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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23rd August 2022		Agenda Item	4.3
Report Title	Cancer Performance Update			
Report Author	Deb Lewis, Deputy Chief Operating Officer			
Report Sponsor	Inese Robotham, Chief Operating Officer			
Presented by	Inese Robotham, Chief Operating Officer			
Freedom of Information	Open			
Purpose of the Report	<p>The following report provides an update on the delivery of the Single Cancer Pathway for Swansea Bay UHB patients. It focusses on recovery plans in place for the top six tumour sites by volume of patients and describes the % volume of these to alleviate concerns listed, namely:</p> <ul style="list-style-type: none"> • Lower Gastrointestinal • Breast • Upper Gastrointestinal • Gynaecological • Urological • Skin 			
Key Issues	This report will highlight areas where there are significant service delivery challenges.			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the performance and backlog volumes in the main six tumour sites. • NOTE the additional work required to improve both performance and backlog and the ongoing focus on eradicating patient waits > 100 days. 			

Single Cancer Pathway – Recovery Update

1. INTRODUCTION

This paper provides an update on the delivery of the Single Cancer Pathway for Swansea Bay UHB patients. It focusses on recovery plans in place for the top six tumour sites by volume of patients and also two other areas where pathways are under review*, namely:

- Lower Gastrointestinal
- Breast
- Upper Gastrointestinal
- Gynaecological
- Urological
- Skin
- Lung*
- Endoscopy*

2. BACKGROUND

The Single Cancer Pathway (SCP) was piloted for implementation across Wales in June 2019 as a target for diagnosing cancer and starting treatment more quickly. It became the formal reporting mechanism in December 2020. The timeframe for treating suspected cancer patients is the same as the previous Urgent Suspected Cancer (USC) target of 62 days. However, day 1 of this target is from the very first point where cancer might be suspected rather than when a referral for a USC is received by secondary care. The target now covers all suspicions of cancer, irrespective of the route of referral (previous suspicions via ED or from a non-cancer referral (NUSC) were not included in the 62-day target).

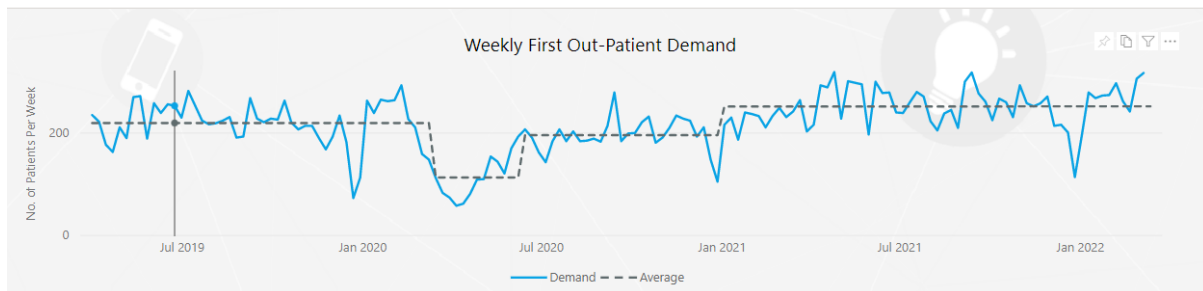
The SCP acknowledged that most patients in Wales diagnosed with cancer were not coming via the USC pathway (~55-65%). For the first time, health boards now record how long patients wait from the point a cancer is first suspected, regardless of the way they enter the healthcare system. This is a marked quality improvement for actual and potential cancer cases.

Impact of COVID-19

It would be difficult to present a recovery paper without acknowledging the impact the pandemic has had on overall service delivery. The impact to cancer patients specifically has been reported extensively in the media. It has affected:

- how patients present into the system (a reduction in referrals),
- how readily patients accept treatment plans (an increase in patients opting to wait longer for diagnostic and surgical interventions) and
- increasing waits due to the constraints experienced in service provision since March 2020.

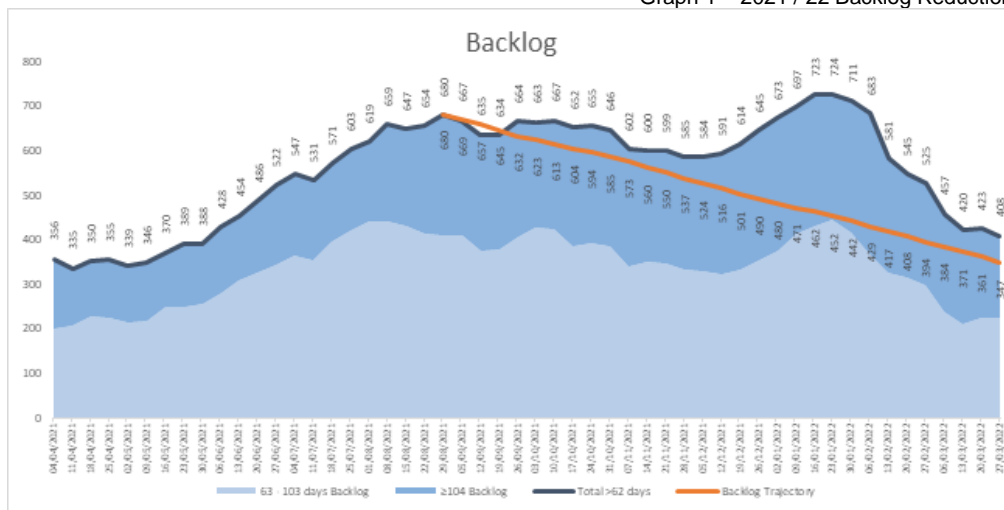
As an example, the graph below illustrates the changes in the rate of cancer referrals over the pre and post pandemic years. Referral rates have now recovered with the weekly average now higher than pre-pandemic (218 v 251)



Current Position

The HB monitors the number of patients in the backlog position (waiting >62 days) against approved trajectories. Unfortunately, the profile for 2021/22 was not achieved with the target of 347 missed by 61 patients (408 end of year). Although significant reduction was realised from the end of January (724 to 408).

Graph 1 – 2021 / 22 Backlog Reduction Trajectory



Setting the Trajectory for 22/23

To understand how the backlog trajectory is developed, it is important to note some key differences between the Single Cancer Pathway and the previous Urgent Suspected Cancer reporting processes.

The SCP was implemented nationally in December 2020 and therefore there is no long-term trend data available to baseline / benchmark against. Therefore, the development of this year's trajectory has been based on the following principles:

- As SCP is an UNADJUSTED pathway, it is unlikely we will ever have 0 patients waiting 100 or more days and will therefore always carry a volume of patients over 62 days. For example, patient deferrals or medical adjustments up to 60 continuous days are not subject to a “pause” and pathways cannot be reset. Recent numbers suggest this is approx 87 patients at any given time but averaged over time around 79.
- The week to week % increase or decrease in backlog volumes for 2021/22 have been applied to this year. This has been adjusted to account for the volumes seen

in Lower Gastrointestinal tumour site from June/July 2021 to February 22 as practices adopted by General Surgery during this time period have changed.

