GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Meeting Date	15 December 2020		Agenda Item	5.1
Report Title	Cancer Performance			
Report Author	Melanie Simmons, Cancer Quality & Standards Manager			
Report Sponsor	Jan Worthing, Service Director, Singleton & NPTH			
Presented by	Jan Worthing, Service Director, Singleton & NPTH			
Freedom of Information	Choose an item.			
Purpose of the Report	To provide a summary of Health Boards Cancer Performance for October 2020 and the key issues impacting on cancer pathway delivery and performance.			
Key Issues	• The COVID-19 pandemic continues to affect all aspects of the Cancer Pathway with staffing resource being a main factor. • The number of USC referrals are levels near to where they were pre COVID, however we have not experienced the growth in demand as anticipated and there has been a decrease in the number of 'long waiting' patients. • From December 2020, a major change to the management of suspected cancer patients (SCP) will be introduced. The SCP following a period of dual reporting from June 2019, replaces the previous two standards – the Urgent Suspected Cancer and the non-Urgent Suspected Cancer. Reporting will recommence in January 2020 and will be against the SCP only. • Oncology capacity is impacting on urology waits.			
Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐
Recommendations	Members are asked to: • **NOTE the cancer performance position and the ongoing actions taken to support its recovery and Improvement.**			

CANCER PERFORMANCE

1. INTRODUCTION

The report below describes activity and performance to date, performance and progress against the Single Cancer Pathway, and outlines the particular risks going forward along with the actions we are taking to maintain and improve cancer essential services during the COVID-19 pandemic.

2. BACKGROUND

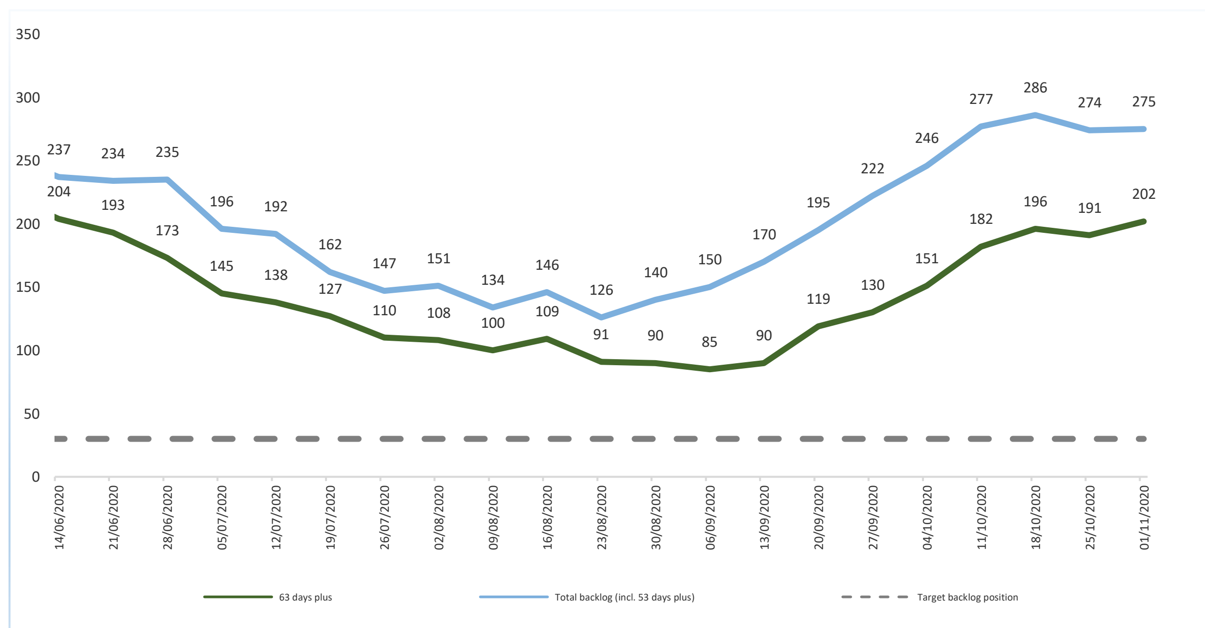
October 2020 Performance

USC performance – 85% (19 breaches) 109 patients treated	
Lower Gastrointestinal	4
Urological	4
Lung	3
Upper Gastrointestinal	2
Head & Neck	2
Skin	2
Gynaecological	1
Sarcoma	1

