ABM University Health Board	
Date of Meeting: 21st March 2018 **Name of Meeting: Performance and Finance** **Agenda item: 2d**	
Subject	*Cancer Performance December 2017 – February 2018*
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Approved by	Chris White Chief Operating Officer
Presented by	Claire Birchall Service Director NPTH

1.0 Situation

The purpose of this report is to provide the summary of Cancer Performance for January 2018. It is important to note that the February position will not be reported until the end of March, although forecasting has been undertaken where possible. The performance against the USC target (95% against the 62 day standard), had been improving over the last 6 months, and for September, October and November, in line with an agreed trajectory, in response to detailed improvement work. In December, we saw a variance from trajectory of 82% (v85%), mainly due to reduced levels of activity.

With regard to performance, the reported Urgent Suspected Cancer (USC) January 2018 position is 79% against a 87% performance trajectory. The trajectory was to have no more than 17 breaches and maintain usual activity. We reported 24 breaches and lower than average activity.

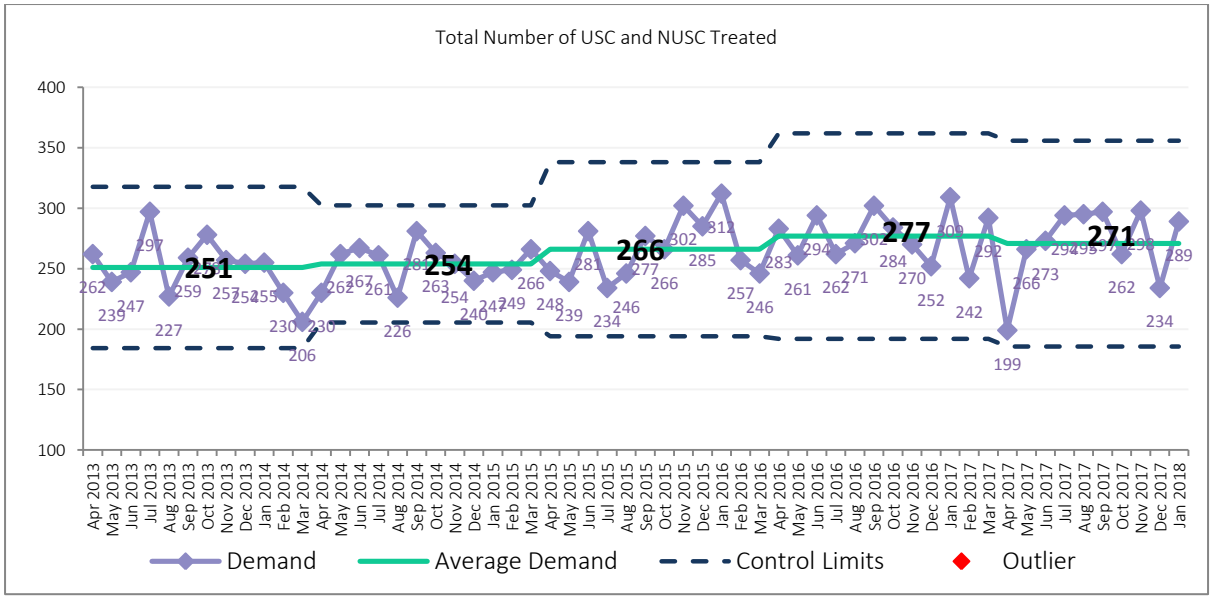
The report below describes activity and performance to date, and outlines the particular risks going forward along with the actions we are taking to put our performance back into a sustainable position.

It is important to note that at this stage both February and March performance appear to be compromised compared with our trajectory.