- Taking the number of patients expected to have pathway adjustments applied from the backlog gives the 'improvable' position. The approximate split of patients at 63-103 days and 104+ days is 60/40.
- A percentage increase/decrease of the 'improvable' backlog position has been applied. This is a number largely reflecting expected improvements in tracking and escalation and a rate of improvement to accelerate after the summer.
- There are times where no improvement or a decline in performance has been applied to the calculation; this has been applied where there are expected holidays such as post a bank holiday, summer and school holidays where staff leave is known to impact provision of services whether clinical or administrative.
- The overall week to week percentage change for the revised trajectory has been applied to at tumour site level.

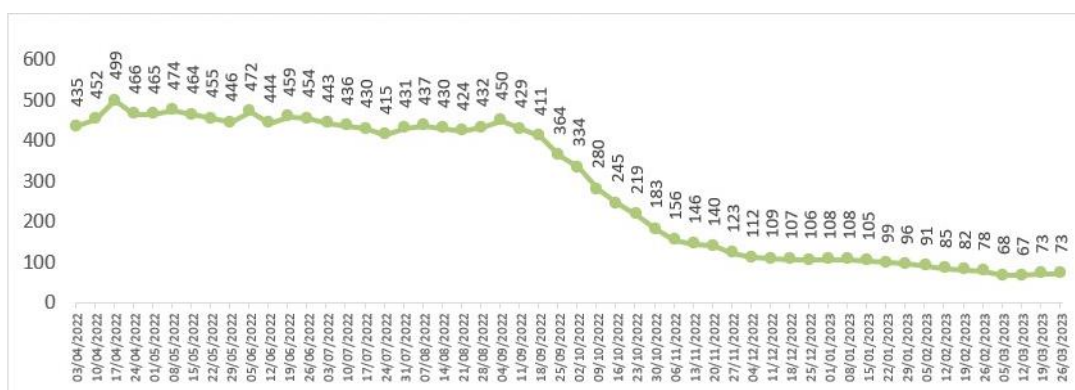
The minimising of the backlog remains a key focus for the delivery of cancer services and therefore a further trajectory has been approved for 2022/23 (Table 1). The same principles will also be applied at a tumour site level. The trajectories will be reviewed in line with the detailed recovery plans once available. The "end point" of 73 will remain but the profile for reduction will be mapped in line with actual actions rather than % changes.

Table 1 – Submitted Backlog Improvement Trajectory 2022/23

	Anticipated Backlog Position	Improvable Proportion	%↑/↓	104+	63+	
03/04/2022	435	348				
10/04/2022	452	362				
17/04/2022	499	399				
24/04/2022	466	373				
01/05/2022	465	372				
08/05/2022	474	387	5.00	147	221	
15/05/2022	464	377	5.00	143	215	
22/05/2022	455	368	5.00	140	210	
29/05/2022	446	359	5.00	136	204	
05/06/2022	472	393	0.00	157	236	Post bank holiday
12/06/2022	444	365	0.00	146	219	
19/06/2022	459	380	6.00	143	214	
26/06/2022	454	375	6.00	141	212	
03/07/2022	443	364	6.00	137	206	
10/07/2022	436	357	7.00	133	199	
17/07/2022	430	351	7.00	130	196	
24/07/2022	415	336	-2.00	137	206	Summer
31/07/2022	431	352	-2.00	144	215	
07/08/2022	437	358	-2.00	146	219	
14/08/2022	430	351	-2.00	143	215	
21/08/2022	424	345	-1.00	139	209	
28/08/2022	432	353	0.00	141	212	
04/09/2022	450	371	1.00	147	220	
11/09/2022	429	350	3.00	136	204	
18/09/2022	411	332	4.00	128	140	
25/09/2022	364	285	-2.00	116	120	Half-term
02/10/2022	334	255	1.00	101	107	
09/10/2022	280	201	5.00	76	85	
16/10/2022	245	166	5.00	63	70	
23/10/2022	219	140	5.00	53	59	
30/10/2022	183	104	-2.00	42	43	End of term
06/11/2022	156	77	-1.00	31	32	
13/11/2022	146	67	5.00	25	28	
20/11/2022	140	61	5.00	23	26	
27/11/2022	123	44	5.00	17	19	
04/12/2022	112	33	5.00	12	14	
11/12/2022	109	30	-2.00	12	13	Christmas/New Year
18/12/2022	107	28	-2.00	11	12	
25/12/2022	106	27	-4.00	11	11	

01/01/2023	108	29	-4.00	12	12	
08/01/2023	108	29	-2.00	12	12	
15/01/2023	105	26	1.00	10	11	
22/01/2023	99	20	0.00	8	8	
29/01/2023	96	17	0.00	7	7	
05/02/2023	91	12	0.00	2	5	
12/02/2023	85	6	0.00	1	3	
19/02/2023	82	3	-5.00	0	1	Half-term
26/02/2023	78		-5.00			End of year – leave etc.
05/03/2023	68		-5.00			
12/03/2023	67		-5.00			
19/03/2023	73		-5.00			
26/03/2023	73		-5.00			

The trajectory is illustrated in the graph below (graph 2)



Graph 2 – Backlog Trajectory 22/23

In addition to the backlog, it is also important to note the overall volume of patients within the system, by tumour site as this is an indication of the pressure within the system as a whole.

Table 2 below shows the variation in volumes between the end of August 2021, when the recovery plans were developed and the current position. As you can see there was considerable improvement in total volumes from August to April (24% reduction) but this has not been sustained. There has been an increase of 281 patients (11%) in the last two months. The largest increase has been within Skin (111), which is a normal seasonal pattern. Other notable increases have been within Lower / Upper GI sites, which needs further analysis to understand. It has been reported that all HBs across Wales have seen similar increases in Lower GI.

Tumour Site	Aug-21	Apr-22	Jun-22	% Variation Aug to June
Lower Gastrointestinal	826	441	534	-35%
Breast	442	444	435	-2%
Skin	499	307	418	-16%
Upper Gastrointestinal	277	298	349	26%
Gynaecological	342	290	309	-10%
Urological	363	289	266	-27%
Other	263	137	201	-24%
Head and Neck	253	209	192	-24%
Lung	48	84	108	125%
Haematological	25	26	25	0%
Sarcoma	49	43	15	-69%
Children's Cancer	4	1	4	0%
Brain/CNS	2	6	1	-50%
Acute Leukaemia	0	1	0	0%
Grand Total	3393	2576	2857	

Table 2: Movement of Total numbers of SCP waits August 2021 to April 2022 to June 2022.

Whilst there is a reduction in most tumour sites, of particular concern is the increasing volumes of patients in Upper GI (72 patients / 26%) and Lung (60 patients / 125%). The increase in skin referrals from April to June follows the usual pattern for this tumour site. Lung will now be added into the weekly performance management programme until recovery has been established.