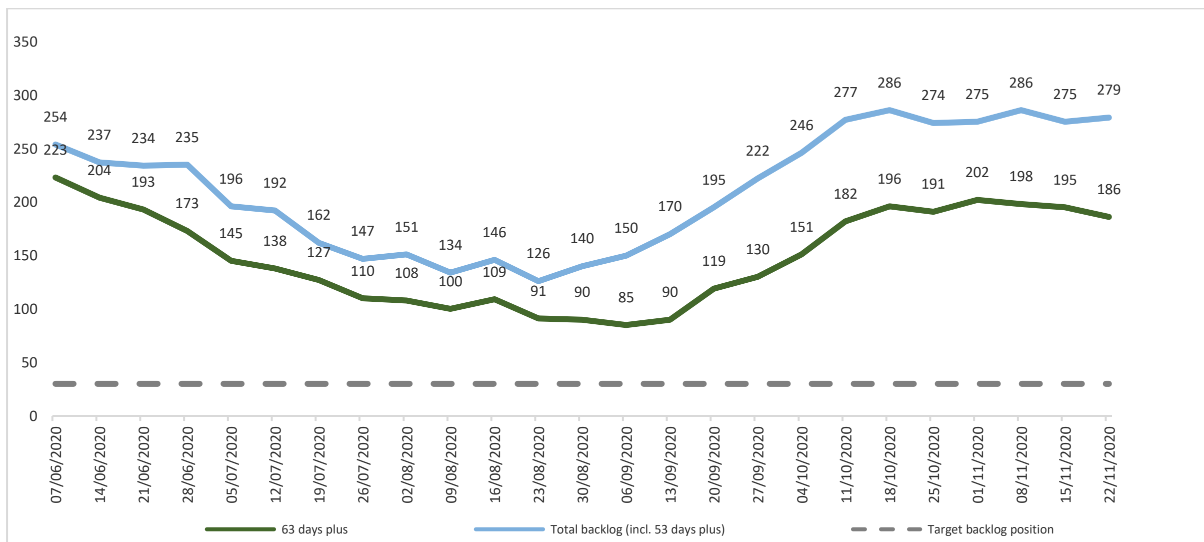
NUSC performance – 83% (14 breaches) 83 patients treated.	
Urological	5
Lower Gastrointestinal	4
Breast	3
Upper Gastrointestinal	1
Skin	1

USC Backlog* position (*Backlog defined: All patients with an active wait status waiting 63 days or more. Required to also report 53-62 days).

This remains the main concern, the graph below shows the end of October position.



The November position shows that the backlog has remained steady, with a decrease in the 'long waiting' patients.



Of the 279 noted in above graph 65% (181) are in diagnostic phase of their pathway and 18% (50) are in treatment stage

The Table below shows the graph data split by Tumour site, this demonstrates the 84% of the backlog sits within UGI/LGI/Other and Urology.

Tumour Site	53 - 62 days		63 > days	
	Number reported	+ / -	Number reported	+ / -
Breast	1	1	1	0
Gynaecological	7	3	6	-1
Haematological	1	0	4	1
Head and Neck	6	-2	5	1
Lower GI	31	2	71	-12
Lung	0	-2	4	2
Other	11	6	18	-4
Skin	3	-3	5	2
Sarcoma	1	-2	3	-2
Upper GI	18	4	51	0
Urological	15	6	18	4
Grand Total	**93**	**13**	**186**	**-9**

Based on modelling scenarios we will need to return to delivering our pre covid activity levels in all areas of Cancer Pathway in order to improve our current performance.

USC Referrals

The number of USC referrals have continued to increase since June, with levels near to where they were pre COVID, however we have not experienced the growth in demand as anticipated.

Oct - 19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20
1532	1209	1065	1484	1371	843	409	737	1101	1192	1135	1399	1421

Single Cancer Pathway

From December 2020, a major change to the management of suspected cancer patients (SCP) will be introduced. The SCP following a period of dual reporting from June 2019, replaces the previous two standards – the Urgent Suspected Cancer and the non-Urgent Suspected Cancer. Reporting will recommence in January 2020 and will be against the SCP only.