2.0 Background

Activity

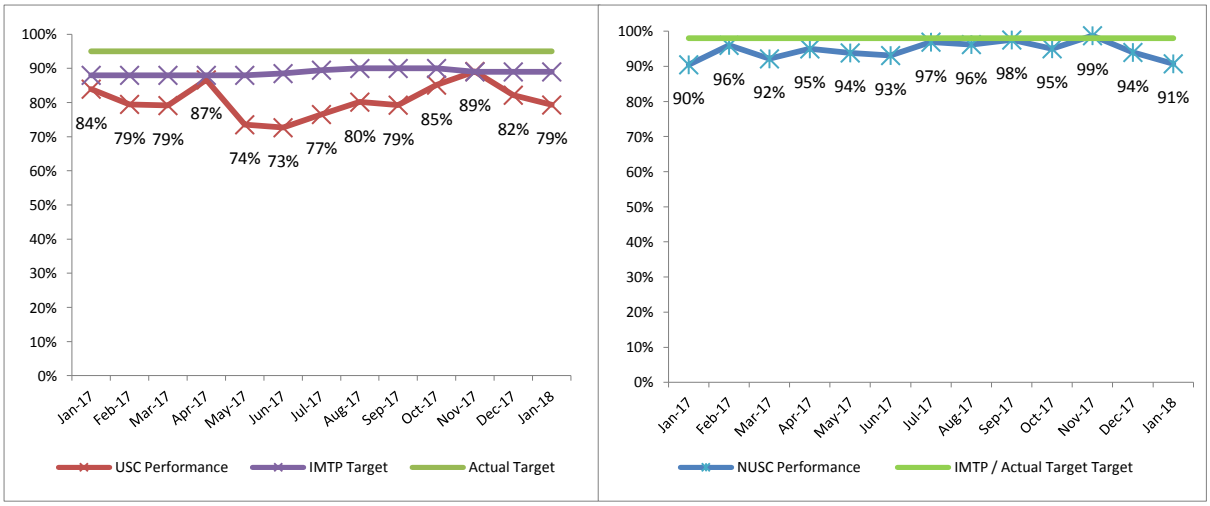
The graph below illustrates the number of patients reported as treated across both pathways since 2013. This demonstrates that the average monthly activity had increased annually until April 17 (which was an unusually low month for activity). This financial year to date our activity has decreased slightly since 2016/17, but higher than previous years.



At the end of the 2016/2017 financial year, the Health Board had treated 3322 patients against the USC and NUSC pathways, an increase on the previous year. To the end of January 2018 of this financial year the Health Board has treated 2707 patients. This is below average, and attributed to the low volume of patients treated in the months of April and December 2017.

Performance

The charts below show the activity and performance over the last 13 months for USC and NUSC. These figures demonstrate that there had been improvement over recent months, until December and January.



The tables below show the detailed breakdown of which Unit and tumour site in which the breaches occurred for January 2018.

January USC Activity and Breach Position: *Delivery Unit totals are attributed to the Unit responsible for managing the specialty the patient journey **first started** with.*

USC					
Total no. of patients treated					116
No. of breaches					24
% achieved					79%
Breaches by tumour site / unit					
	SING DU	NPT DU	POW DU	MORR DU	**Tot**
Breast	-	-	11	-	**11**
Lower GI	3	-	2	-	**5**
Urological	-	-	3	-	**3**
Gynae	2	-	1	-	**3**
Sarcoma	1	-	-	-	**1**
Haem	-	-	1	-	**1**
Total	**6**	**-**	**18**	**-**	

No. Treated	30	2	56	28
No. In Target	24	2	38	28
%	80%	100%	68%	100%

January NUSC Activity and Breach Position: *Delivery Unit totals are attributed to the Unit where the Decision to Treat was agreed.*