Recovery Plans

Improvements in the delivery of cancer pathways is one of the main priorities for the Health Board and improved performance is one of the commitments in the 21/22 Annual Plan. To ensure a HB-wide focus on performance, the following escalation processes have been invoked:

- Implementation of an over-arching Cancer Delivery Board – chaired by the Executive Medical Director
- Implementation of a monthly Cancer Performance Group – chaired by the Deputy Chief Operating Officer
- Weekly cancer escalation meeting – chaired by the Executive Medical Director
- Weekly tumour site recovery meetings – chaired by the Deputy Chief Operating Officer. Currently on the second round of meetings across the tumour sites with excellent engagement from the clinical leads.

As noted in the introduction to this paper, the recovery plans are currently focussing on the top 6 tumour sites and the detailed actions are outlined below. In addition to overall improvements against the 62-day target, tumour site leads and service managers were tasked with addressing the longest waits and eradicating unnecessary waits over 100 days (for reasons noted above it may not be necessary to reduce this to zero).

Tumour Site	First OPA	Diagnostic	Followup	MDM	Suspension	Treatment	Grand Total
Breast		9	4	2		6	21
Gynaecological	1	6	1			14	22
Haematological		1	5	3		1	10
Head and Neck		3	1				4
Lower Gastrointestinal	1	22	5		2	14	44
Lung	2	11	10	1		11	35
Sarcoma		2			1		3
Skin	1	1	4		1	7	14
Upper Gastrointestinal		11	5			6	22
Urological		19	14		1	18	52
Grand Total	5	85	49	6	5	77	227

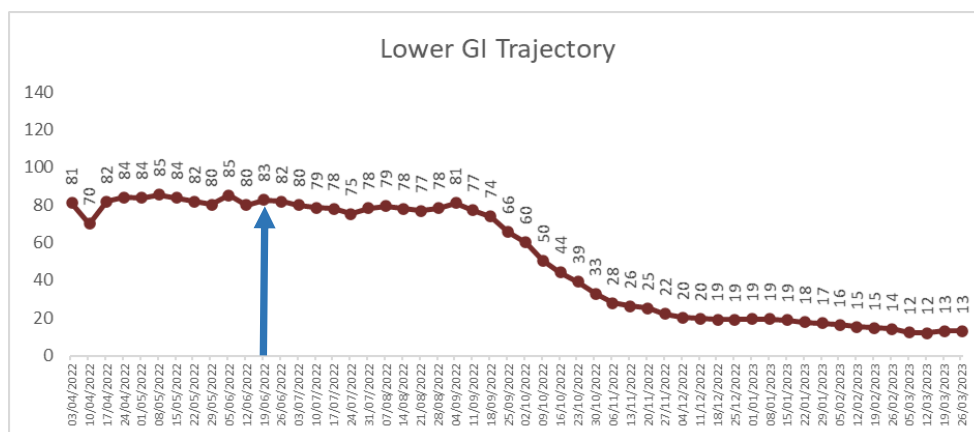
Table 3 – SCP Patients waiting > 100 days as at 23rd June 2022

The following details the recovery plans by tumour site. It should be noted that all tumour sites include an action to increase theatre capacity on the Morriston site for patients not clinically appropriate for treatment via Singleton or NPT Hospitals. This is not within the gift of individual services to deliver as it requires an increase in theatre staffing and in bed availability. It is anticipated that the implementation of the enhanced recovery units at Singleton and NPT will reduce the demand for surgery at Morriston and therefore protect the capacity of theatres and beds for the patients who will remain “Morriston only”. This is planned to be in place during quarter 3.

It should also be noted that some of the actions lack an assessment of the impact on the pathway. This work will be undertaken with service managers to ensure a more comprehensive plan can be developed.

Lower GI

Total Volume on Pathway	670
Backlog > 62 days (Trajectory)	110 (83)
Waits over 100 days (current)	44
Waits >100 days end of June	52



This tumour site has been the main focus of work over the last six weeks and continues to be that carrying the highest pathway delivery risks. With the highest volume of referrals categorised as suspected cancer, it contributes significantly to the HB backlog position. Although the backlog is currently not within the trajectory the service has action plans to recover this position.

The top 5 priority actions for this tumour site are:

1. Grading/ pathways

Action: Development of agreed grading criteria and pathway to be followed to General Surgery and Gastroenterology favouring straight to test (STT):-
Gain for the pathway will be:-

- Grading to be distributed more evenly and all USCs graded within 24 hours (during the working week)
- STT used for all appropriate patients

Initial pilot of 75 OPA not booked for General Surgery last week clinically validated with the following outcome:

- 35 – to remain for 1st OPA (there quite a few elderly or complex patients where STT is not appropriate)
- 23 – STT (colonoscopy)
- 6 – STT (CT or CT colonogram)
- 7 – Rectal bleeding clinic

2. Effective utilisation of OP slots

Action: Realignment of clinic capacity based on demand following above service improvement implementation

- Clinic slots optimised with appropriate patients
- Clinic slots can be changed at short notice to comply with service demand
- Ensure USC referrals are booked in order and timely way
- Clinic slots will be validated to ensure the correct patients are booked

Action 1 - Consistent grading and pathways would create additional clinic capacity for new (reducing wait for first OPA to >14 days) and FU USCs, reduce waiting times to diagnostics through STT. Next step to review those booked >10 days in the future and redirect any suitable for STT and profile the impact of these improvements on the waiting time position, which currently has not been done.

3. Delays to diagnostics

Action: Improving efficiency and reducing delays to endoscopy procedures

Gain to the pathway will be:-

- Continue with existing additional capacity (insourcing & outsourcing)
- Increase number of points per list from 8 to 10 points
- Dedicated training lists will improve efficiency of service lists
- Robust job planning to accommodate service lists
- Enable robust process to backfill service list cancellation

Further detail on the overall Endoscopy plan is included under the Endoscopy section.

4. Theatre capacity

This remains the biggest risk to the delivery of this pathway.

Action: Additional all-day theatre list p/week to be secured in Morriston.

Note: Whilst it is noted that this is required, the deficit in theatre staffing and beds means this is not currently achievable

Gain for the pathway will be:

- Eradicate inequity of access for complex cases requiring Morriston only (this will be further improved with the provision of a PACU facility at Singleton)
- <2 additional Morriston only patients treated p/week (constraints will be MDU's ability to provide the additional list + bed capacity in PACU and Pembroke)
- Reduction in waiting times from DTT to treatment to <4 weeks

Current position:

All Morriston lists booked to end July with 8 cancers (including recurrences) current not dated. Additional weekend operating lists being explored as an interim measure to clear the backlog. Patients currently waiting <3 months from DTT to treatment. 2 patients have been deemed non-resectable.