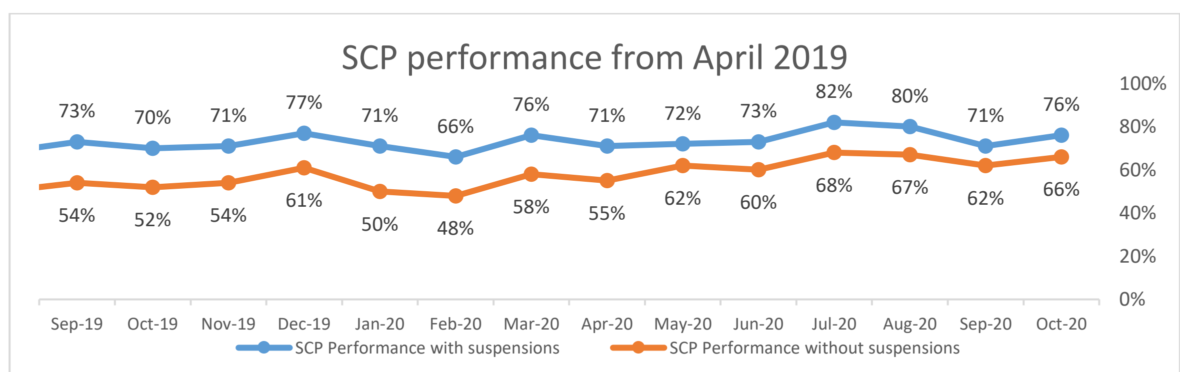
The waiting time for patients on the SCP starts at the point at which cancer is suspected and ends at the start of first definitive treatment. The majority of all patients presenting with a suspicion of cancer should start treatment within 62 days of the Point of Suspicion.

Updated guidance was introduced in November 2020, which:-

- Introduces new rules around the management patients on a suspected cancer pathway
- Sets out the targets for the single cancer pathway
- Removes all adjustments and suspensions from a patient pathway
- Allows a patients pathway to be closed and a new one started after a period of medical or social unavailability
- Updates permitted enabling treatments based on updated clinical advice
- Introduced guidance around the treatment of subsequent skin cancers

The performance targets for the SCP recognise that health boards will need to implement the optimum pathways and this takes time:

- December 2020 – March 2022 – 75% of patients to start definitive treatment within 62 days
- April 2022 – March 2023 – 80% of patients to start definitive treatment within 62 days
- April 2023 onwards - 85% of patients to start definitive treatment within 62 days



October 2020 position / tumour site:

	In target with suspensions	Total treated	%
Head and neck	7	9	78%
Upper GI	7	14	50%
Lower GI	8	17	47%
Lung	17	24	71%
Sarcoma	0	1	0%
Skin (exc BCC)	59	62	95%
Brain/CNS	3	4	75%
Breast	16	18	89%
Gynaecological	9	12	75%
Urological	24	35	69%
Haematological	4	8	50%
Acute leukaemia	0	0	%
Children's	0	0	%
Other	6	7	86%

Due to nature of cancer targets and the fact it is percentage figure of treated cancer activity that month makes it challenging to demonstrate what would be required to achieve an improved performance this is the same for both SCP performance and the traditional USC and NUSC targets.

Further work to understand what we can do within the optimal pathways to improve waiting times regardless of the performance measure is ongoing.

3. GOVERNANCE AND RISK ISSUES

Performance remains a significant risk until sustainable solutions are in place across the pathways and the backlog position is addressed. Areas of main concern are below-

Endoscopy

The Service have been working on a Recovery plan, for all Endoscopy services and aligned with the National Endoscopy Programme. Phase 2 in the plan includes the following priorities

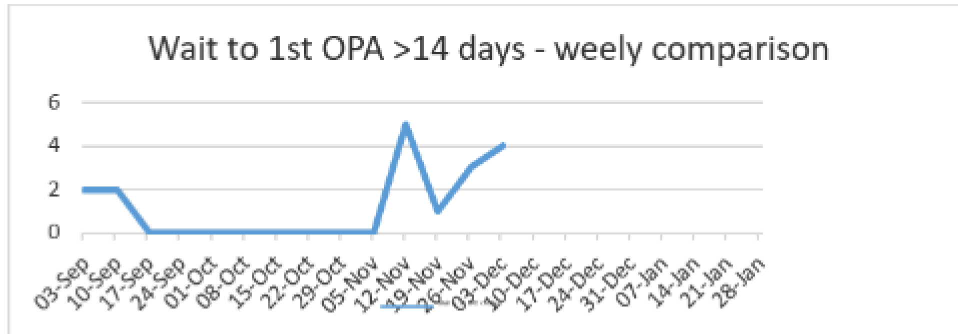
- An extra 25 lists took place in November.
- 21 Endoscopies waiting to be booked >43 days and 44 waiting to be booked >62 days
- ID Medical will be supporting 10 sessions (approx. 50 patients) at Neath Port Talbot Hospital from 7th December.
- FIT testing implemented in low risk groups (as per NICE DG30 guidance) supporting the triaging of referrals from primary care.
- Work to redesign Straight to Test (STT) pathway is underway, supporting the Single Cancer Pathway (SCP) developments. With later implementation in Q4.
- There are clear decision making and tracking of USCs deferred and new referrals. Maintained though use of the National Endoscopy Programme (NEP) deferred patient spreadsheet to record all tracking and booking of deferred procedures, surveillance, screening and USC patients.
- Also, Weekly Clinical Leads Recovery planning meetings being held to provide leadership and assurance in terms or delivery.
- Successful appointment of Gastroenterology Consultant in Singleton to commence on 1st December 2020 which will increase outpatient capacity.

