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CYMRU
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 September 2021	Agenda Item	2.2
Report Title	Cancer performance recovery and the improvement trajectories for 2021-22		
Report Author	Ceri Gimblett, Associate Group Director Cancer Division		
Report Sponsor	Jan Worthing, Group Director, NPTSSG		
Presented by	Jan Worthing, Group Director, NPTSSG		
Freedom of Information	Open		
Purpose of the Report	To provide a summary of Health Boards Cancer Performance position against the Suspected Cancer Pathway waiting time and the plans for improvement.		
Key Issues	<p>Cancer Performance since last meeting has been placed in enhanced monitoring and since start of August 2021 weekly performance meetings now take place with Medical Director as Executive Director lead for Cancer, Director of Finance and Performance, Service Group Director for NPTSSG and Associate Service Group Director for Cancer Division</p> <p>Reducing our backlog remains our biggest challenge with numbers continuing to increase through August. Patients on the Lower GI pathway account for 49% of all patients in backlog. Backlog trajectories have now been agreed and included in this report.</p> <p>The risk of patients coming to harm in our backlog continues to be the focus in our weekly operational meetings and we continue to work with our MDT teams to see if there are any further actions, we should be taking to mitigate this risk.</p> <p>We have seen an increase in the number of patients entering pathway in July 2021. Figures are up by 44% compared with July 2020, and an increase of 9% since April 2021.</p> <p>We are still experiencing the impact and restrictions of COVID-19 on our services and our cancer pathways. The number of COVID patients being admitted into our hospitals has increased significantly through July and August.</p>		

	<p>Staffing deficits have been an issue due to sickness, self-isolation and annual leave.</p> <p>The Health Board has also been extremely busy through July 2021 and August 2021 with emergency pressures The funding requested linked to the top 5 actions for the top 6 tumour sites in this report were agreed in Management board on 15th September 2021.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the cancer performance position and the ongoing actions taken to support its recovery and Improvement. 			

Cancer performance recovery and the improvement trajectories for 2021-22

1. INTRODUCTION

The report below describes activity and performance to date, performance and progress against the Suspected 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

Current Health Board performance in June 2021 across Wales remains below 75% target set by WG with the closest Health Board Betsi Cadwaladr (BCU) achieving 72.9%.

Comparing SBU with BCU they treated 409 patients of those 298 were treated within 62 days. SBU treated 247 patients of which 165 were treated within 62 days in same time period.

In order to improve and ensure focus delivery on our cancer performance the following backlog trajectories by tumour site have been set. The basis of this was set to recover to our end of April 21-backlog position. We will of course if possible look to improve on this further should the actions we taking to address backlog give us further momentum in recovering.

Trajectories on backlog >62days by tumour site

Target for PTL Backlog 7% improvement month to month	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Acute Leukaemia	0	0	0	0	0	0	0	0
Brain/CNS	1	1	1	1	1	1	1	1
Breast	30	28	26	24	22	20	17	15
Children's Cancer	0	0	0	0	0	0	0	0
Gynaecological	38	35	33	30	27	25	22	19
Haematological	10	9	9	8	7	7	6	5
Head and Neck	26	24	22	21	19	17	15	13
Lower Gastrointestinal	360	335	310	284	259	234	209	184
Lung	26	24	22	21	19	17	15	13
Other	5	5	4	4	4	3	3	3
Sarcoma	7	7	6	6	5	5	4	4
Skin	22	20	19	17	16	14	13	11

Upper Gastrointestinal	60	56	52	47	43	39	35	31
Urological	95	88	82	75	68	62	55	48
Total	680	632	585	537	490	442	394	347