5. Consultant Workforce:

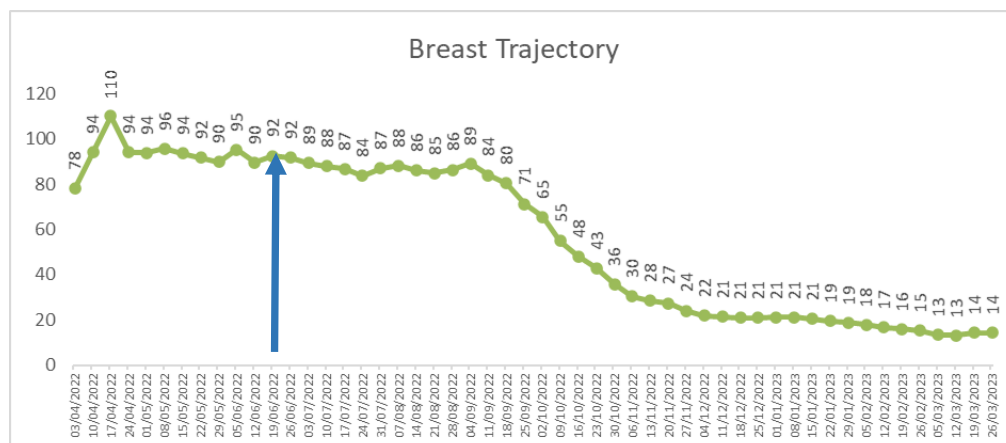
Action: Recruitment of two Colorectal Consultants, interviews July 2022, to start October 2022

Gain for the pathway will be:-

- Increase of <20 USC clinic slots p/week (new & FU)
- Increase of <8 endoscopy slots p/week

Breast

Total Volume on Pathway	415
Backlog > 62 days (Trajectory)	86 (92)
Waits over 100 days (current)	21
Waits >100 days end of June	26



A demand and capacity review for the breast cancer service has been undertaken which expectedly shows that there is a shortfall in capacity for the one-stop clinic. This builds in delays to the pathway that are difficult to recover. The service has delivered additional ad-hoc capacity to manage the waiting list but plans are now in place to deliver sustainable clinic capacity:

Suspected Cancer Clinic Capacity

- Referrals currently average 45 per week
- 4 designated clinics per week @ 12 patients per clinic = 48 per week
 - However, annual leave and other absence reduces this to an average of **42** slots per week.
- From 20 June 2022, there will be 1 extra clinic per week, giving an average of **55** slots per week in total.
- From September 2022, clinic activity will increase to an average of **65** slots per week, this is net of annual leave.
- The trajectory below shows that this additional activity could bring our wait for 1st appointment/ diagnostic one-stop down to 2-3 weeks by December, allowing for some slippage for annual leave etc. This assumes the second mammography machine is up and running.
- Once the repatriation of the NPT cohort of patients from CTM is implemented, it is anticipated that there will be a recurrent demand for 61 slots per week. Therefore, this service change will deliver a sustainable one-stop clinic for suspected breast cancer patients.

As a result of this analysis, the following are the top 5 actions for this tumour site:

1. Increase number of clinic slots for 1 stop triple assessment clinics

Action: From July 2022 add an additional clinic of 12 slots to the weekly schedule, and a further additional clinic of 12 slots from September (assuming that the 2nd mammogram machine is operational by then).

Advantages and gain of 2 additional USC clinics per week:-

- Additional 20 slots per week on average (allowing for leave etc)
- Waiting times reduced for first appointment for SCP patients from the current 8-9 week wait down to approximately 3 weeks by December 2022.
- Increased ability to re-schedule DNA's and UTA's rapidly.
- Diagnosis completed within the 30 day guideline for the majority of patients, improving outcomes and reducing anxiety for patients whilst waiting for diagnosis.
- Increased flexibility to organise capacity in line with peaks in demand for specific clinics.

2. Lack of junior medical staff within the service

The service has historically been delivered (from a Breast Surgery medical staffing point of view) by 2 Consultants and 1 Associate Specialist. More recently, a senior surgical trainee has been allocated by HEIW, and an additional Consultant will be starting in September 2022. However, this is still insufficient to fully meet the needs of the population. Therefore, additional junior medical staff / surgical practitioners are required.

Action: Submit the proposed workforce plan and secure funding (linked to the CTM SLA/LTA changes)

Gain to the pathway will be: -

- Consistent Surgical Assistant cover for theatre lists.
- Improved access to medical advice and support for the Clinical Nurse Specialists.
- Improved ability to respond to urgent returns to theatre and post-operative care requirements.
- Daily scheduled ward rounds.
- Improved response to requests for assessment and treatment of emergency patients/ acute unplanned admissions.

3. Implementation of 2nd Mammogram machine

Action: Formally commission the 2nd mammogram machine; Radiology to secure investment in radiographer workforce to run it. This is being undertaken via a separate business case to be presented to Management Board in August / September.

Gain for the pathway will be:

- Increased USC capacity of avg 20 slots per week as outlined above.
- Backup machined available therefore no USC slots will be lost due to machine servicing/ breakdown
- Improved image quality leading to clearer diagnosis and treatment plans.
- Ability to undertake research projects due to improved image quality. Thereby improving outcomes for current and future patients.

4. Increased Theatre Capacity:

Currently allocated 3 theatre sessions a week at Singleton, compared to 5 per week pre-Covid (4 NPTH, 1 Singleton). Additional Consultant requires sessions to enable us to consistently meet DTT target of 30 days for patients on SCP pathway.

Action: Continue discussions with CSS colleagues to increase capacity – this will be undertaken via the Theatre Transformation Programme which will review theatre workforce and priorities for additional capacity across specialties.

Gain for the pathway will be:

- A 3rd session on a Wednesday at Singleton will give 2 extra cases per week (implement a 3-session day). This has been agreed on alternate weeks from the beginning of September but needs to be weekly.
- A monthly all-day session at Morriston will prevent us from having to request on an ad hoc basis, reducing delays for patients that need high dependency facilities.
- One extra all-day list per week would give sufficient capacity to achieve the DTT 30 day target for the majority of patients.
- Additional consultants will have fixed sessions available, rather than 'sharing' current allocated sessions.

5. Secure funding for long term workforce:

A paper has been prepared outlining what is required to deliver a high quality sustainable service for the population of Swansea Bay, including NPT residents currently receiving services from CTM HB.

Action: Finalise paper and discuss with CEO prior to presenting at Management Board.

