YEAR 1 STATUS KEY:

Funded – Monies identified and funding agreed, (e.g. investment
Cost Neutral – to be delivered from within existing resource
Tier 1 Priorities: Schemes that have been identified

CANCER - R&S PLAN 22/23

Q1 METHODS STATUS (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1/ PLANNING)
On track
Monitoring
Off Track
Completed

GOAL	METHOD	STATUS
Recover, Sustain and Expand Treatment Capacity for Cancer Services, including those delivered on a regional basis for Hywel Dda patients	Regional Radiotherapy: Implement prostate radiotherapy hypofractionation and introduce fiducial marker service with ongoing patient monitoring.	FUNDED
	Regional RT: Deliver and embed sustainable SABR Lung Service commissioned from WHSSC	FUNDED
	Regional Radiotherapy - Deliver LinacC replacement business case including completion of construction works	FUNDED
	Regional Radiotherapy - Develop 4th Linac replacement business case + start construction works following completion of linac C	FUNDED
	Regional Radiotherapy: Develop WG capital business case for 5th linac/2nd CT scanner/ 6th bunker	PLANNING
	Regional Radiotherapy -Scoping for Satelite Linac Options Appraisal desribing potential for siting this in Hywel Dda UHB (5-10 year element of PBC)	PLANNING
	Deliver Time to Radiotherapy performance measures changes. Changes to Scheduled pathway, reduction to 14days (80% target), Elective Delay reduction to 7 days (80% target)	COST NEUTRAL
	Deliver Time to SACT performance measure changes- to pathways for P1,P2 and P3 (100% target).	COST NEUTRAL
	Develop and implement business cases for sustainable delivery of Systemic Anti-Cancer Therapies through the maximisation of home delivery PHASE 1 Expand Prostate cancer and Oral SACTs delivery at home, implement Pharmacy SACT review clinics for Lung, Prostate & breast, train non-medical prescribing pharmacists, stabilise and increase home delivery of oral SACTs.	FUNDED
	Expand the AOS workforce to better support triage of cancer patients, increase reviews of patients in non- cancer beds, senior decision making for ambulatory areas - 5 day service (as aligned with the vision and aims of the Acute Medicine Services Redesign Programme)	FUNDED
	Develop SWWCC Workforce Plan - Working with WCN on a large piece of workforce planning work with the other 2 cancer centres in Wales. In SWWCC looking at urology to determine what is needed in terms of medical and non-medical support to meet the demands of non-surgical oncology for prostate cancer.	COST NEUTRAL
	Deliver sustainable model for OG Cancer Surgery Service	TIER 1
Improve cancer prevention, early detection and timely access to diagnostics across primary care and secondary care	Expand Rapid Diagnosis Centre NPT - pathways in place for suspected colorectal, neck lump, malignancy of unknown origin and NPT biopsy service	FUNDED
	Pilot Ovarian One stop clinic (based on RDC model), 1 x per week in NPT offering same day USS /clinical assesment, +/- direct reporting same CT and fast track MRI for high risk pts	FUNDED
Maximising outcomes for patients with cancer using evidence based approaches; embedding prehabilitation, rehabilitation and value based healthcare approaches across whole cancer pathway in addition to tumour-site specific pathway work	Undertake gap analysis for top tumour sites; Lower GI, Upper GI, Lung, Prostate, Sarcoma, and Breast; to assess SBUHB position against National Optimal Pathways and develop detailed action plan to implement NOPs	COST NEUTRAL
	Sustain Gynae-oncology physiotherapy service, to provide a source of specialist care, advice and information to patients with a gynaecological site malignancy also including prehabilitation, rehabilitation post-surgical treatment and management of iatrogenic consequences.	TIER 1
	Optimise management pathway for patients with metastatic spinal cord compression - secure sustainable service for specialist physiotherapist input and appropriate rehab management and discharge advice given for all patients – demonstrated to prevent admissions to Singleton, reduce LOS, improve patient flow and improve patient outcome	TIER 1
	Expand the Upper GI nutrition and dietetics service in order to improve patient outcomes for upper GI cancer patients	TIER 1
	Undertake Peer Review as per national programme, paused through the pandemic and recommenced late 2021 with a greater focus on variation in measures of service quality and outcomes - and align to local programme of MDT Peer Review against National Standards	COST NEUTRAL
Implement digital infrastructure and intelligence developments (national and /or local programmes) ,support greater integration of care and provides the relevant data to guide service development in Cancer Services	Implement Phase 1 Cancer Information Solution (CaNISC replacement - national programme by WCN/ DHCW)	FUNDED
	Embed the local SCP dashboard launched Sept 2021 aligned to Delivery Unit development work on National SCP Dashboard.	COST NEUTRAL
Supporting all people living with cancer across their whole pathway of care	Repurpose existing Person Centred Care Steering Group, to identify and take forward priorities to improve patient experience for those with cancer.	COST NEUTRAL

