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Health Board



<b>Meeting Date</b>	<b>30<sup>th</sup> March 2023</b>	<b>Agenda Item</b>	<b>2.3</b>
<b>Report Title</b>	<b>Cancer Performance Update</b>		
<b>Report Author</b>	Deb Lewis, Interim Chief Operating Officer		
<b>Report Sponsor</b>	Deb Lewis, Interim Chief Operating Officer		
<b>Presented by</b>	Deb Lewis, Interim Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<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"> <li>• Lower Gastrointestinal</li> <li>• Breast</li> <li>• Upper Gastrointestinal</li> <li>• Gynaecological</li> <li>• Urological</li> <li>• Lung</li> <li>• Endoscopy</li> </ul>		
<b>Key Issues</b>	This report will highlight areas where there are significant service delivery challenges.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the performance and backlog volumes in the main tumour sites.</li> <li>• <b>NOTE</b> the additional work required to improve both performance and backlog.</li> <li>• <b>APPROVE</b> the suggested backlog removal trajectory</li> </ul>		

# Single Cancer Pathway – Recovery Update

## 1. INTRODUCTION

In October 2022 Welsh Government initiated the enhanced monitoring (EM) intervention process for the Health Board due to quality issues relating poor performance and long waiting times. This process was applied to the HB performance against the Single Cancer Pathway (SCP). The Board has received previous updates on the SCP performance, the most recent being in August 2022. This update focusses on recovery plans in place for the highest volume / most problematic tumour and also two other areas where pathways are under review\*, namely:

- Lower Gastrointestinal
- Breast
- Gynaecological
- Urological
- Lung\*
- Endoscopy\*

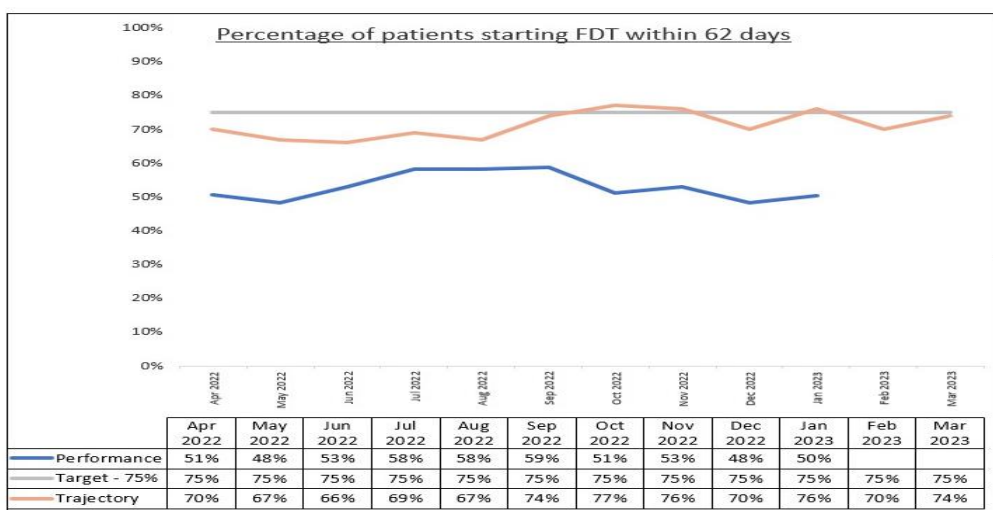
As a response to the EM, further work undertaken in these areas have resulted in a change of approach with the Chief Executive meeting with tumour site leads and directorate managers to agree specific courses of action. These actions and the anticipated impact are covered in this update.

## 2. BACKGROUND

The HB monitors two main metrics for the single cancer pathway:

- % Performance within the 62-day target
- Backlog volumes (patients waiting over 62 days)