Gain for the pathway will be:

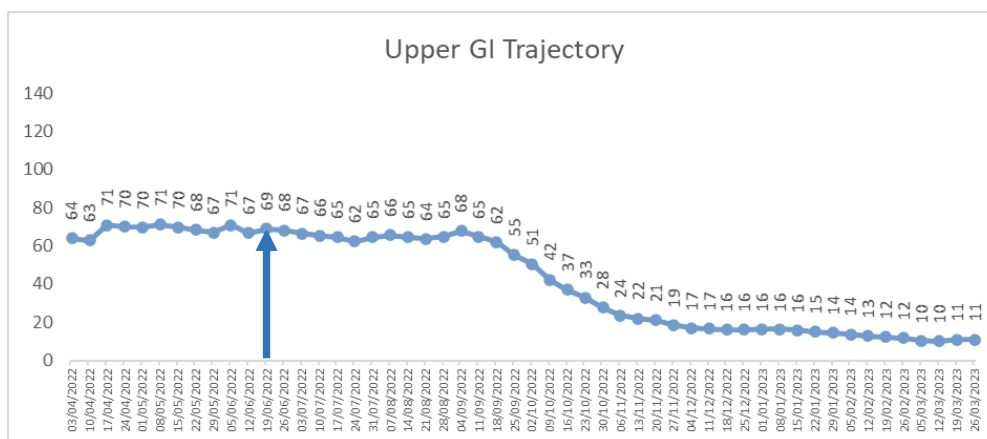
- Ability to take additional workload from CTM safely
- Ability to comply with SCP and RTT performance targets
- Significantly reduce the SCP breaches
- Improve breast cancer patient support
- Comply with requirement for annual mammograms for 5 years post cancer treatment, including year 1 and 5 medical reviews

Radiology

Radiology is an essential component of a one-stop breast cancer diagnosis service for which capacity is an issue across Wales. The Health Board has recently appointed to two Consultant Radiologist posts with a special interest in breast pathology, which is excellent news. However, as noted in the above actions, a new mammogram machine has been provided for the service, but the commissioning of the machine and the associated revenue costs to support the service are yet to be confirmed. There is also capital / structural work to be undertaken with an indicative timeline of end of Quarter 3. The business case for the investment is part of the over-arching Breast Repatriation case noted above.

Upper GI (General Surgery / Gastroenterology and Pancreatic)

Total Volume on Pathway	370
Backlog > 62 days (Trajectory)	62 (69)
Waits over 100 days current	22
Waits >100 days end of June	31



This tumour site covers multiple sub-specialties / sub-tumour sites:

- Oesophageal Cancer (OG) - 80
- Gastroenterology - 241
- Pancreatic Cancer - 28

From a pathway perspective, with the exception of Pancreatic, the issues mirror those already covered in the LGI pathway. The majority of patients (204 or 60%) are waiting for endoscopy services, which are being reviewed as part of the endoscopy improvement work – 152 are booked for the procedure with 52 remaining.

Recent changes to the OG pathway mean that the surgical element of the pathway is now delivered by Cardiff & Vale UHB at UHW. Whilst this was an emergency arrangement due to the loss of the sole OG surgeon at SBUHB, further discussions are taking place on the future for OG services across the region. This pathway review is ongoing with the required level of engagement with all relevant CHCs.

The top 5 actions for this tumour site are:

Pancreatic

1. Reduce admin delays

Action: Improve timeliness of admin processes through targeted improvement (and support from trackers). This is picked up in bi-weekly performance meetings with the relevant service managers.

Gain to the pathway will be:-

- Letters typed within 24 hrs (reduction of 24 hrs)
- Reduction in delays between MDT decision and referrals submitted for diagnostics (longest identified in recent audit was 25 days a/w FU OPA)

2. Increase outpatient slots and effective utilisation of all available OP capacity

Action: Realignment of clinic capacity based on demand

- Increased clinic slots with additional room for registrar led clinic
- Ensure all clinic slots are utilised every week with appropriate patients
- Clinic slots to be changed at short notice to comply with service demand
- Ensure USC referrals are booked in order and timely way (within 1 week of MDT decision)
- Clinic slots will be validated to ensure the correct patients are booked

3. Theatre capacity

Action: Additional 3-session Morriston theatre list p/week (business case requesting additional capacity agreed May 2022). Currently this is not available due to theatre staffing constraints but will be considered by the Theatre Transformation Group alongside requests from other specialties.

Gain for the pathway will be:

- Reduce waiting time from DTT to treatment (currently 8 weeks)
- Reduce the requirement for repeat CTs due to delays accessing theatre capacity (increase CT capacity, cost saving, improved patient experience)
- 1-2 additional cases treated p/week
- Withdraw from Kings (reduced waiting time, currently 8 weeks from referral to treatment, cost saving, improved patient experience)

4. Clinical relationships

Action: Address inefficient working relationship between clinicians

Gain for the service will be:

- Improved efficiency of the MDT, reduced delays for discussion at MDT
- Eradicate delays with patients discussed at MDT multiple times due to conflicting opinions between surgeons
- Improved collaborative working to reduce delays throughout the pathway through improved cross-cover. This will result in improved utilisation of the current two 3-session theatre lists and maximise throughput (currently lose

5. EUS

Action: Increase EUS capacity through moving the service from Singleton to Morriston and training additional EUS operators

Gain for the pathway with be:

- Better facilities for recovery in Morriston would increase capacity for therapeutic procedures (on site surgical back up required)
- Reduced delays for EUS (current wait can be several weeks)
- Provide access for neighbouring Health Boards (not exclusively linked to the ask for cancer improvement but a regional solution is required for EUS)

Diagnostics

1. Endoscopy

Action: Improvement in “waste time” between procedures (reducing capacity due to COVID for AGPs)

Gain for the pathway with be:

- Increase number of points per list from 8 to 10 points
- Increase throughput
- Efficiency improvements

OG

1. Agreed pathway for OG patients

Action: To agree a sustainable long term plan for OG patients within Swansea Bay

Gain for the pathway will be:

- Improved timeliness to MDT
- Clear decision making from the MDT and actions taken by appropriate MDT member
- Timeliness of FU clinic appointment to discuss diagnosis and onward treatment plan

2. Appointment of an OG CNS

Action: CNS appointed, commenced July 2022

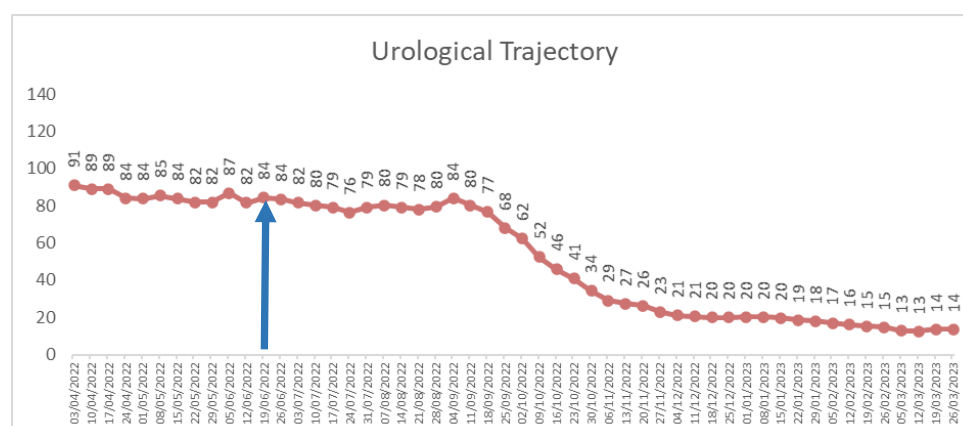
Gain for the service will be:

- Consistent contact point for OG patients
- Improved timeliness to MDT
- Expedition of diagnostics
- Liaison with resectional surgeons in Cardiff to reduce delays to surgery

As an interim measure, Prof. Wyn Lewis has agreed to come to Swansea twice a week to provide leadership and training to the CNS and to improve the timeliness of the pathway.