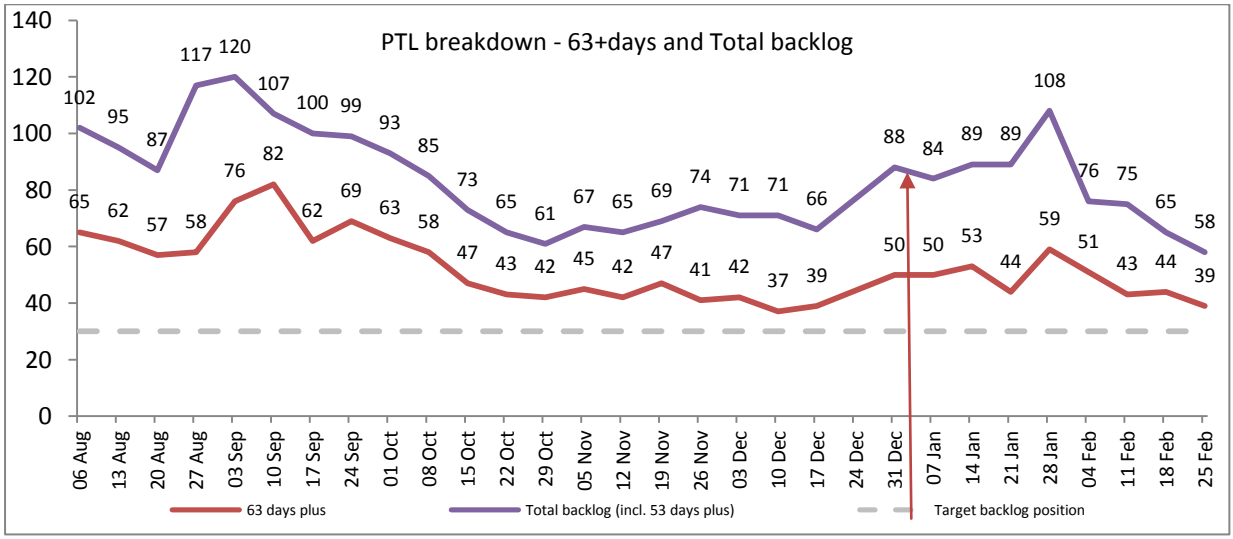
NUSC					
Total no. of patients treated					173
No. of breaches					16
% achieved					91%
Breaches by tumour site / unit					
	SING DU	NPT DU	POW DU	MORR DU	**Tot**
Breast	-	-	10	-	**10**
Urological	-	-	1	2	**3**
Upper GI	-	-	-	2	**2**
Gynae	1			-	**1**
Total	**1**	**-**	**11**	**4**	

No. Treated	58	1	59	55
No. In Target	57	1	48	51
%	98%	100%	81%	93%

Backlog

(USC Backlog position reported from Tracker 7 28/02/2018.)*

Backlog is described as any patient waiting 53 days and over, and includes a split of those waiting over 62 days. It is an important measure as it is an indicator of the size of the problem which we are carrying forward as a risk to future months. In recent months, backlog had been steadily increasing since mid-December to its peak at the end of January, despite the weekly scrutiny meeting. This suggests a potential lack of capacity to track and focus at a time where emergency pressures have been demanding for operational teams. Units have been asked to note this as a risk and seek more resilience and solutions. Weekly improvement is noted throughout February to its lowest number over the last 7 months.



The table below shows where improvement has been made during February, whilst improvement has been made, the volume of backlog in Urology combined with the overall waits of these patients is a significant concern, as long as 206 days adjusted wait (see later).

	28/01/2018	25/02/2018	+ / -
	Total Waiting +53 days	Total Waiting +53 days	
Breast	19	7	-12
Gynaecological	16	8	-8
Haematological	7	0	-7
Head and Neck	9	2	-7
Lower GI	5	2	-3
Lung	9	7	-2
Other	1	2	1
Skin	2	1	-1
Upper GI	6	4	-2
Urological	34	25	-9
Grand Total	**108**	**58**	**-50**

Component Waits

(Wait to first seen as reported in the waiting list report 28th February 2018).

Component waits for 14 days from receipt of referral to first seen are recognised as essential to giving sufficient time at the end of the pathway to complete the 62 day timeframe.

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

	≤10	11-20	21-30	>31	Total
Breast	5	31	44	10	**90**
Gynaecological	15	31	0	0	**46**
Haematology	3	0	0	0	**3**
Head and Neck	23	21	0	1	**45**
Lower GI	9	22	2	1	**34**
Lung	8	3	0	0	**11**
Other	21	42	4	3	**70**
Skin	40	37	5	1	**83**
Upper GI	0	5	1	0	**6**
Urological	2	12	5	22	**41**
Total	**16**	**204**	**61**	**38**	**429**

244 patients had appointments for first assessment within the 14 day recognised component wait target (57%). 185 were appointed to their first assessment over 2 weeks, with 64 Breast patients and 27 urology patients having their first appointment over a month after receipt of referral. This is an improvement for breast but no change in Urology which is attributed to POW.