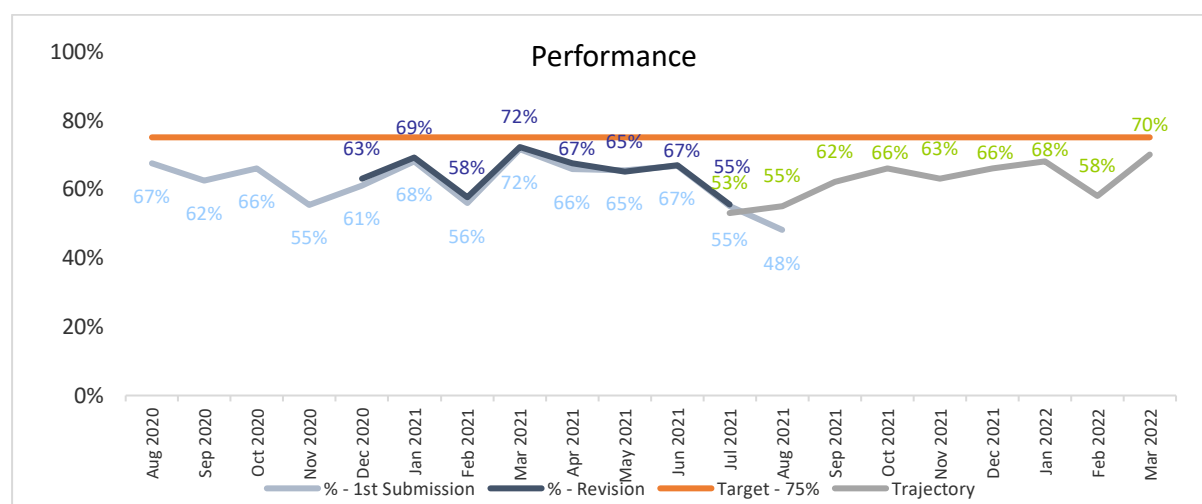
Cancer Performance since last meeting has been placed in enhanced monitoring and since start of August 2021 weekly performance meetings now take place with Medical Director as Executive Director lead for Cancer, Director of Finance and Performance, Service Group Director for NPTSGG and Associate Service Group Director for Cancer Division

As agreed since last update we are in the process of reorganising and increasing resources within Cancer Information Team (CIT) and in Operations teams (via new Cancer Performance hubs). Interview date for the Cancer Information and Performance Manager (CIT role) is 21.09.21 and the Cancer Performance Service Manager posts are currently out to advert, closing date 30th September.

3. PERFORMANCE

Suspected Cancer Pathway – Target 75%

The graph below demonstrates the reported end of month performance against the pathway for Swansea Bay University Health Board (SBUHB). In November 2021, Welsh Government (WG) will re-publish all stats for closed pathways between December 2020 and June 2021, then quarterly thereafter. The expected revised performance position is also shown below as well as our performance trajectories



Work is ongoing to work with teams to improve this trajectory to deliver 75% performance.

a) Capacity & Demand

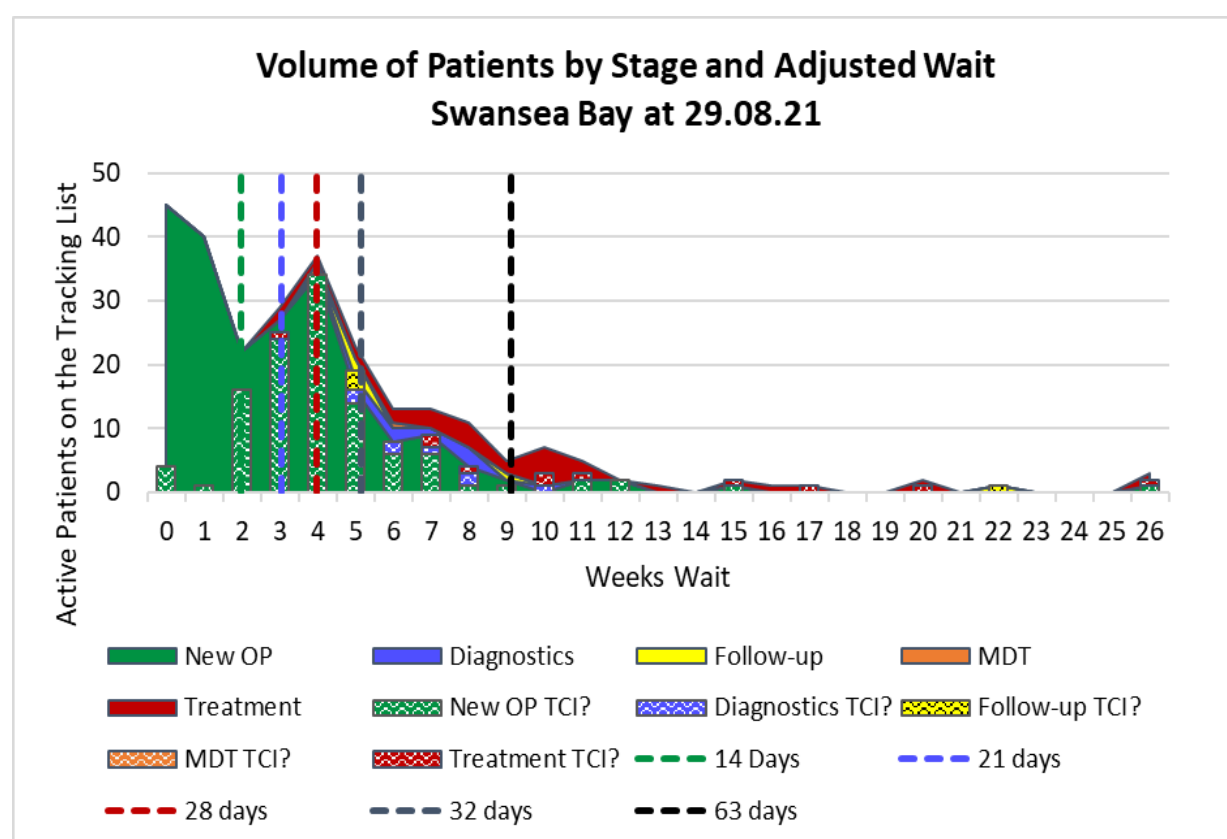
The charts which follow provide a snapshot of the individual pathways by tumour site for the 6 most pressured tumour sites. The charts illustrate the challenges are very different in each tumour site and therefore actions to improve performance for the cancer system as a whole will need to be detailed and specific to each individual area.