R&S Plan Cancer 22/23: Quantifying Outcomes

2. Improve Radiotherapy Waiting Times

Measure	Target	Baseline position 21/22 (%)												Trajectories 22/23 (%)
		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
Scheduled RT pathway: % treated within 21 days	80% treated within 21 days (national target)	37	40	31	68	57	58	37	30	37	48	51	70	• Trajectories being quantified by RT working group established to support planning for changes to RT performance metrics from Oct 22. (see below)
Scheduled RT pathway: % treated within 28 days	100% treated within 28 days (national target)	77	87	70	84	91	89	84	61	78	82	91	95	
Urgent SC RT pathway: % treated within 7 days	80% treated within 7 days (national target)	38	50	45	46	55	22	30	60	37	57	60	57	
Urgent SC RT pathway: % treated within 14 days	100% treated within 14 days (national target)	83	86	87	77	95	76	90	100	87	97	100	100	
Emergency RT pathway: % treated within 1 day	80% treated within 1 day (national target)	91	100	100	100	100	100	100	100	100	100	100	85	• Current assumption that improvements to all RT performance pathways towards national targets will be realised through additional capacity as a result of implementing the prostate hypofractionation business case (timeline TBC as awaiting funding approval from HDd) and 'go live' Linac C replacement (July/ August 22) – effectively these will eradicate RT machine capacity/ breakdown issues.
Emergency RT pathway: % treated within 2 days	100% treated within 2 days (national target)	100	100	100	100	100	100	100	100	100	100	100	100	
Elective delay RT pathway: % treated within 21 days	80% treated within 21 days (national target)	82	81	91	98	90	81	89	79	92	90	94	90	
Elective delay RT pathway: % treated within 28 days	100% treated within 28 days (national target)	92	84	95	97	97	97	94	86	100	94	100	100	

Scheduled	14 days (target 80%)
	21 days (target 100%)
Urgent SC	2 days (target 80%)
	7 days (target 100%)
Emergency	0 day (target 80%)
	1 day (target 100%)
Elective Delay	7 days (target 80%)
	14 days (target 100%)

Aligned to GMOs 22/23: (Funded, Cost Neutral, Tier 1 schemes):
- Regional RT – Prostate hypofractionation
- Regional RT – Lung SABR
- Regional RT – Linac C and D replacement

Notes:
- Most significant reason for out of target breaches relates to RT machine capacity/ breakdown. 21/22 per month average = 66% (n=121) out of target breaches in scheduled pathway due to machine capacity issues, 10% (n=4) out of target breaches in Urgent SC pathway due to machine breakdown and 44% (n=11) out of target breaches due to machine capacity.
- Since Oct 21 contract in place to outsource activity to private sector – this has mitigated the impact of machine capacity issues, leading to overall improvement in performance, particularly in scheduled and urgent sc pathways.

R&S Plan Cancer 22/23: Quantifying Outcomes

3. Improve SACT Waiting Times

Measure	Target	Baseline position 21/22 (% patients starting cycle 1 day 1 treatment on CDU within target wait times)												Trajectories 22/23 (%) SACT
		Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	
P1 Emergency SACT Pathway: % treated within 48 hours	100% treated within 48 hours	Data not available – priority groups for pathway waiting time measure agreed nationally in Summer 2021				0 patients for P1 treated on CDU – patients acutely unwell and receive treatment while admitted as inpatients								Not available at this time
P2 Urgent SACT Pathway (for curative, palliative/ disease control, haematology remission and neoadjuvant intent): % treated within 14 days	100% treated within 14 days					0	66.7	14.3	18.2	0	10	50	21.4	
P3 Routine SACT Pathway (for adjuvant intent): % treated within 21 days	100% treated within 21 days					85.7	70.3	48.3	51.2	46.4	40	47.5	43.2	

Aligned to GMOs 22/23: (Funded, Cost Neutral, Tier 1 schemes):
- Homecare expansion (phase 1)

Notes:
- Largest constraint is limited chair capacity in CDU
- Quantifying the impact of changes to the service on these figures is challenging. Able to quantify how much chair time will be freed up by moving patients out, e.g. to homecare. It is known that the most difficult patients to get into the diary are those on long regimens or multiple days back-to-back, so moving a number of shorter regimens to homecare should help these regimens get in sooner.
- Not able to quantity the impact of moving X patients to homecare will get Y long day patients in on time as they need a large block of chair time and the space available is spread in bits across the days. However current assumption is that 25-50% improvement in P2 & P3 patients should be possible if planned changes can be implemented.
- New SACT QI post starting in the next couple of months and will be analysing range of factors involved in SACT waiting times.

R&S Plan Cancer 22/23: Quantifying Outcomes

4. Reduce LOS / Increase admission avoidance of cancer inpatients

Measure	Target	Baseline position 21/22	Trajectories 22/23 (%)
*More work needs to take place to determine and agree all of these elements			

Aligned to GMOs 22/23: (Funded, Cost Neutral, Tier 1 schemes):
- AOS Expansion (Phase 1)
- N&D Upper GI service expansion
- Gynae-Oncology Specialist Physiotherapy Service
- MSCC Specialist Physiotherapy Service

Notes:
- Lightfoot were approached to support with the modelling associated with the AOS business case, however this work did not take place due to capacity of Lightfoot.