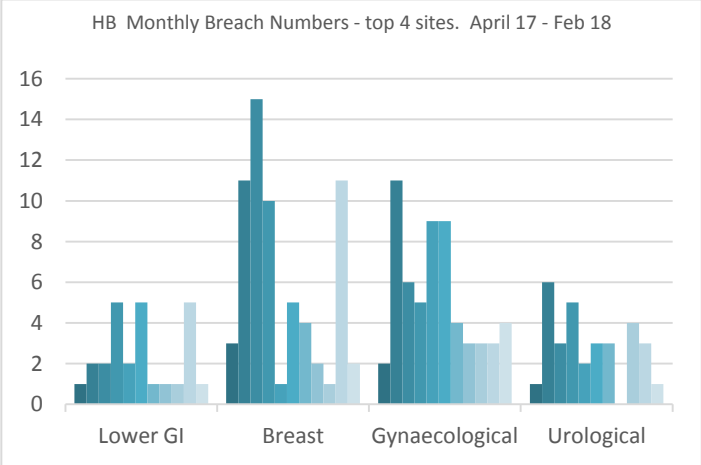
This reflects the difficulty that both of these specialities have had in delivery activity and is noticed in the backlog. It also represents a significant area of opportunity if this wait can be brought forward. The monitoring of the 14 day component wait will be added to the weekly tracking meeting.

3.0 Assessment

Breach Analysis – by Tumour Site and Unit

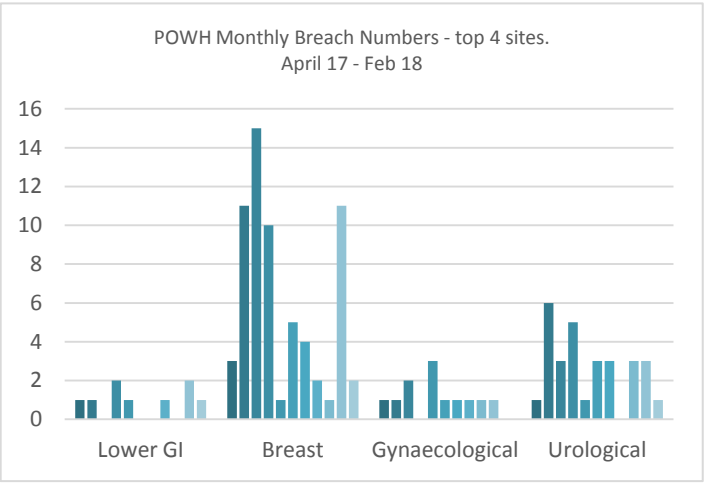
The top four tumour sites across the HB for breach are shown in the table below and account for 68% of all breaches between April 2017 and February 2018.

Tumour Site	Total breaches	% of Total Breaches
Breast	65	24%
Gynaecological	59	22%
Urological	31	12%
Lower GI	26	10%
Upper GI	18	7%
Head and neck	15	6%
Lung	16	6%
Haematological	16	6%
Other	10	4%
Sarcoma	5	2%
Skin	5	2%
Grand Total	266	



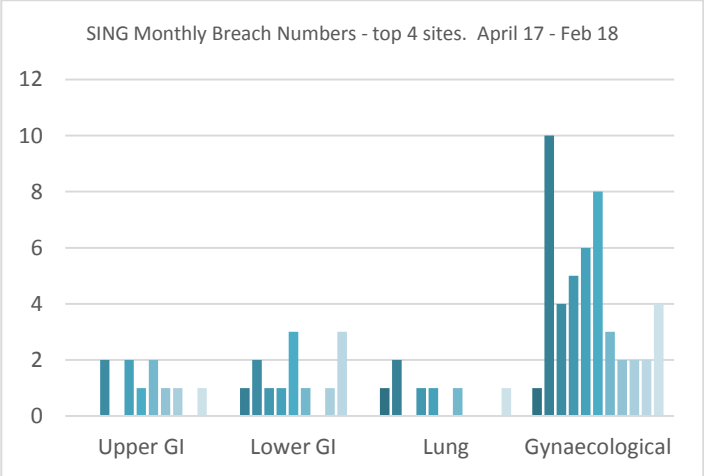
For the POW Unit, their top four tumour sites are the main sites for breach. 55% of all HB breaches originated pathway within services managed by the unit. There had been improvement in recent months for Breast until January 2018. First outpatient/assessment waits are the main breach reason for breast.