Further, the actions required will be under the accountabilities of services areas within the Health Board which are not under the direct line management of the NPTSS Group. It is therefore critical that once actions are agreed these are taken by the individual accountable areas to support the overall improvement plan.

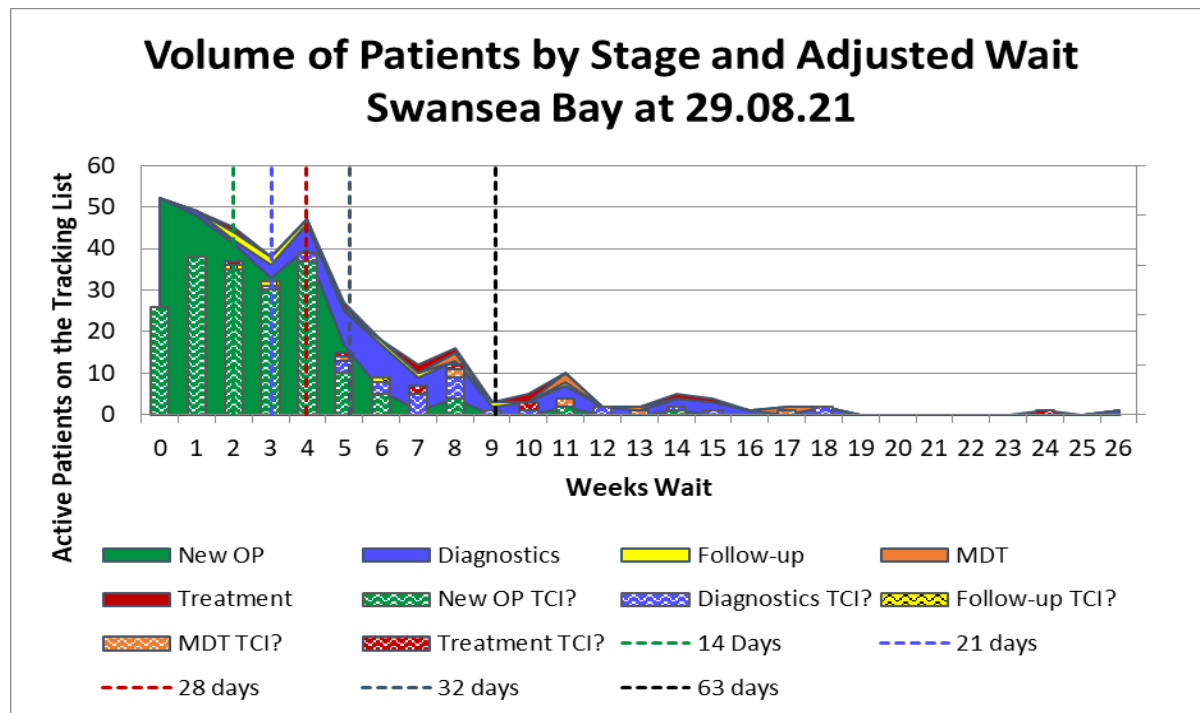
Further, success in reducing access times will need to be delivered through two different methodologies; reducing backlog and building sustainable capacity models to address demand as early as possible in the pathway to minimise the time it takes patients to move through each phase of the pathway,