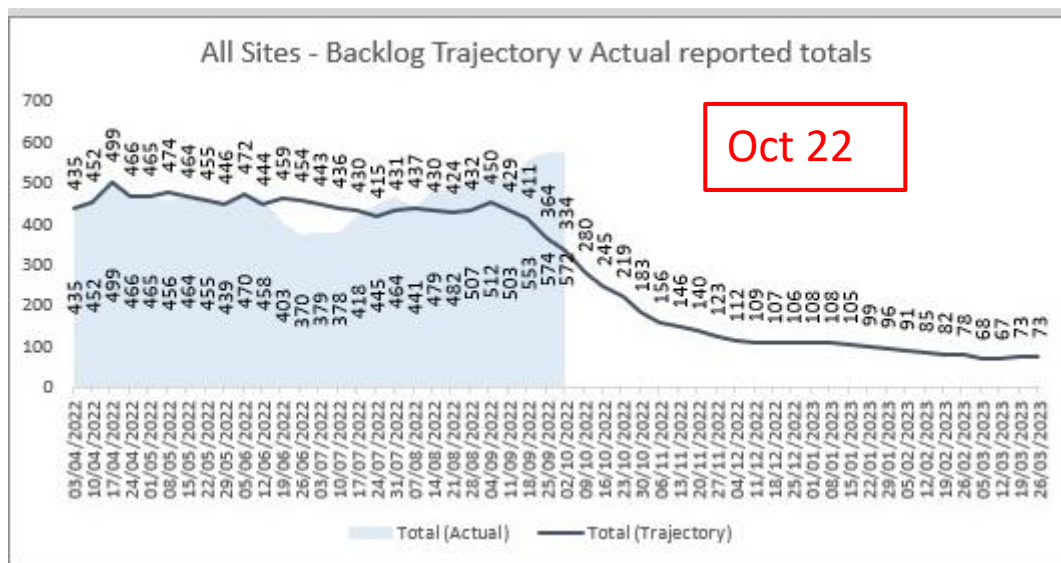
### Performance 2022-2023



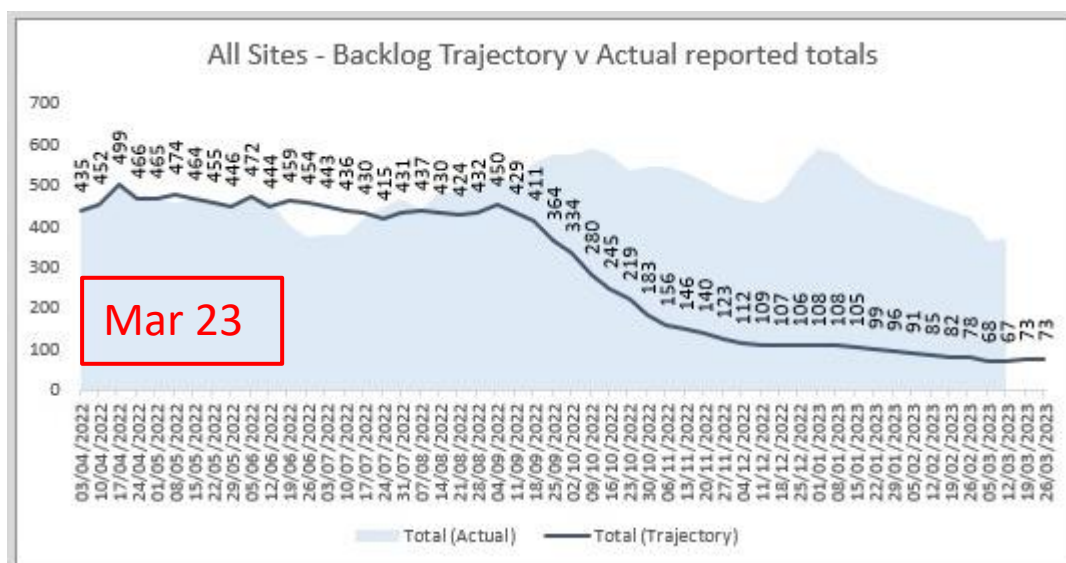
Graph 1 – SCP Performance 22-23

The graph above shows the HB’s year to date SCP performance. It represents the patients receiving first definitive treatment (FDT) within the 62-day target against the

target of 75% and the internal forecast trajectory. Whilst the performance is falling far should of the HB plan and aspiration, it is acknowledged that this is partially as a result of the removal of the backlog volumes, which is shown in the graphs below:



Graph 2 – Backlog Reduction Trajectory Sept 22



Graph 3 – Backlog Reduction Trajectory Mar 23

The backlog removal trajectory set in April 2022 was hugely challenging and unfortunately due to continued demand and capacity constraints proved to be unachievable. However, as can be seen from the two graphs, significant improvement has been made over the recent weeks with over 200 patients removed from the backlog.

