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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 March 2021	Agenda Item	3.2
Report Title	Cancer Performance		
Report Author	Melanie Simmons, Cancer Quality & Standards Manager Ceri Gimblett, Associate Group Director Cancer Division		
Report Sponsor	Jan Worthing, Group Director, NPTSSG		
Presented by	Ceri Gimblett, Associate Group Director, NPTSSG Jan Worthing, Group Director, NPTSSG		
Freedom of Information	Open		
Purpose of the Report	To provide a summary of Health Boards Cancer Performance for January 2021 and the key issues impacting on cancer pathway delivery and performance		
Key Issues	<ul style="list-style-type: none"> The COVID-19 pandemic continues to affect all aspects of the Cancer Pathway with capacity being a main factor. Performance for Jan was 68% against target 75% We have seen a decrease in the number of referrals in January 2021. The lowest we have seen since September 2020. 200 Oncology referrals were received in January, which is 25% less than we received in Jan in 2019 and Jan 2020. Requirement to establish harm review group in Health Board 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> 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 whilst recovering from the COVID-19 pandemic.

2. BACKGROUND

Cancer services have been severely disrupted due to the COVID-19 pandemic. As a response to the risk of infection we have seen

- Patients being reluctant to present to primary care and secondary care tests/treatments, driven by the perceived risks of COVID-19 infection and/or an unwillingness to burden the NHS
- Reduced efficiency due to COVID-19 precaution measures and managing patients with COVID-19
- Some diagnostic tests and treatments being stopped or deferred due to the risks of COVID-19 infection outweighing their benefits
- Some services being reduced because the workforce has been diverted to respond to the COVID-19 pandemic
- The pausing of cancer screening programmes

This has had impacts across the whole of the cancer pathway, forcing it to move away from gold-standard protocols, and will undoubtedly affect patient outcomes.

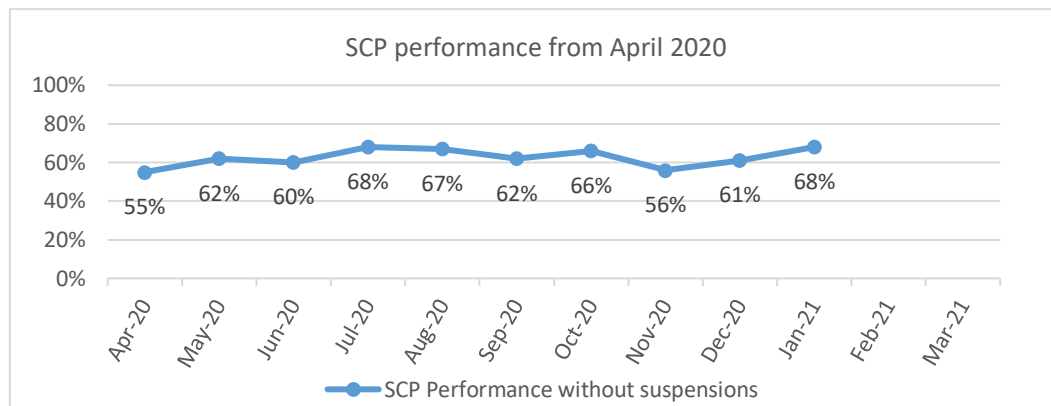
We have worked continuously to minimise the impact through careful service planning that adapts to the additional risks and complications of the COVID-19 pandemic, but minimises those risks wherever possible. We have actively encouraged public and patients with serious or persistent symptoms to come forward, be assessed in primary and community services and to attend for investigations and where necessary treatment. To support this message we have ensured services are as safe as they possibly can be, accepting an unavoidable risk due to COVID-19 infection. This has required planned and consistent communication between primary, secondary and tertiary services and to patients regarding measures undertaken to ensure services are as safe as possible.

We continue to manage the recovery of Cancer Services in line with the National Framework for Recovery of Cancer Services.