The charts are being used as a proxy to determine immediate actions whilst more detailed demand and capacity plans are being developed.

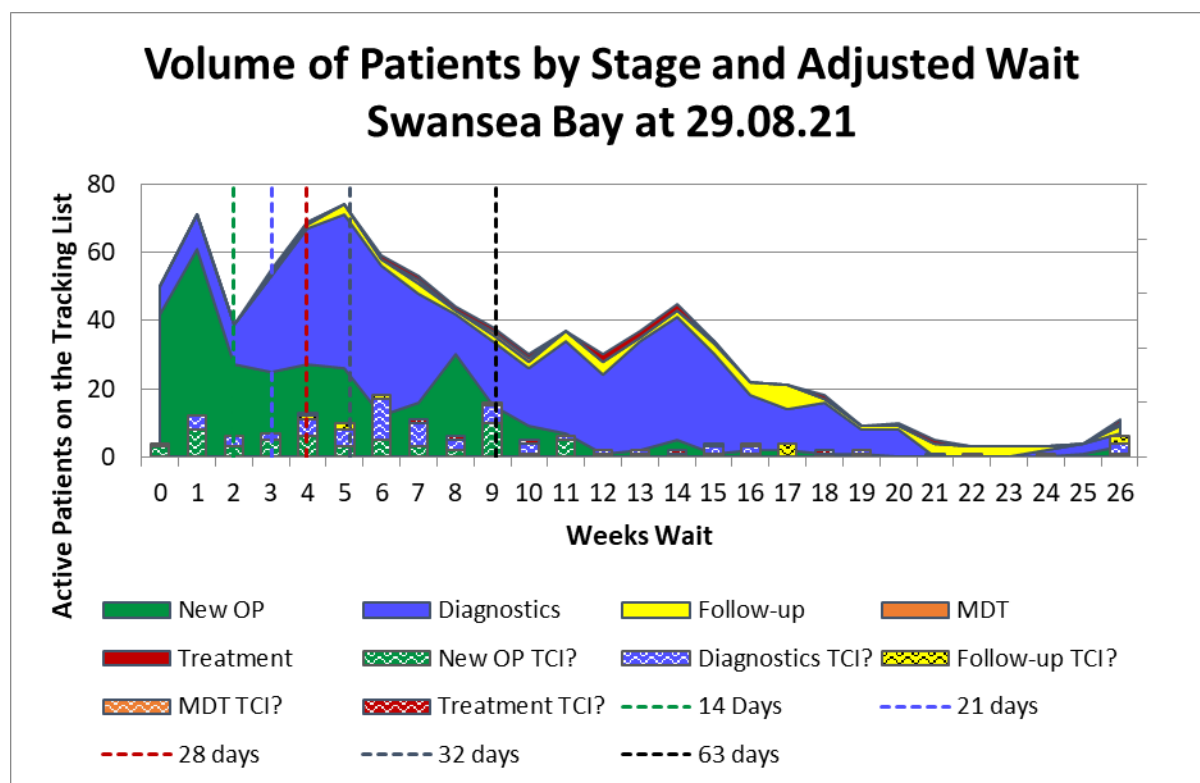