### Setting the Trajectory for 23/24

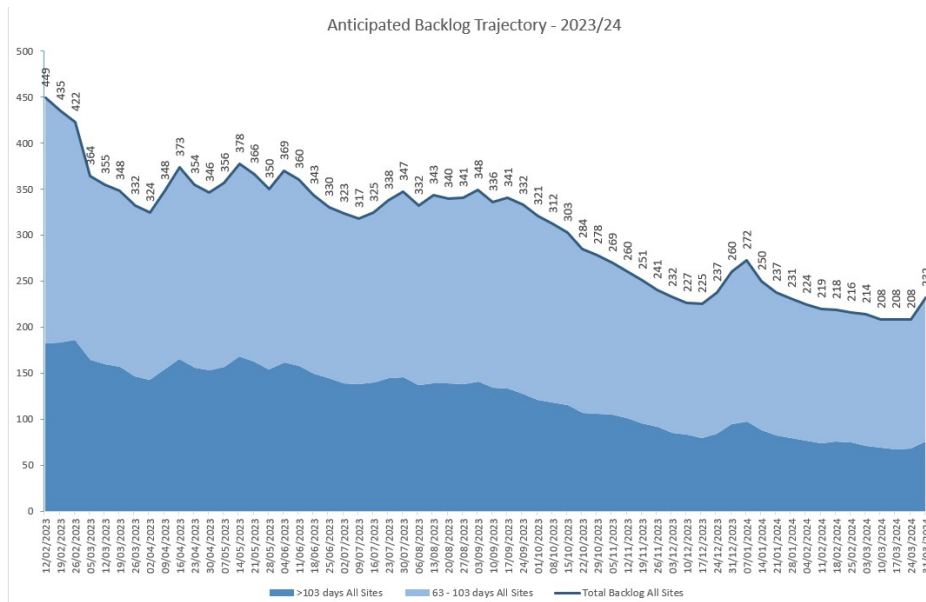
The HB now meets with the WG EM team on a monthly basis. Recent discussions on the submission of the improvement trajectory encouraged a more realistic improvement profile is set for 23/24, to support the continued improvement against the

target but also in recognition of the demand and capacity issues being experienced across the system.

Therefore, the following profile has been developed, using the methodology outlined below:

- Trajectories have been developed based on the anticipated improvement for individualised tumour site basis and built into the over trajectory.
- Some tumour groups have been set at zero for backlog throughout the year Children's Cancer, Acute Leukaemia and Brain/CNS, the reason for this is that are in backlog infrequently and volumes do not impact on the overall position.
- Analysis has considered what happened last year around bank holidays and over key periods such as Summer and Christmas when reduced capacity is observed and are also impacted from a tracking perspective due to annual leave.
- Diagnostic reporting, both within radiology and in particular pathology will impact all pathways. In regard to the larger volume tumour groups such as Gynaecology and Lower GI, addressing capacity in key areas such as the one stop PMB clinic or hysteroscopy within Gynaecology; or Endoscopy for LGI will have the biggest impact overall. The lead time to observe improvement following mitigating measures is several months.
- Consideration has been given to the number of records with 'adjustments' recorded, where patients make themselves unavailable or are medically unfit to continue their pathway for a period of time. Whilst these adjustments do not affect the target date in the majority of circumstances, they can and do impact the backlog position. The impact of this "rule" has been raised with WG.
- Finally, pathway complexity where investigation and staging scans lead to incidental discovery of other potential cancers or conditions that must be determined before conclusion of a pathway has been considered within this trajectory for the year ahead.