Tumour Site	Total breaches	% of Total Unit Breaches
Breast	65	45%
Urological	29	20%
Gynaecological	12	8%
Lower GI	9	6%
Upper GI	7	5%
Head and neck	6	4%
Other	6	4%
Lung	5	3%
Haematological	5	3%
Skin(c)	2	1%
Sarcoma	0	0%
Grand Total	146	55%



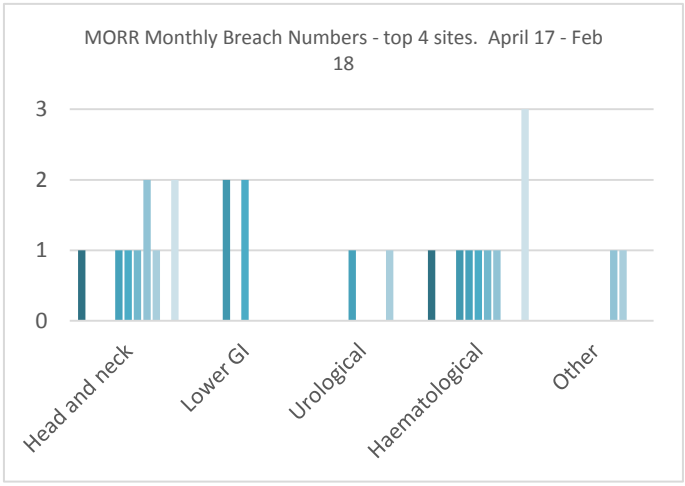
For the Singleton Unit Upper GI, Lower GI, Gynaecology and Lung are the top four areas of concern. 33% of all HB breaches originated pathway within services managed by the unit. There had been improvement in recent months for Gynaecology until February 2018. Inefficiency and delay in the Post-Menopausal 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.

Tumour Site	Total breaches	% of Total Unit Breaches
Gynaecological	47	53%
Lower GI	13	15%
Upper GI	10	11%
Lung	7	8%
Sarcoma	5	6%
Skin(c)	2	2%
Haematological	2	2%
Other	2	2%
Head and neck	0	0%
Breast	0	0%
Urological	0	0%
Grand Total	88	33%



The Morriston Unit generally perform well, the overall number of breaches are far less, although Lower GI and Urology feature in the top 4. No haematological services are managed by the Unit, the tumour site features in the top four largely due to haematological malignancies being diagnosed via the Head & Neck pathway. 11% of all HB breaches originated pathway within services managed by Morriston. The Head & Neck and Haematological pathways can be complex and lengthy due to the number of individual investigations required ahead of treatment decisions, waits for chemo-radiotherapy also contribute to delays seen.

Tumour Site	Total breaches	% of Total Unit Breaches
Head and neck	9	32%
Haematological	9	32%
Lower GI	4	14%
Urological	2	7%
Other	2	7%
Upper GI	1	4%
Skin(c)	1	4%
Lung	0	0%
Sarcoma	0	0%
Breast	0	0%
Gynaecological	0	0%
Grand Total	28	11%



Final reported December 2017 & January 2018 position

The reported December position demonstrates the number of breaches delivered was better than trajectory however, the volume of patients treated was well below usual activity for Singleton and Princess of Wales, and therefore we delivered 82% against a trajectory of 85%.

The January position shows that we delivered 24 breaches which should have given us performance of 81% if we had delivered the usual volumes. However again, activity appears to be below average with only have 116 confirmed new malignancies treated and therefore we delivered 79% against a trajectory of 87%.