Urology

Total Volume on Pathway	266
Backlog > 62 days (Trajectory)	85 (84)
Waits over 100 days (current)	52
Waits >100 days end of June	54



Prior to the pandemic SBUHB provided effective and efficient Urology cancer pathways. Unfortunately, the pandemic has had a significant impact on the pathway delivery but the service is now recovering and has robust plans in place to address the backlogs. Clinical peer-review of all patients waiting over 100 days is being

undertaken, resulting in clear actions for each patient and patients moving forward on their pathway.

The following top 5 actions form the basis of their recovery plan:

1. Improve waits for 1st outpatient appointments

Action: Patients to be appointed on receipt of referral with an appointment by day 5

Gain to the pathway will be:-

- Reduction in waits from average 23 days to 5 (max 80 days) by the end of July.

2. Improve waits for follow-up appointments

Action: Patients to be appointed within 48 hours by mid July

- Reduction in waits to 48 hours. The impact will be monitored but current average waits from 1st OPA to Follow-up are 51 days (max 161 days) but this would include any waits for diagnostics so are not a direct comparison.

3. Improved engagement / waiting times for Pathology results

Action: Specialty Manager to provide list of outstanding pathology results to Assistant Directorate Manager (Pathology) who will attend weekly cancer meeting with updates

Gain for the pathway will be:

- Patients histology reports progressed in a more timely manner. Current wait for result is up to 3 weeks, required gain is results within 7-10 days (up to 2 week improvement)

4. Improve waiting times for treatment and TCI diagnostics

Action: Agreement by anaesthetic dept. for more complex patients to be treated in NPT

Gain for the pathway will be:

- Fewer Breach Patients and improved diagnostic TCI waits as this will include TURs (numbers to be assessed)

5. Improve waiting times for treatment/fewer cancellations

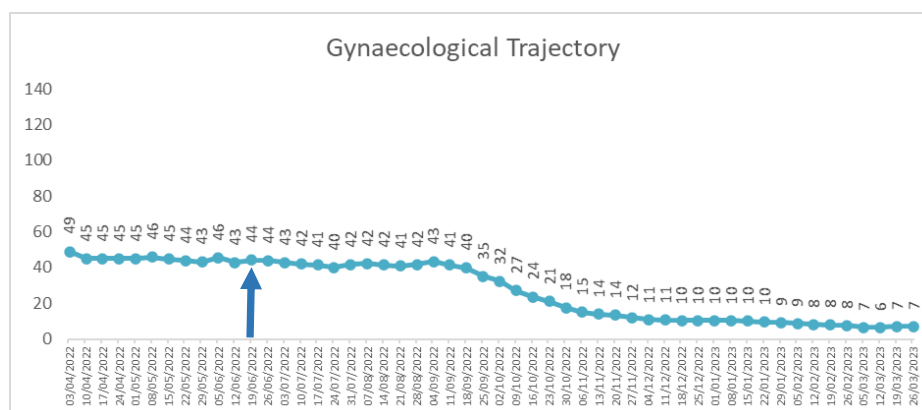
Action: Additional green beds Morriston site.

Gain for the pathway will be:

- Fewer cancellations (Urology cancer patients are cancelled on a weekly basis due to lack of green beds)
- Action 4 will reduce the volume of patients requiring Morriston beds but there is still a need for increased bed capacity.

Gynaecology

Total Volume on Pathway	316
Backlog > 62 days (Trajectory)	50 (44)
Waits over 100 days (current)	22
Waits >100 days end of June	24



The volume of patients on pathway within Gynaecology remains static at 316, with 201 (63%) waiting for a first outpatient or one-stop appointment 51% of which are booked already into June / July appointments. This is reflective of the biggest challenged in this pathway, which is Post-menopausal Bleed clinic and hysteroscopy capacity.

Currently the service provides access for SB population and the Bridgend locality of CTM. The core capacity available is 30 slots per week, which is insufficient. The current work in progress (WIP) for the PMB / hysteroscopy service is 190, which equates to the six-week wait without any additional capacity. If we maintain that length of queue, then weekly capacity needs to increase to and be maintained at 63 slots per week. There is scope to increase the capacity but not to that level on a sustainable basis. Therefore, there needs to be an increase in capacity with a correlated reduction in demand.

The top 5 actions focus on addressing these core capacity issues:

1. Increase number of clinic slots for 1st follow-up after MDT discussion

Additional 'Rapid Access Clinic' slots are required to enable patients to be seen within 5 working days of the MDT discussion.

Action: Establish additional clinic at NPTH – secure funding for additional nursing support – start date July 2022.

Gain to the pathway will be:

- Additional 6 slots per week for patients
- Waiting times reduced between MDT and discussion and agreement of treatment plan with patient.
- Patients to be seen within 5 working days of MDT

2. Secure support of Hywel Dda to develop 'outreach' service with the appointment of an additional Consultant

A proposal has been developed to recruit an additional consultant (partially supported financially by Hywel Dda) to provide MDT support, outpatient and theatre activity in Hywel Dda.

Action: Discuss the proposal again with Hywel Dda colleagues, secure funding and develop LTA accordingly. Meeting planned for 1st July.

Gain to the pathway will be:-

- Local service provision for some Hywel Dda patients.
- Increased flexibility about location of surgery – the proposal suggests that on occasion Swansea Bay patients could be treated in Hywel Dda to maximise use of capacity available and ensure we are treating patients in date order.
- Additional theatre capacity locally – slots in theatre vacated by the tertiary patients; potentially 2 additional cases a week.
- Potential for increasing the range of cases that can be operated on by the local clinicians, thus further releasing capacity for Swansea Bay residents.

3. Increased Theatre Capacity:

Currently allocated 4 theatre sessions a week at Singleton and 3 at Morriston, compared to a total of 8 per week pre-Covid (5 Morriston, 3 Singleton). A minimum of 2 extra sessions per week is required for us to deliver the surgical capacity for cancer patients. A further increase is required to deal with the risk-reducing patients

Action: Continue discussions with CSS colleagues to increase capacity

Gain for the pathway will be:

- A full day session on a Friday at Singleton will give 2 extra cases per week.
- One extra all day list per week would give sufficient capacity to achieve the DTT 30 day target for the majority of patients.
- The consultant recently appointed will have fixed sessions available, rather than 'sharing' current allocated sessions.