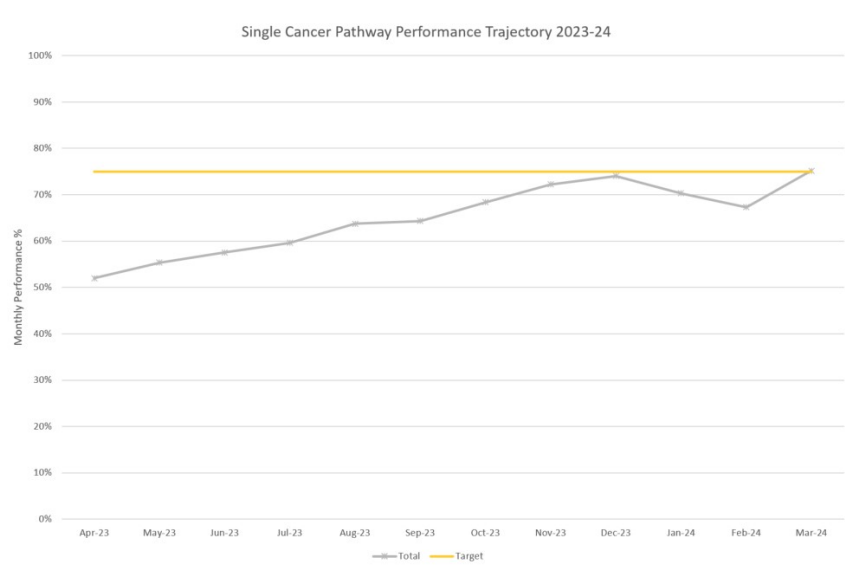
This trajectory below needs to be formally approved by Board prior to submission to WG.



Graph 4 – Backlog Reduction Trajectory 2023/24

Alongside the improvement in the overall numbers of patients waiting over 62 days, an improvement in the actual percentage performance against the target is also required. There is no direct correlation between the two and therefore difficult to gauge this with a high degree of accuracy. This is due to the backlog consisting of patients with a cancer diagnosis and those who do not yet have a clear diagnosis. Of the current total in the backlog, only 28% are known to have a diagnosed malignancy. Only once treated will we know they will have a negative impact on performance. Those that are not and do not get a cancer diagnosis, will be removed from the backlog and not form part of the calculation on performance i.e. removed from the numerator and the denominator.

However, with the recovery plans that have been developed, the following trajectory has been mapped.



Graph 5 – Performance Improvement Trajectory 2023/24

## Recovery Plans

Improvements in the delivery of cancer pathways remains one of the main priorities for the Health Board and improved performance is one of the commitments in the 23/24 IMPT.

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 are 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). The table below shows the split of overall patient tracking list (PTL) volumes and the breach numbers / percentage.

Tumour Site	First OPA	Diagnostic	Followup	MDM	Suspension	Treatment	Grand Total	Total in backlog as at 20th March 23	% of PTL Total
								March 23	Total
Lower Gastrointestinal	108	301	34	13	1	36	493	102	21%
Gynaecological	113	323	17	5	1	25	484	160	33%
Skin	290	76	22	2	1	71	462	52	11%
Upper Gastrointestinal	66	170	28	5		13	282	45	16%
Urological	58	123	37	5	3	11	237	64	27%
Head and Neck	102	62	34	2	2	18	220	30	14%
Other	123	22	7	1		2	155	6	4%
Breast	10	89	13	8	1	17	138	11	8%
Lung	9	50	42	3		8	112	34	30%
Haematological	7	13	12	4		5	41	17	41%
Sarcoma	1	9	6	3	1	4	24	13	54%
Brain/CNS	1	9	1				11	0	0%
Children's Cancer			1			2	3	2	67%
<b>Grand Total</b>	<b>888</b>	<b>1247</b>	<b>254</b>	<b>51</b>	<b>10</b>	<b>212</b>	<b>2662</b>	<b>536</b>	<b>20%</b>

Table 3 – SCP Patients waiting with backlog % as at 20<sup>th</sup> March 23

Following the recent meetings with the CEO, the plans for recover are outlined by tumour site below:

### Lower GI

This tumour site has been the main focus of work over the last six months. It had the highest volume of referrals categorised as suspected cancer, with the largest proportion of the back and therefore was the highest risk for the HB. Recent improvements in the pathway have dramatically reduced the number of patients within the PTL:

Date	PTL Volume	Backlog Volume / %
Oct-22	890	258 (29%)
Mar-23	493	102 (21%)

This improvement is due to a number of initiatives:

- Improved compliance with FIT referral protocol – patients only referred as SCP if a positive FIT result unless other “red flag” symptoms present
- Improved waits for Endoscopy

- Additional capacity for 1<sup>st</sup> outpatient appointments.