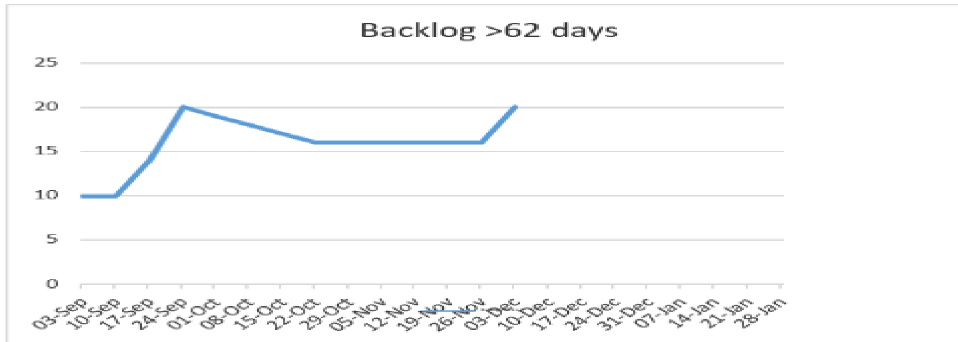
LGI & UGI Services

- Both tumours sites are being significantly affected by Endoscopy capacity issue, which are being further compounded by theatre capacity severely limited by staff shortages (vacancies/sick/shielding) and the need to follow labour intensive COVID-19 SOPs. Patients are prioritised by clinical need.
- UGI Consultant currently on long term sick leave, with no return date to date. Discussions being undertaken with C&V UHB regarding the future pathway for these patients.
- Also General Surgery services currently have six Consultants isolating, and one SpR which is causing immense pressures across the service, including on-call. There are currently seven junior staff isolating which is affecting the ward and emergency take. Work is being undertaken to arrange telephone follow ups for appropriate patients. Staff are planned to return weeks commencing the 7th and 14th December 2020
- Waits for CTC remained an issue in October, but this has since been resolved.

Urology

- There are issues with both increased demand and staff resource within the pathway. The prostate Consultant and Clinical Nurse Specialist are currently on sick leave. This has resulted in an increase in backlog. Additional capacity secured on their return at the beginning of December to address backlog

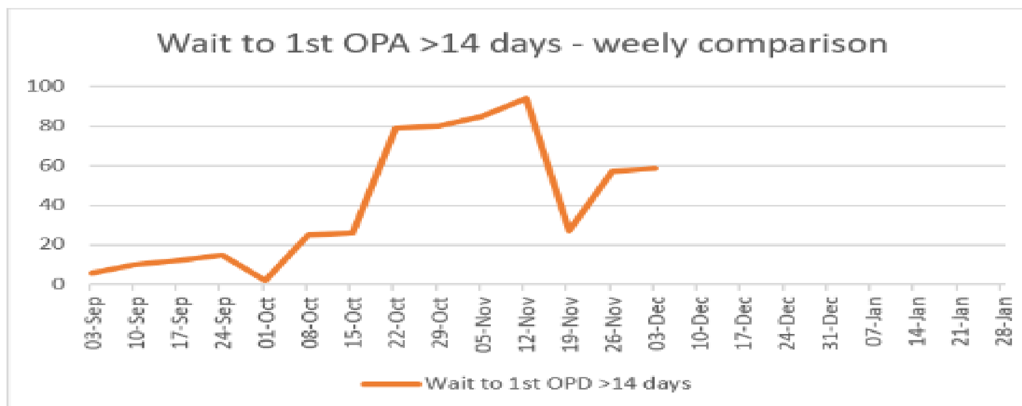




- There are issues concerning Post-Anaesthesia Care on the Morriston site due to staffing deficits. Staff are being utilised to support the additional ITU capacity, which is impacting on elective services.
- There are issues concerning oncology waits due to oncology capacity. Staffing resource is impacting on cancer service delivery, particularly 1st outpatient appointments and radiotherapy. Currently a 3 month wait.