Breast



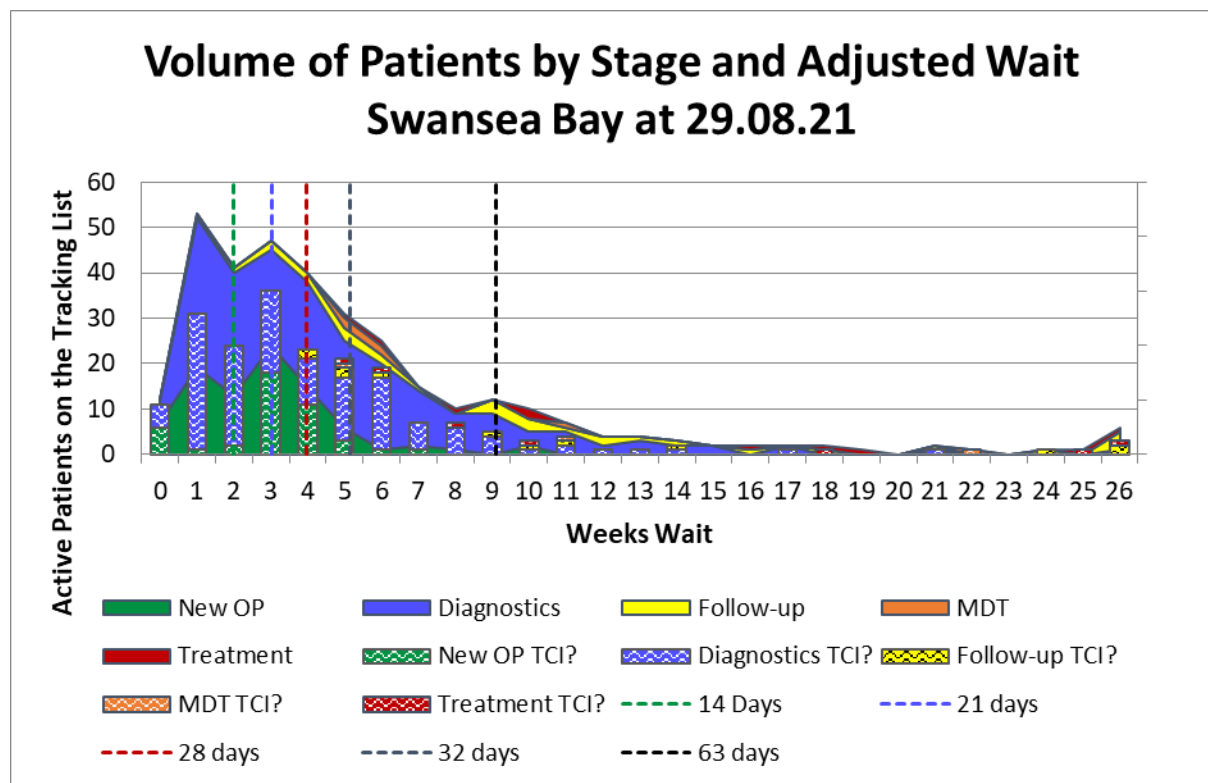
Gynae



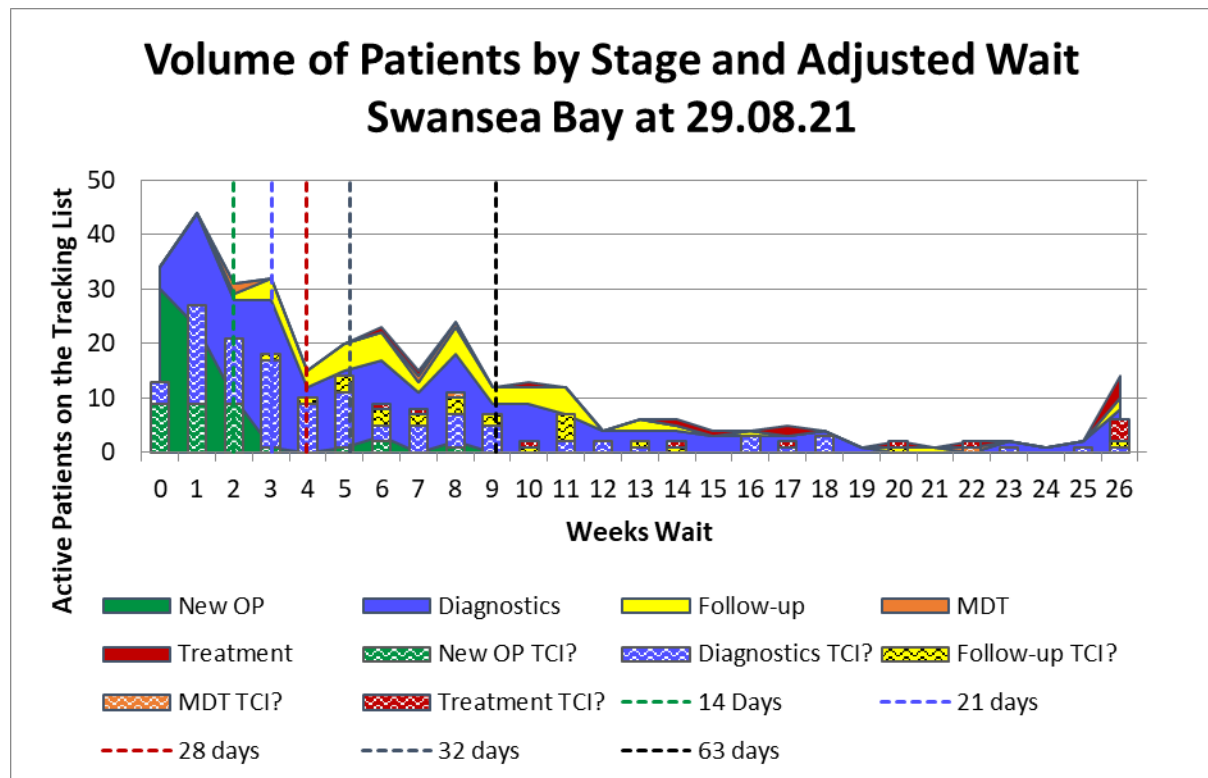
LGI



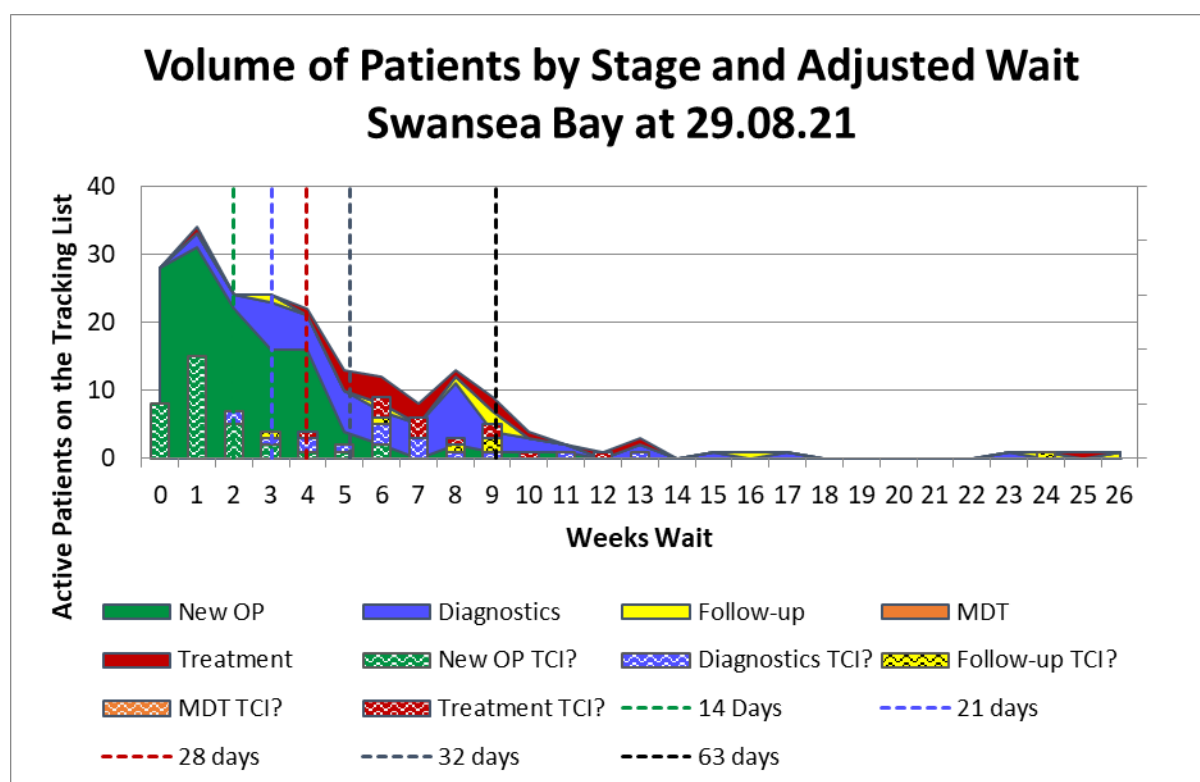
OG Services



Urology



Head and Neck



Above graphs give illustration of the top 6 tumour site pathway challenges and where our capacity is out of balance.