Further work is required to make additional pathway improvements and the following have been agreed:

- Expansion of the Rapid Diagnostic Clinic (RDC) in April 23 to include patients referred as SCP. This will see more patients having direct access to endoscopy and consultant opinion meaning quicker diagnosis of cancer or assurance that cancer is not present to reduce diagnostic waits to 2 weeks.
- Increased operating capacity at both Morriston and Singleton in April 23.
- Increased bed capacity for surgical patients at Morriston to minimise any cancellation of capacity due to bed allocation issues (April 23)

## Gynaecological

Unfortunately, the HB has not seen the anticipated improvements in this tumour site, with total PTL and backlog volumes increasing. This is illustrated below:

Date	PTL Volume	Backlog Volume / %
Oct-22	435	91 (21%)
Mar-23	484	160 (33%)

The main pathway issue within this tumour site is with the Post-menopausal Bleed clinic capacity. It is currently a one-stop service, but patients are declining to proceed to hysteroscopy which is wasting capacity and prolonging the pathway.

The following actions have been agreed between the service and the CEO:

- The introduction of pre outpatient assessment / contact to try and reduce the current 6 to 8 referrals that are not using clinic slots since they refused to undergo hysteroscopy services (April 23).
- Increasing with immediate effect the existing 5 hysteroscopy clinics per week with an additional patient per list
- The transfer of non-USC hysteroscopy capacity which will create ten additional slots per week. The impact of this will be addressed by commissioning 200 additional routine slots with the in-sourcing company (April to June 23)
- For sustainability, the service is developing a business case for a dedicated hysteroscopy suite at Singleton Hospital. This is considered best practice and will reduce considerably the demand for theatres.

The impact of these actions is to equalise demand and capacity for the front end of the pathway. This will be monitored closely via ongoing bi-weekly meetings with the service.

## Breast

This tumour site has seen continued pathway improvements due to the exceptional leadership of the clinical lead.

Date	PTL Volume	Backlog Volume / %
Oct-22	161	29 (18%)
Mar-23	138	11 (8%)

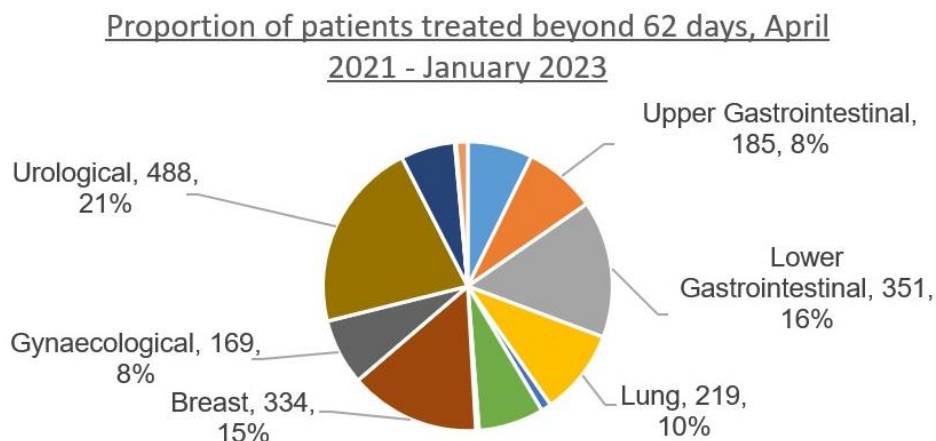
The successes over recent months include:

- Continued strong recruitment into the clinical teams – radiology and surgical
- Commissioning of the additional mammography machine – March 2023

However, despite the continued improvement there remains a capacity issue for patients who require surgery at Morriston Hospital. This will reduce as the enhanced recovery unit at Singleton is commissioned in Q1 of 23/24 and gains traction but recurrent lists within the Morriston will still be required to sustain improvements and deliver the level of service required for all patients. This requirement is built into the overarching theatre template plan. In the interim additional capacity is provided on an ad hoc basis is facilitated by swapping lists between Morriston and Singleton Hospitals.

## Urological

Urology has recently accounted for the majority of our treated breaching patients.



Whilst this had impacted on the HB's delivery against the SCP target it is also reflected more positively in the backlog reduction we are seeing below.