		December 2017			January 2018		
Unit	Averaged Monthly Activity	Actual Activity	Breach Trajectory (85%)	Actual Breaches (82%)	Actual Activity	Breach Trajectory (87%)	Actual Breaches (79%)
POW	54	37 (-17)	8	8 (-)	56 (+2)	8	18 (+10)
Singleton	35	26 (-9)	5	6 (+1)	30 (-5)	5	6 (+1)
Morriston	38	37 (-1)	6	4 (-2)	28 (-10)	3	0 (-3)
Total	131	101	20	18 (-2)	116	17	24 (+7)

The table above demonstrates Unit's variance from activity and breach trajectory. Of concern is variability in activity across Units and breach numbers, particularly in POW.

February

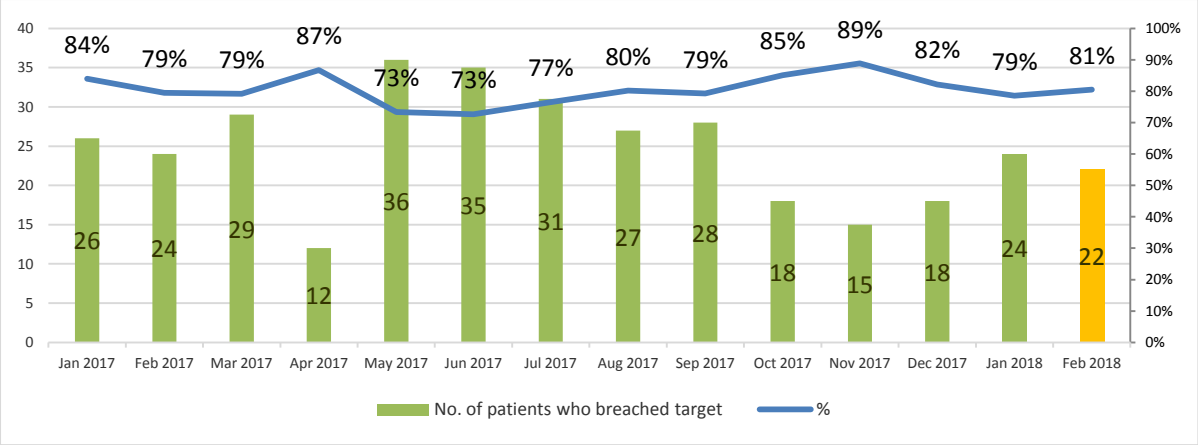
To date performance is indicated to be lower than trajectory, with 22 known breaches. Based on usual activity this would equate to an end of month performance of 83%, however February usually reports below average volume which would equate to 81%. Pathways for all breaches have been reviewed for validation purposes, histology is awaited on one suspected breach to determine whether it will be reported, the final number could improve to 21.

The tables below show the detailed breakdown based on the information to date.

	February 2018	
Unit	Breach Trajectory (89%)	Actual Breaches (81%)
POW	7	10 (+3)
Singleton	4	7 (+3)
Morriston	3	5 (+2)
Total	**14**	**22 (+8)**

USC					
Breaches by tumour site / unit					
	SING DU	NPT DU	POW DU	MORR DU	**Tot**
Haematological	2	-	-	3	**5**
Upper GI	-	-	4	-	**4**
Gynaecological	4	-	-	-	**4**
Head & Neck	-	-	1	2	**3**
Breast	-	-	2	-	**2**
Lung	1	-	-	-	**1**
Lower GI	-	-	1	-	**1**
Urological	-	-	1	-	**1**
Skin	-	-	1	-	**1**
Total	**7**	**-**	**10**	**5**	

If the above position is delivered, the performance for the year to date will be as shown in the graph below.



March

The March position is too early to call. We had hoped to recover our trajectory – which is 90% (13 breaches). We have detailed information available on the current known risks by Unit, and tumour site for March. Although early to call, it is likely that March's performance will be similar to what we expect February to outturn.