4. Improvements to Post-Menopausal Bleeding pathway

Endometrial cancers constitute 60% of confirmed gynaecological cancers. There are currently lengthy waits for this diagnostic one stop clinic – WLI's have reduced the wait to approximately 3 weeks currently but these have ceased due to lack of nursing support. Whilst we plan to reinstate them as soon as able, we need to ensure that the core service is set up in a way that maximises the productivity and efficiency of the clinic.

Action: Review pathway for PMB and identify areas for improvement across the whole pathway, from referral to diagnosis; to commence 1st July 2022

Gain for the pathway will be:

- Reduction in appropriate referrals to the PMB clinic.
- Higher proportion of diagnostic hysteroscopies completed at the first appointment.

- Reduction in the need for GA hysts in theatres.

5. Trial alternatives to traditional hysteroscopy procedure

There is only 1 hysteroscopy suite available, limiting our opportunity to increase capacity. Handheld equipment is available to enable some hysteroscopy procedures to be done in a 'normal' outpatient facility.

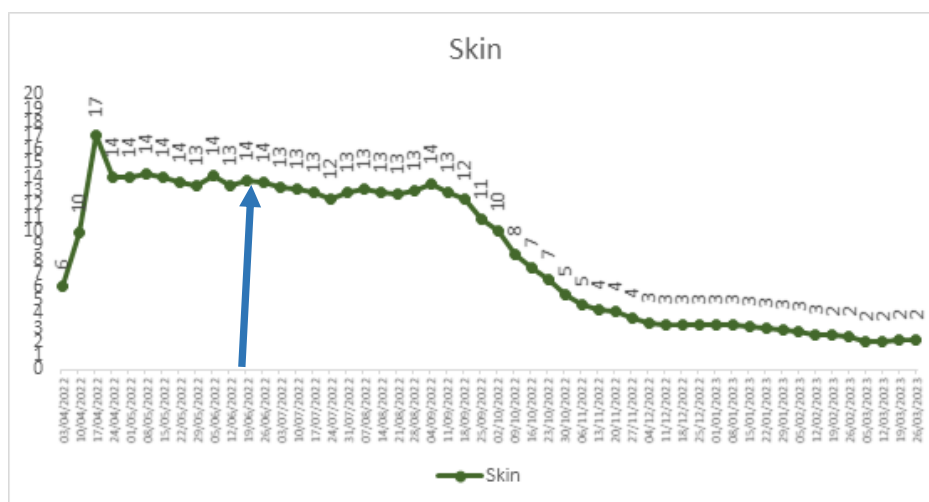
Action: Trial and evaluate the effectiveness of hand-held 'operascopes' for diagnostic hysteroscopies, and develop business case if the trial is successful.

Gain for the service will be:

- Initially 1 extra clinic per fortnight whilst trial ongoing – 5 cases per list.
- Potential to increase further subject to business case

Skin

Total Volume on Pathway	405
Backlog > 62 days (Trajectory)	46 (14)
Waits over 100 days (current)	14
Waits >100 days end of June	19



This tumour site experiences significant seasonal variation in referral rates and currently the increase in referrals is visible. Of the total, 298 (73%) are already booked. Of those not booked the majority are at 1st OPA with appointments expected to increase during the month

1. Booking and effective utilisation of OPS Slots.

Action: Development of Local booking office for Dermatology to be based in NPTH and aligned with Rheumatology booking

Advantages and gain of a local booking office for Dermatology:-

- Clinic slots are optimised with no empty slots in clinic.
- Staff would have the local knowledge of the service

- Staff would have ownership of roles and would be integrated with the staff in the service so local knowledge of operational issues are obtained
- Clinic slots can be changed at short notice to comply with service demand
- Ensure USC referrals are booked in order and timely way
- Clinic slots will be validated to ensure the correct patients at attending appointment

1 WTE to be released from central team agreed 14/6/22. Funding to be agreed for additional 2 WTE Band 2. Aim to implement new booking Team by beginning of Q3 22/23 and impact is expected to be a 10% increase in capacity from average 175 patients per week to 193 per week.

2. Limited access to Skin Cancer CNS for Swansea and NPTH residents.

Action: The Team have successfully submitted a Macmillan bid for a Band 6 CNS and Band 4 support worker and the contract has been approved this week. Recruitment into posts will commence w/c 20/06/22 and anticipated to be in post and active from Q3 22/23

Gain to the pathway will be:-

- Provide support, advice and information to patients with skin cancer, and answer any questions.
- Be the link between patient, medical team and multidisciplinary team
- Be available to patient between clinical appointment to offer support and advice.
- Partake in skin cancer clinics, including skin surveillance.
- Deliver on our Health Board commitment to develop, embed and sustain a nursing service for skin cancer patients.
- Ensure The 'Right by you' Macmillan standard and principles will be adopted and implemented by the team.
- Monitor areas for ongoing quality improvements as a requirement following previous Peer Review reports, which identified serious concerns in relation to Clinical Nurse Specialist nursing workforce.
- Ensure all patients will have access to Clinical Nurse Specialist support in clinics, during treatment from diagnosis to recovery or end of life.
- Staff would be able to conduct qualitative research and request patient feedback on the service.
- Also, with the additional support of the Macmillan nurses, this would naturally free up a clinician's time, as the nurses would be able to provide holistic support including emotional support and wellbeing as opposed to the clinician. Therefore, the clinicians would have more time and additional clinic slots, which would reduce the size of the waiting lists. In short, more USC patients will be seen due to the addition of the Macmillan Nurses. Patients will also have one point of contact to assist with any queries or concerns they have which could be answered promptly

3. Demand Management of Dermatology referrals.

Action: Formally commission a Teledermoscopy Service within Swansea Bay UHB, to deliver 6 Teledermoscopy Service clinics per week; case approved by CEO. Recruitment into Band 6 Photographer and Band 3 admin support is underway. Agreed in Vacancy control panel May 22 and anticipated to be in post by September 22.

Gain for the pathway will be:

- The findings of the pilot that was undertaken from Sept 21 to March 22 showed that the Teledermoscopy Service Pilot in Swansea Bay UHB was effective in preventing a high proportion of avoidable outpatient appointments in secondary care, reducing waiting lists and had achieved the expected financial savings.
 - 208 patients seen (up to 11th February 2022)
 - 56% of patients (117) have been directly discharged from the clinic and referred back to primary care.
 - 33% of patients (67) have been referred to have a minor operative procedure
 - 10% of patients (20) required follow up with dermatology consultants
 - 0.8% of patients (2) referral to plastic surgery
 - 117 patients removed from that waiting list
 - The service achieved estimated savings of nearly £18,000 in the 1st 6-months of the pilot in avoidable secondary care appointments.
- **The anticipated performance metrics for this service will be**
 - 2,760 patients would be seen in the Teledermoscopy Service Clinics per year.
 - 1,215 of these patients requiring follow up appointments.
 - 814 minor operative procedure
 - 276 dermatology consultants
 - 10 plastic surgery
 - 1,545 of these patients removed from waiting lists for secondary care appointments these patients being directly discharged from the clinic and referred back to primary care.