We have seen the number of SCP referrals continue to increase since June 2020, with levels now close to where they were pre COVID, however we have not experienced the growth in demand as anticipated.

3. PERFORMANCE

Single Cancer Pathway – Target 75%



In January 2021 we treated a total of 212 patients of which 144 were treated in target (68 breaches). In Comparison with other Heath Board across All Wales our performance of 68% was second best position in Wales and was commended by WG team on our monthly performance call.

Radiotherapy Waiting Times

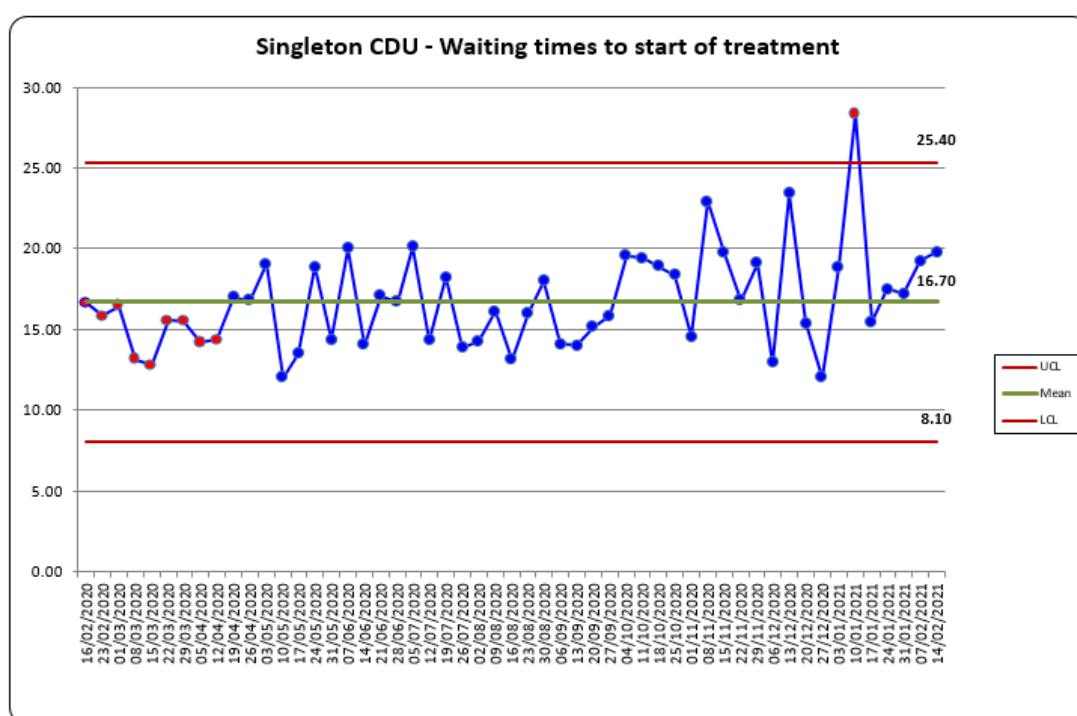
		Jan-21	
Scheduled	Number of treatments	60	
	% within 21 days (target 80%)	27	45%
	% within 28 days (target 100%)	49	82%
	% Out of Target	11	18%
Urgent SC	Number of treatments	16	
	% within 7 days (target 80%)	8	50%
	% within 14 days (target 100%)	15	94%
	% Out of Target	1	6%
Emergency	Number of treatments	16	
	% within 1 day (target 80%)	16	100%
	% within 2 days (target 100%)	16	100%
	% Out of Target	0	0%
Elective Delay	Number of treatments	45	

% within 21 days (target 80%)	31	69%
% within 28 days (target 100%)	40	89%
% Out of Target	5	11%

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).

Systemic Anti-Cancer Treatment (SACT) Waiting Times

There is no national target currently but we do monitor waiting times to start of treatment for all patients, which is shown for Chemo Day unit in graph below



Welsh Government is debating on a National Target for SACT performance, but no decision has come out on this yet.