Unit Specific Concerns & Actions

Princess of Wales

The backlog in Urology at POW remains high. There have been issues with sickness of the Lead Cancer clinician and more recently two other colleagues. To address this the Unit are looking to extend the contract of the current agency locum Consultant and recruit an additional agency locum Consultant. The Urology CNS will return to work in April on a phased return, this will support USC capacity and coordination of the prostate pathway. The main constraint remains with a pathway that is not in line with the rest of Wales. A meeting has been held with the Medical Director, Unit Medical Director and the Cancer Lead for Urology to address this and find a way forward with an improved pathway that is aligned with Morriston.

The Unit have completed their CHC engagement and the centralisation of Breast outpatient work to Neath Port Talbot Hospital will be complete for May. This will improve the outpatient and diagnostic waits due to the ability to take a One Stop approach.

CT guided biopsy waits for lung has been identified as a risk and discussions within the Unit are ongoing regarding potential increase to capacity for more timely access. A possible 'fast track' pilot for bronchoscopy is also being considered.

From the end of March there will be three Gynaecology Consultants on long term sick leave. In the immediate short-term, the Unit are looking to extend the contract of the current agency locum Consultant and recruit an additional agency locum. To support continuity of service for cancer patients, the skill set of a new agency locum will need to include laparoscopic work. An NHS locum will be advertised in shortly to provide a more cost effective and sustainable solution. Options to increase sessions of the Unit Cancer Site Lead to undertake additional operating capacity are being considered.

Further issues and risks identified include;

- The impact to the oncology pathway at Swansea following the departure of a medical oncologist
- A need to minimize the impact of radiologist retirements and job plan reduction
- The departure of a colorectal surgeon
- Medical staffing vacancies

The Unit need to move their breach position by at least 8 breaches for April based on their current March forecast. 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 will focus their attention to supporting the Unit in March, and the Unit will need to micro manage this target throughout the coming months.

Singleton

In Gynaecology, the revised Post-Menopausal Bleeding Pathway is now in place and 12 new hysteroscopes have been secured to deliver this fast track pathway. Backlog has already notably improved in this speciality and we forecast a much improved position. Detailed work by the Cancer Improvement Team has demonstrated no obvious demand and capacity gap for PMB, but the Unit need to validate this.

The Singleton Unit have provided additional management support to Cancer Services during the absence of the Service Group Manager and Specialty Manager. There remain workforce gaps in key clinical posts, particularly consultant clinical and medical oncologists due to sick and vacant posts. There have been no consultants available through agency in recent months, and this presents an ongoing challenge and limits flexibility through inability to bring people forward into slots.

Performance against radiotherapy waiting times at the South West Wales Cancer Centre at Singleton are the lowest in Wales, the reasons for this are multi-factoral and considered to be due to increased demand, low staffing levels with the radiotherapy department having the lowest number of radiotherapists per LINAC in Wales; and machine breakdown. The LINAC replacement programme is currently underway. Introduction of electronic booking forms have helped reduce administrative delays. Consultants have been provided with remote access for planning and localisation. A service improvement radiotherapist monitoring CT SIM booking is now liaising with consultants to ensure treatment slots are not wasted. The service improvement lead for Cancer Services is also working with the department to review processes and improve efficiency. The Unit are currently considering additional mitigating actions.

Morriston

Morriston Unit have focused 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.

The Unit expect to achieve their trajectory at the end of quarter 4, however aside from unscheduled care pressures a number of risks and challenges have been identified including:

- long term sickness in Upper GI and Urology
- an equipment issue in relation to $C0_2$ laser at cost of approximately £180k.
- capacity for pancreatic surgery
- ongoing complexities in the lung pathway – service improvement manager for lung / urology secured from Macmillan to address reduction in mean length of pathway

The Unit are continually working through mitigation actions for each of these risks, and continue to generally perform well against this target.

Health Board

The Executive Team have made clear to the Unit Directors the importance of recovery of Cancer performance back to the improvement trajectory which it had delivered until December last year. This will regain confidence for the Board and WG around the potential for the Health Board to deliver more widely across other performance targets. Unit Directors have accordingly revisited their delivery plans within each of their teams.

We are assuming that based on usual activity and current understanding of breaches that March performance will be low 80s (based on the usual risk assumptions).

The Units have been asked to commit to returning to the expected trajectory towards 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.

4.0 Recommendations

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