Demand and Capacity (D&C) plans- for first OPA and one stop now received and following actions now need to be agreed/approved

BACKLOG REQUIREMENTS

Gastro –16 clinics – **96patients**
 General Surgery LGI- 19 clinics- **191 patients**
 General Surgery UGI- 10clinics- **58patients**
 Urology – 7 clinics – **44 patients**
 OMFS (H&N) -7 clinics- **59 patients**
 ENT (H&N) - 5 clinics- **28 patients**
 Breast – 16 clinics – **186 patients**
 Gynae (PMB) – 40 PMB clinics- **240 patients**

C&D REQUIREMENTS (ongoing gap)

Gastro shortfall **378 per year** – 63 clinics per year (6per clinic)
 General Surgery LGI – **1368 per year**- 228 clinics per year (6per clinic)
 General Surgery UGI- **196 per year**- 60 clinics per year (3per clinic)
 Urology – **364 per year**- 46 clinics (8per clinic)
 OMFS (H&N) - **208 per year**- 26 clinics (8per clinic)
 ENT (H&N) - **156 per year**- 26 clinics (6per clinic)
 Breast –**544 per year** - 50 clinics (11 per clinic)
 Gynae – **426 per year**- 71 clinics (6per clinic)

WLI PLANS- Agreed end June 21 for next 3mths

- **General Surgery (support LGI and UGI)** – plan for additional 10 clinics per month – 30 clinics – 360patients. **Seen to date 296 and 67 booked in for end Sept. 363 in total**
- **Urology (support 1st OPA and prostate biopsy waits)** - plan for 1 additional clinic per week, 8pts per clinic and 1 additional prostate list per week – 6pts. **Not yet commenced due to workforce and kit issues, all now resolved will commence w/c 30.09.21**
- **Gynae-** plan for 3 additional PMB clinics in July (15 patients seen) and 1 additional per mth(5pts per clinic)- **3 additional clinics took place in July but seen there have not been able to increase due to lack of radiology support**
- **Breast-** plan for additional clinics agreed – 4 additional WLI clinics took place in July seeing 48pts. Have been unable to line up radiology support to do any other additional WLI one-stop clinics. Instead, additional slots allowing for increase from 10 to 12 patients per clinic were agreed. **This increased weekly capacity by 20 slots per week when all clinics run commenced on 12.07.21. However, in August due to staff shortages this went on hold. Increased capacity to recommence on 20.09.21**

b) Top 5 actions for top 6 tumour sites in next 6-8wks

Urology

Priority 1- to resolve nurse-staffing issues on Ward A in NPTH to support overnight stays for Urology GA biopsies and small cancer cases that do not need Morriston. Equipment and additional theatre list made available w/c 06.09, staffing remains only issue.

Priority 2- Commence with additional clinic per week increase 8 per week. Funding agreed and in place from end of Sept.

Priority 3- Commence with additional list per week to undertake 6 additional prostate biopsy per week. Funding agreed and in place from end of Sept.

Priority 4- Establish 1 additional cystoscopy one stop session per week, increase 8 patients per week. Funding requested 08.09 (**£12k**). Could commence ASAP.

Priority 5- Agree **£9k funding** for Morriston team to undertake focused validation work to be undertaken on the entirety of the tracker by all staff members who are able to track and agree overtime. This will include General Surgery (to support UGI and LGI), ENT and OMFS to support Head and Neck.

LGI

Priority 1- to resolve issues with Fit process in General Surgery. Get agreement for funding (**£15k**) to appoint fixed term period (6mths) Band 4 co-ordinator to streamline the pathway to reduce the risk of harm to cancer patients and speed up

process for sending FIT kits, prompt early returns, and reduce delayed FUs following FIT return.

Agreement to be reached in colorectal business meeting 08/09/21 with colorectal surgical team to discuss onward care pathway for pts with a negative FIT return

Priority 2- Continue with additional 10 clinics per month increase 120 patients per Month. Funding requested (£19k) to continue with this until end of Dec 21. While team work on more sustainable plan

Priority 3- same as priority 5 in Urology plan.