4. Consultant Workforce:

Action: Consultant recruitment into 2 posts with anticipated increase in activity of 20 USC slots per week. This has been factored into C+D plans.

Lung

Total Volume on Pathway	92
Backlog > 62 days (Trajectory)	51 (14)
Waits over 100 days (current)	35
Waits >100 days end of June	35

The Lung pathway has not recently featured in the performance monitoring escalation process. However, due to increasing numbers of patients in a breach position, more focussed attention is required. The following are the services top 5 priority actions:

The top 5 priority actions for this tumour site are as follows. They are high level currently but will be refined via weekly performance meetings:

1. 1st Outpatient Appointment
Action: Fast track OPA to within 7 days as per NOP – 3 day reduction against current 10 days status
Achieved by 1st July
2. Completion of diagnostic investigations by day 28 (as per NOP) by 1st August
Action: In conjunction with radiology and cardiology, review demand and capacity within diagnostic areas. Ensure existing capacity is maximised.

Action: Minimise cancellation of patients awaiting investigations who are admitted for tests via TAU through pro-active flow management
3. Achieve 21 day from Decision to Treat (DTT) to Treatment by 31st August
Action: Ensure sufficient capacity across all elements of the post MDT pathway to enable definitive treatment to start within 62 days of POS

Action: Reduced time to Oncology treatment

Action: Access to additional theatre capacity to support backlog removal and more timely treatment of patients

Endoscopy

Although not a tumour site, endoscopy must be specifically mentioned in a paper updating on SCP performance. There are currently 573 patients on an SCP waiting for an endoscopic diagnostic procedure. This has increased from 340 at the beginning of April. It should be noted that the long waiting patients are those referred late into Endoscopy via General Surgery, rather than being delayed within endoscopy. The table below outlines the waiting position:

Tumour Site	Diagnostic Endoscopy Lower	Diagnostic Endoscopy Upper	Grand Total
0 - 10 days	49	44	93
11 - 20 days	46	37	83
21 - 31 days	89	56	145
32 - 42 days	44	55	99
43 - 52 days	35	20	55
53 - 62 days	14	12	26
63 - 100 days	36	13	49
Over 100 days	16	7	23
Grand Total	329	244	573

Table 5 – Endoscopy Waits for SCP Patients

There is a significant capacity gap in the overall Endoscopy service. However, progress is being made within the cancer pathways as these patients are prioritised for early slots.

The Healthcare Systems Engineering Team is providing focussed support to the Endoscopy service to develop a comprehensive D&C plan and to understand the opportunities for increased efficiencies and pathway benefits from process mapping. The service currently has six endoscopy theatres but only commissions 38 sessions per week. Out of these 38 sessions, 12 are used for specialist work as follows:

- 1 Paediatric
- 3 Bowel Screening Wales
- 4 ERCPs
- 3 Bronchoscopy / Thoracic
- 1 RDC

This leaves 26 sessions available for all waiting list in-patient demand. However, the funded staffing model does not cover 52 weeks of the year so a lot of this capacity is lost to the usual pattern of annual leave and on-call commitments for medical staff.

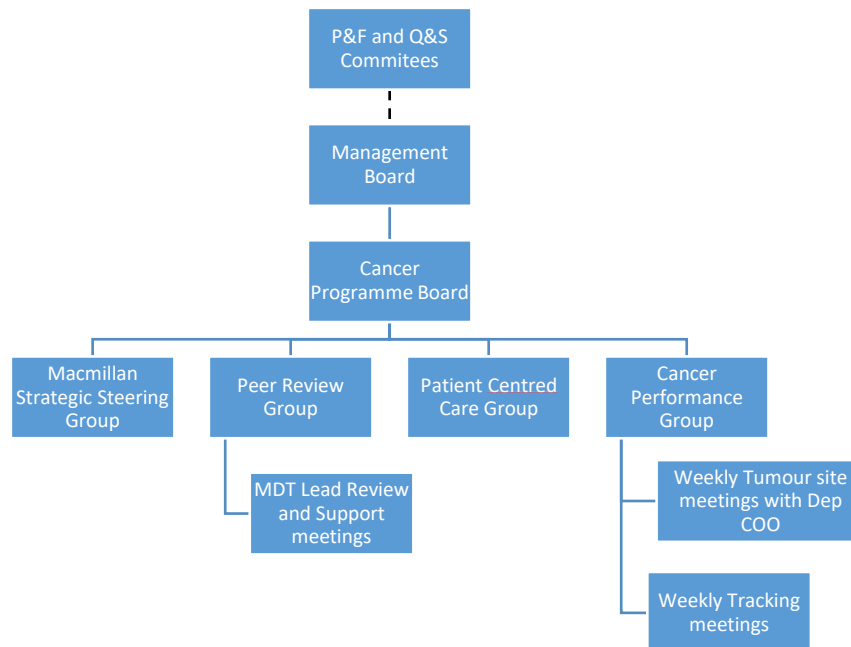
The capacity gap is being reduced largely by insourcing and outsourcing to private providers. There is scope to increase capacity to 60 sessions within the current available theatres plus there is a seventh theatre currently not used at all. This increase in capacity will require a business case to secure the recurrent additional funding to enable recruitment. However, this would result in a correlating drop in spend to the private sector.

The business case to support the Endoscopy plan is currently being developed and will focus on:

- Securing the current 41 funded sessions to run 50 weeks of the year to maximise available capacity in the current model
- Expand the service to maximise the physical infrastructure available and utilise all 60 sessions. This capacity may then be available to commission additional BSW sessions, which will be required as the age for screening reduces. This is being rolled out over the next six months and will see an increase in demand as a result.

Performance Monitoring Arrangements

Improving the HB's delivery of cancer services is a main focus for 22 / 23. This is reflected in the increased performance monitoring now in place across all levels of the HB. The structure below outlines the governance arrangements now in place within Swansea Bay UHB:



- Good Executive Director engagement in performance
- Senior Management commitment to improving
- Good senior clinical engagement across all tumour sites
- Working across the whole system to improve pathways
- Cancer Dashboard continues with iterative improvements

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Accurate, comprehensive demand and capacity plans can increase safety and quality whilst reducing risk and can lead to efficiency gains within clinical services. They will also facilitate more timely treatment of patients and enhance patient experience.		
Financial Implications		
There are no direct financial implications associated with this paper. Inputs (additional activity) into the demand and capacity models are funded via Recovery Money. However, the outputs from the modelling will inform the development of the Health Board's IMTP and financial plans for sustainable services.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications to consider.		
Staffing Implications		
There are no immediate staffing implications as a result of this paper but there is a need to be mindful that this is a very specialist area and we need to build robust and sustainable capacity in this area.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	Previous reports have been presented to Management Board in November 2021 and February 2022.	
Appendices		
	Nil	

