



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Meeting Date	20th August 2019	Agenda Item	5.2
Report Title	Single Cancer Pathway		
Report Author	Marisa Bennett, Cancer Information Manager		
Report Sponsor	David Roberts, Service Director MH&LD		
Presented by	David Roberts, Service Director MH&LD		
Purpose of the Report	To provide a summary of performance and actions against the Single Cancer Pathway		
Key Issues			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	The Committee are asked to note the performance and the ongoing actions taken to support its improvement.		

PERFORMANCE & IMPLEMENTATION OF THE SINGLE CANCER PATHWAY

1. INTRODUCTION

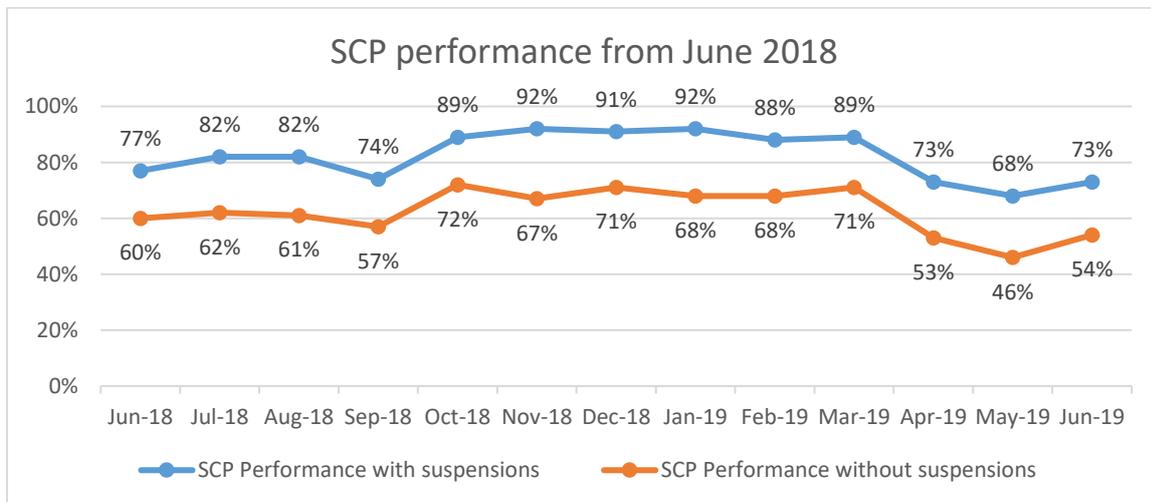
The report below describes the performance and progress against the Single Cancer Pathway, and outlines the particular risks going forward along with the actions we are taking to put our performance back into a sustainable position.

2. BACKGROUND

Single Cancer Pathway Performance

The HB has been shadow reporting the Single Cancer Pathway since January 2018. June's performance will be published by WG on the 22nd August 2019

The graph below summarises the most up to date reported performance against the 62-day pathway for patients with a newly diagnosed malignancy, with and without adjustments. Performance has dipped from the previous financial year, however data from April 2019 onwards only relates to SBU HB, data prior to this relates to the former ABMU HB.



The table below demonstrates the performance by tumour site (with adjustments applied).

SCP Performance with suspensions by tumour site													
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Head and neck	94%	83%	69%	89%	100%	87%	73%	73%	80%	73%	50%	83%	75%
Upper GI	56%	82%	83%	60%	86%	69%	73%	67%	56%	67%	60%	31%	63%
Lower GI	83%	74%	85%	69%	87%	68%	76%	63%	43%	78%	47%	50%	73%
Lung	79%	84%	81%	70%	98%	63%	70%	59%	70%	78%	73%	71%	82%
Sarcoma	50%	50%	71%	57%	75%	50%	100%	50%	67%	100%	100%	50%	%
Skin (exc BCC)	98%	96%	98%	100%	94%	98%	91%	92%	95%	94%	91%	93%	93%
Brain/CNS	83%	71%	100%	100%	100%	100%	100%	100%	100%	80%	0%	%	100%
Breast	80%	94%	78%	71%	90%	82%	89%	84%	84%	79%	74%	63%	47%
Gynaecological	29%	70%	69%	43%	73%	56%	50%	71%	37%	62%	56%	55%	38%
Urological	79%	72%	79%	74%	87%	76%	61%	73%	48%	56%	76%	75%	77%
Haematological	56%	55%	69%	61%	84%	64%	71%	50%	70%	47%	86%	54%	50%
Acute leukaemia	100%	100%	100%	100%	100%			100%		100%	%	%	100%
Children's		100%					100%			100%	%	%	%
Other	75%	75%	79%	89%	90%	92%	75%	83%	100%	50%	78%	33%	50%

Provisional July 2019 Performance (as at 9/8/2019)

Work was undertaken on the afternoon of the 9th August to validate the diagnoses for the treated but suspected cases. There are currently 15 patients who are awaiting histology results.

Performance for July 2019 is currently 66% (adjusted waits). A total of 65 patients are reporting as having breached the SCP target of 62 days to treatment from point of suspicion. The table below relates to the patients with a malignant diagnosis on Cancer Tracker (and does include two suspected cancers where the wait has exceeded 62 days).