Demand

SCP Referrals

As you can see we still not seen our referrals return to pre-covid levels, this is consistent with other Health Boards experiences.

We have seen a decrease in the number of referrals for January 2021. The lowest we have seen since September 2020, although there was quite a significant increase

in Gynaecology referrals, 164 in January compared with 137 in December 2020. The biggest decreases were in Lung, 12 referrals in January compared to 29 in December 2020 and Urology 88 referrals compared to 129 in December 2020.

Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-20
1484	1371	843	409	737	1101	1192	1135	1399	1421	1245	1295	1179

Oncology Referrals

200 Oncology referrals were received in January, with the biggest increase seen in Breast (43 referrals compared to 19 in December). Total in December was 184.

Jan 2021 still remains below numbers we would have anticipated based on numbers we saw in Jan 2020- 266 and Jan 2019-268 referrals respectively.

Tumour site	Jan-21
BRAIN/CNS	2
BREAST	43
GYNAE	16
HAEM	2
H&N	14
LGI	19
Anal	2
LUNG	7
UNKNOWN	6
SARCOMA	6
SKIN	2
MELANOMA	7
UGI	17
UROLOGY	47
Testes	3
Renal	7
Total	200

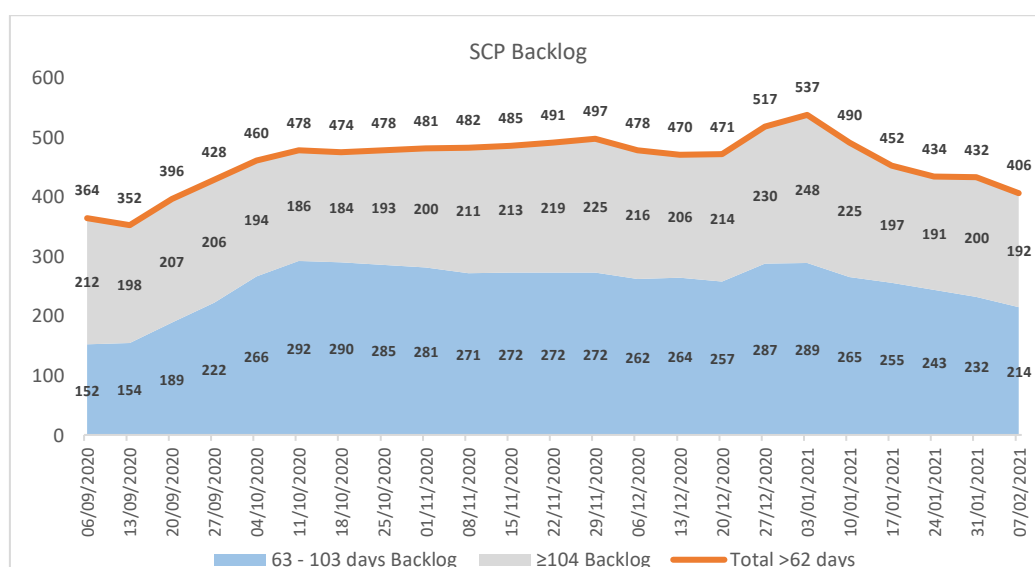
Radiotherapy Demand has also seen decrease table below demonstrates this

Site	Jan-20	Jan-21
Brain	2	3
Breast	57	26
Gynae	5	10
H&N	15	16

Lower GI	12	11
Lung	9	2
Lymph	3	3
Palliative	52	62
Sarcoma	0	3
Skin	3	7
Upper GI	6	3
Urology	34	33
Total	198	179

Single Cancer Pathway (SCP) Backlog position

For the purposes of this report, SCP backlog has been broken down into two categories: 63 – 103 days and 104 days or more.



