number of chemotherapy competent nurses available to administer timely chemotherapy, alternative solutions to ensure chemotherapy competent technicians are being explored to support increased capacity for safe delivery and delivery flexibility.
- Home delivery of Immunotherapies has commenced in May which will improve capacity in the chemotherapy day unit, this will be closely monitored to ensure maximum capacity is achieved.
- The Aseptic Suite at Singleton is due to be operational in May for the manufacturing of chemotherapy which will support the chemotherapy day units to deliver chemotherapy in timely manner.
- Finalise the full roll out of the one-stop PMB pathway
- Straight to test protocols for patient referred on suspicion of a lower gastrointestinal cancer are also being implemented to reduce overall pathway waits of patients referred to gastroenterology will be implemented in Q1.
- Advertise for a 4th Gynae-oncology surgeon. Consultant could be recruited to by the end of September 2018.

- Radiotherapy Service Improvement Group established, led by Chris Jones from the Cancer Improvement Team. It is expected that current processes will be reworked to reduce waits for all patients.

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 pace with the Units and the Chief Operating Officer (COO) to monitor risks and review their detailed improvement plans.

The Units have been asked to commit to returning to the expected trajectory of 90% by the end of Quarter 1, and describe specific actions for both mitigation of risk and step change in performance at a tumour site level. The actions being taken by the Units are likely to demonstrate improved performance from June onwards as they will not deliver a significant change for patients currently advanced in their pathway.

Unit Directors will present Cancer Improvement Plans for discussion and review at the next Cancer Improvement Board meeting on the 18th May 2018.

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

The Executive Team are asked to note the Cancer performance position and the ongoing actions taken to support its recovery to the agreed Welsh Government trajectory.

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