Tumour Site	SCP Tgt Achieved (Adj)		Grand Total	%
	No	Yes		
Breast	9	14	23	61%
Gynaecological	13	3	16	19%
Haematological	7	4	11	36%
Head and Neck	5	9	14	64%
Lower Gastrointestinal	8	15	23	65%
Lung	10	9	19	47%
Other		2	2	100%
Sarcoma	1	5	6	83%
Skin	2	32	34	94%
Upper Gastrointestinal	3	7	10	70%
Urological	7	28	35	80%
Grand Total	65	128	193	66%

3. GOVERNANCE AND RISK ISSUES

Forecast performance remains a significant risk until sustainable solutions are identified across pathways that are also applicable to the USC and NUSC performance. Risks affecting most Specialities/Tumour Sites include:

- Consultants unwilling/reluctant to run additional clinics due to pension implications.
- Anaesthetic cover across all sites that has been further impacted due to annual leave. Service is planning to appoint to new posts.
- Unscheduled Care pressures, although site management processes aim to minimise impact on cancer cases.
- Theatre capacity on the Morriston site due to staffing deficits for long and short-term sickness as well as annual leave.
- Continued growth in demand and therefore the backlog.
- Challenges to appoint to vacant posts and time lag in developing new workforce models.
- Growing waiting times in Chemotherapy and radiotherapy –pressures around vacancies / planned maternity leave / changes in NICE guidance.
- Delays within the Gynaecological pathway, particularly with surgical capacity (access to theatres/beds at Morriston – all suitable cases are otherwise operated on at Singleton).

Actions we are taking:

- A payment rate has been agreed for a registrar within Urology who will commence as a consultant in September to undertake additional sessions over the Summer to recover the backlog of patients waiting first diagnostic assessment.
- Ongoing capacity issues within Breast services at Singleton, particularly to triple assessment, although the Service has reported a reduction in wait to first assessment from 8 to 6 weeks by increasing the administrative support and reviewing current processes.
- The Gynae-oncology team have introduced a new results clinic at Neath for patient seen within the PMB service who are confirmed to have malignancy. This can reduce the pathway by a week and also improve patient experience.
- Plans developed to ensure sustainable Clinical Nurse Specialist cover for the PMB Clinics
- Ongoing discussion with Hywel Dda to operate there from the Autumn, reducing waits for all patients.
- Funding agreed for additional weekend theatres 2019/20 for pancreatic surgery. 8 patients will be sent to King's for their procedures to help reduce the waiting list and recover position, this is due to start mid August.
- New first outpatient OMFS pathway stage agreed and taken forward with Primary Care with a plan to commence September 2019 (delayed from June) Whilst this pathway change isn't targeted at USC's, it is expected it will reduce the demand for routine and urgent appointment, freeing up clinic capacity to see USC's sooner.

- A new Neck Lump Pathway is implemented. It is anticipated the pathway will reduce by 10 days for patients who are suitable for fast-tracking to radiological/pathological investigation.
- Service Improvement recommendations following the Chemotherapy Day Unit assessment in April were piloted to ensure maximum utilisation of chair time. Permanent changes have been made and feedback has been very positive from staff and patients.

Summary of progress with implementation:

- On the 26th March, Dr Tracey Cooper wrote to Health Boards inviting applications for funding in respect of Welsh Government's allocation of funding to support the Single Cancer Pathway. 8 applications were submitted on Friday 26th April 2019. Following review of all bids submitted across Wales, the WCN recommended a revised approach to allocation of monies to address common themes. Revised bids were submitted in July and the HB awaits correspondence from the WCN/WG.
- WG have requested Implementation/Action Plans are updated and resubmitted at the end of August. This will be discussed at the next SCP meeting.
- Work has commenced with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager will be presenting her to the Cancer Improvement Board in September.
- New processes to identify patients at the earliest opportunity have been implemented from Radiology and from Outpatient attendances within the new outpatient build at Morriston.
- To ensure engagement with the wider staff groups and disciplines, drop-in sessions were held at each of the main hospital sites in July. Attendance was best at the Morriston site, however attendance from management and some expected staff groups such as co-ordinators and tracking staff was poor.
- Workshops with the H&N, UGI and LGI teams was postponed to September and October due to lack of attendance due to leave and Breaking the Cycle.
- Revised guidelines for the management of Cancer Waiting Times Targets (USC/NUSC and SCP) have been developed by the WCN and WG. HB's were given the opportunity to review and comment against them. These have been revised and issued back to HB's in draft for comment ahead of the document going through the WISB process for information standards assurance.
- WPAS Cancer Tracker 19.1 was deployed within the HB on the 24th July. Implementation has been successful with minimal disruption. Following an

SCP Implementation meeting with the WCN in July, all HB's using Cancer Tracker raised concern that development is needed to improve the tracking and reporting processes within Cancer Tracker. HB's met on the 5th August to agree and prioritise areas for development that will be provided to NWIS for assessment and consideration. This list is being finalised and will be discussed at the WPAS CAB meeting, possibly w/c 12th August if finalised ahead of the meeting.

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

The Performance and Finance Committee are asked to note the performance position and the ongoing actions taken to improve performance and the risks identified around implementation of the Single Cancer Pathway.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
	✓		✓				
Link to Health and Care Standards <i>(please ✓)</i>	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							
Appendices	Nil						