Areas of main concern are below and actions being taken forward to reduce the pressures

Endoscopy

The Service have been working on a Recovery plan, for all Endoscopy services and aligned with the National Endoscopy Programme and we are now seeing a significant reduction in the backlog. Currently there is a 21-day wait for SCP patients to Endoscopy and there are now plans to address the Urgent case backlog.

- ID Medical continue to hold sessions at Neath Port Talbot Hospital and additional lists have continued to be undertaken during January, with funding agreed to continue until the end of May 2021.
- FIT testing continues in low risk groups (as per NICE DG30 guidance) supporting the triaging of referrals from primary care. Patients with negative

tests receive telephone consultation followed by further diagnostic tests. Those with positive results are invited to a face to face appointment to agree a treatment plan. Over 50% of our patients had the test during the peak of the pandemic.

LGI & UGI Services

- Both tumours sites have been significantly affected by Endoscopy capacity issue, however we are seeing slight improvements in these areas as the endoscopy backlog decreases.
- An additional theatre session at NPTH for LGI patients commenced on the 18th January 2021
- UGI Consultant remains on long term sick leave, with no return date to date. Mr Wynne Lewis from UHW continues to attend the Swansea MDT and the waiting list is being managed regionally.

Urology

- Additional theatre capacity is being sought at the Neath Port Talbot and Singleton sites.
- The additional alternate week Monday RALP list at Cardiff has not been reinstated since it was suspended on 11th January 2021. Cardiff continue to review the situation and will advise us when sessions can restart.
- There are issues concerning oncology waits due to oncology capacity. Staffing resource has impacted on cancer service delivery, particularly 1st outpatient appointments and radiotherapy. Radiotherapy hypo-fractionation for prostate patients is a 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.

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. Additional theatre capacity has been agreed at Morriston.

- An increase in referrals has been seen at the beginning of February.
- PMB backlog has been managed with additional capacity.

Pancreatic Surgery

- Outsourcing of pancreatic patients to Coventry has been agreed and patients selected that could be outsourced.
- Additional theatre capacity agreed at Morriston. To commence April 1st 2021.

Radiotherapy & SACT

- 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 is being considered as part of their 21/22 commissioning intentions and we expect to have update from them in Qtr 2.
- As raised in previous updates, we have released 10% radiotherapy linear accelerator machine capacity by reducing the frequency of Breast radiotherapy fractions (treatment attendances). This additional capacity will be in place by June 21.
- 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). This work has identified potential further opportunities to expand home care options for low risk treatments, business case is being developed as part of this work.

4. GOVERNANCE AND RISK ISSUES

Performance remains a significant risk until sustainable solutions to address capacity shortfall are in place across the pathways and the backlog position is addressed.

Alongside implementation of Single Cancer Pathway Welsh Government have been looking at different ways to monitor governance around Cancer Pathways in WG. On the back of this, Health Boards have been tasked with undertaking 'harm reviews' for specific patients on Cancer Pathway. Patients with a confirmed cancer diagnosis who breach 104 days will require a harm review to be undertaken.

Harm Reviews

We are currently waiting for the release of the National Harm Review Framework but have commenced doing preparatory work. The Health Board is currently working through how we will undertake these harm reviews and what framework we need to put in place to do this robustly. Terms of reference and a Standard Operational Policy have been drafted and we are currently working with the HB's Legal and Risk Team to ensure appropriate governance arrangements are established as part of this work.

In addition to this, we also have on Health Board risk register specific risks associated with timely SACT and Radiotherapy delivery both scoring as risk 25. These risks are regularly reviewed by Cancer Division and are reported via Quality and Safety Committee. Work is ongoing as part of our priorities in the annual plan to support the development of services to enable us to minimise these risks.

5. FINANCIAL IMPLICATIONS

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

6. 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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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)		
<ul style="list-style-type: none"> ○ 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. 		

<ul style="list-style-type: none"> ○ Collaboration - Collaborative working. ○ Involvement – Optimal Cancer Pathways ensure patient centred care. 	
Report History	N/A
Appendices	Nil