Breast

- Service reporting an increase in referrals. 203 referrals received in October.
- Increase in waits to first appointment during October due to Radiographer availability. Currently 59 patients waiting over 14 days to first appointment. Additional clinics secured in November to address backlog.
- Triple assessment wait reduced back to 21 days.



Gynaecology

- The Gynae-oncology team have historically had access to 5 theatre sessions per week on the Morriston site for high risk/complex cancer patients and 3 sessions per week on the Singleton site totalling 8 sessions per week. At present, there are 4 sessions secured per week. There are currently 5 patients requiring surgery (0 of whom are on the USC pathway). The next available theatre session is the 4th January 2021.
- PMB backlog has been managed with additional capacity. The current wait from referral to PMB appointment is 21 days. Work is being undertaken to reduce this to 14 days, however this is a one stop consultation and biopsy and will therefore support the SCP if further intervention is required.
- There are currently 5 undated patients waiting on the surgical IPWL with next available theatre 4th January 2021. The remainder have started chemotherapy and now require surgery as they are now optimal for surgery, recurrence patients, or those who have commenced hormonal therapy previously and have now been re-prioritised as category ½ patients. There are no patients waiting ahead of the next tracked USC patient.
- Princess of Wales Hospital had sickness within their tracking and IPWL booking Team. All outstanding GA hysteroscopies have been booked, however some are over 62 days. Staffing issues have now been resolved and booking resumed.

Radiotherapy & SACT

- We are continuing to provide radiotherapy treatments, with 75% capacity protected (compared to prior to the pandemic) and Chemotherapy treatments, with 70% capacity protected (compared to prior to pandemic). However, staffing resource is impacting on our delivery of service. Further capacity losses particular around Chemotherapy inpatient treatments are a real risk based on unscheduled care pressures on the Singleton Site
- There are discussions with WHSSC regarding a case for Stereotactic Ablative Radiotherapy (SABR) Lung hypo-fractionation work to be undertaken locally in the South West Wales Cancer Centre (SWWCC). This has still not been agreed by WHSSC, which has therefore delayed our plans on being able to offer this from January onwards as originally reported.

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- Following the implementation of the Clinical Trial data (Fast Forward) introduced as a part of the Covid-19 response, we have released 10% radiotherapy linear accelerator machine capacity by reducing the frequency of Breast radiotherapy fractions (treatment attendances). The released 10% capacity will allow the Centre to offer radiotherapy treatment to an additional 200 patients per year. Additional resources have been agreed as part of the HB Operational Plan and the team is working hard now to operationalise this quickly
- Like Breast, changes made in hypo-fractionation case noted above, there is further potential to shorten prescriptions for prostate radiotherapy as part of SWWCC's Covid-19 recovery plan and to continue with these clinical changes permanently. As well as enhancing patient experience, improving the service

by hypo-fractioning prostate radiotherapy could further increase Linear Accelerator Machine capacity.

- We are exploring a Clinical leadership fellow to support QI and shortened fractionation work with HEIW. The move to hypo- fractionation in tumour sites such as prostate, pancreas and lung require consultant expertise. However, the presence of a clinical fellow with the flexibility to support the different parts of the pathway when required will aid the implementation of these techniques more quickly, as has been this, and neighbouring cancer centre's experience, in the past with other radiotherapy techniques.
- 195 Radiotherapy referrals were received in October, with an increase seen particularly in Breast (34 referrals compared to 20 in September).
- A SACT recovery plan is being developed, which is a proposal for optimising SACT capacity in Swansea Chemotherapy Delivery Unit (Joint project with Merck Sharp & Dohme (MSD) and General Electric (GE). The plan is to implement some changes following review of processes in pathways after peer review of SACT unit with St Helens (sharing of best practice).

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION

The Committee are asked to note the Cancer performance position and the ongoing actions taken to support its recovery

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	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 WLI's		
Legal Implications (including equality and diversity assessment)		
Not applicable		
Staffing Implications		
Shortages of staff due to vacancies/ sickness/shielding does 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. ○ **Prevention** – Acting earlier will ensure better cancer survival ○ **Integration** – Cancer impacts everyone and so improvements in Cancer Pathways and outcomes will have positive impact on well- being. ○ **Collaboration** - Collaborative working. ○ **Involvement** – Optimal Cancer Pathways ensure patient centred care.		
Report History	N/A	
Appendices	Nil	