Date	PTL Volume	Backlog Volume / %
Oct-22	289	127 (44%)
Mar-23	237	64 (27%)

The delivery of Urological cancer performance is more complex than other tumour sites as it has three separate pathways rather than a single one, each with its own capacity constraints, namely:

- Prostate
- Renal
- Bladder

The following actions have been agreed between the service and the CEO:

- Turnaround times in Cellular Pathology for prostate biopsies are causing delays in diagnosis and agreeing treatment plans. The HB has agreed additional investments into the service for 2023-24 that will expand reporting capacity and outsourcing of biopsies for non cancer work as an interim measure. It is anticipated that this will reduce delays in the pathway by two to three weeks.
- Improvements to Ward A to deliver high care services (two beds) in Q1 of 23/24 to eventually move up to third of the current bladder cancers that being undertaken in Morriston to Neath.
- The COO and CEO have been in communication with Cardiff and Vale UHB to increase the capacity allocated on the robot for prostate surgery. An additional all day list every two weeks is required to balance the demand and capacity as currently patients are typically waiting 6 to 8 weeks for their surgery. The provision of robotic surgery in Swansea is required the case for this was presented to the Planned Care Recovery Board on 24 March 2023. The business case will now be developed for presented to the Business Case Advisory Group
- A business case is also being developed by the service for a 9th surgeon with a robotic surgery interest. This will provide cross cover of theatre lists, release of consultant time and facilitate additional operating lists in Neath. This would stabilise robotic surgery delivery and at the same time improved capacity for bladder and prostate cancer treatment.
- Liaise with the Chief Operating Officer in Hywel Dda to review current delays in the pathway and establish solutions that would increase prompt early referral to the tertiary service in SBUHB.

## Lung

This tumour site has not previously been included in the performance updates. It features currently as the service requested specific support due to pathway concerns. Overall, due to relatively small numbers, it doesn't impact on the HB performance, but the clinical urgency of this pathway is high priority. As can be seen from the table below, there has been improvements recently in backlog volumes, which is positive.

<b>Date</b>	<b>PTL Volume</b>	<b>Backlog Volume / %</b>
Oct-22	97	42 (43%)
Mar-23	112	34 (30%)

The main pathway concerns raised by the service are:

- Loss of a "walk-in" service for chest x-rays for patients referred by the GP. This has now been reinstated and will reduce some of the current delays at the front end of the pathway.
- Limited compliance by GPs with direct referral for CT for patients with red-flag symptoms. This is being taken forward as part of the pathway reviews in April 23.

- Impact of COVID and the AMSR programme on ability to undertake CT biopsies in a timely manner. COVID restrictions and the recovery resulted in the agreed pathway for CT biopsy being at Singleton Hospital. However, due to the movement of senior medical staff with the AMSR programme, the cover at Singleton Hospital is not compatible with the some of the high acuity patients requiring this investigation. This caused pathway delays. The Radiology Dept has developed a business case for a Radiology Treatment Room (2 trolleys) that will provide capacity for this service at Morriston. Subject to funding the staff required, this will be established in Q1 of 23/24. Whilst this permanent solution is awaited, patients are managed via existing bed capacity.

## **Endoscopy**

Improvement continues to be made in the delivery of timely endoscopy for SCP patients. The proportion of patients undergoing examination within 14 days has increased to 24% in February (it was 4% from February 22). The overall waiting list has reduced from 767 in Feb 22 to 362 currently. Backlog in Feb-22 was 163, compared to 39 currently.

Whilst the improvement in the SCP pathway for Endoscopy is evident from the figures shown here, overall capacity remains a key focus area for the HB. A regional plan for South West Wales has been submitted to WG, which proposes the recruitment of additional medical and non-medical endoscopists with the associated supporting staff; two new gastroenterologists have recently been recruited as part of this plan. Once trained these staff will utilise the current vacant endoscopy sessions in the seven units across the region. In the interim and insourcing/outsourcing solutions will provide the capacity to reduce waiting times within the 8-week waiting time target by the end of March 2024. In Swansea the current focus for the additional insourcing lists is clearing the remaining USC backlog and reallocating any surplus capacity to the urgent waiting list.

## **RECOMMENDATION**

The Board is asked to:

- **NOTE** the performance and backlog volumes in the main tumour sites.
- **NOTE** the additional work required to improve both performance and backlog.
- **APPROVE** the suggested backlog removal trajectory

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
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.		
<b>Financial Implications</b>		
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.		
<b>Legal Implications (including equality and diversity assessment)</b>		
There are no legal implications to consider.		
<b>Staffing Implications</b>		
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.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<b>Report History</b>	Previous reports have been presented to Management Board in November 2021 and February / August 2022.	
<b>Appendices</b>		