Priority 4- commence additional Gastroenterology clinic- 1 per week 8 additional patients and 1 additional endoscopy list- 10 points on list. Funded agreed to commence 20.09.21

Priority 5- Get 3rd session of operating agreed in TASS for Morriston to accommodate the complex cases

OG Services

Priority 1- to agree funding for 4th pancreatic surgeon. Create capacity for pancreatic surgery by around 42 cases per annum, and outpatient capacity by 622 patients per annum. Cost for total case £471,237

Priority 2- to recommence access to CITU to improve access to PACU beds. This recommenced on 07.09.21

Priority 3- to support the OG business case with UHW. Funding requested £118k to go to CIG for agreement on 15.09.21

Priority 4- Same as priority 4 in LGI.

Priority 5- same as priority 5 in Urology plan and priority 3 in LGI plan

Head and Neck

Priority 1- Agree funding for 4 additional clinics per month, create additional capacity for 40 patients per month. Cost £4600 per month request for funding up to end of march 21.

Priority 2- improve access to theatre for OMFS cases. Currently weekly 3-session day shared between OMFS and ENT and a weekly two-session day also shared. Dedicated weekly two and three session theatres required for OMFS. TASS group has been asked to resolve this.

Priority 3- Linked to priority 2. Improved access to theatre for ENT cases. Currently weekly 3-session day shared between OMFS and ENT and a weekly two-session day also shared. Dedicated weekly two and three session theatres required for OMFS. TASS group has been asked to resolve this.

Priority 4- to re -job plan all consultants to create backfill clinics to reduce backlog, Additional one clinic per week slots per week eight slots. Job plans commence w/c 13.09.21. New capacity to be in place by end of Sept.

Priority 5- to get agreement to fund 1 additional one-stop clinic per month, increase capacity by 10 patients per month. Funded requested (£1,150 per month) until end of December support clearing backlog.

Gynae

Priority 1- Increasing PMB capacity with 2/3 extra sessions per week, cost yet TBC

Priority 2- Gynae Oncology consultant leaving next month – advert to go live asap

Priority 3. Establishment of PMB/hysteroscopy service in Singleton,

Priority 4. Extra theatre sessions for USC hysteroscopy, been discussed in TASS group.

Breast

Priority 1- Work with radiology to secure extra support to ensure cross cover with regards to USC clinics

Priority 2- SBAR for submission next 7 days for extra admin support

Priority 3- Improvement of POA appointments (update 07.09.21 working with POA team to ensure that the appointments are booked within 3 days. Have been advised that slots can be created for USC appointment's meeting Thursday 16.09.21

Priority 4- Extra x1 theatre session per week

Priority 5- Working with cons to review all 3 & 4 cat patients with regards to query relisting as cat 2 patients, 6. Cons leaving breast unit at the beginning of December, job plan & JD in progress with a view to advert in the next 7-10 days.

Due to the lack of progress in Gynaecology and Breast, the Division has been place into enhanced monitoring.

c) Drive Down Diagnostic waits

Radiology

Last report confirmed we were expanding utilisation of existing SBUHB scanners, increasing scanners in SBU and outsourcing capacity, below provides updates on progress to date.

MRI Moving to 7-day model - for increasing MRI capacity we have recruited staff to extend weekday working to 8:00pm on all our scanners (NPT 5 days and Singleton 2 days) they are currently in training and the extended weekday service will commence from January 2022

CT moving to 7-day model- for increasing CT capacity we are in the process of recruiting staff to extend weekday working for CT the number of staff we are able to recruit is less than we had hoped which means we are likely only to deliver 50% of the weekday working plan. Timeline for introducing the extended working will be circa Jan 2022

Mobile MRI scanner at Singleton - we already have a mobile scanner in place and the number of days commissioned through that scanner has increased from 12 days per month to circa 19 days.

Uptake of outsourced capacity at Sancta Maria hospital -Commenced part way through August 2021 (50 scans per month).

New action since last report

We are also in the process of commissioning 4 days of CT scanner and 4 days of MRI capacity through the University. Requires us to insource the radiology workforce to support that development. We are currently going through procurement process for the insourced workforce likely timeline is December 2021.

Endoscopy

- Both FCP and FIT Test Business Cases have been drafted and being shared with the team. They will be shared with CEO next week (w/c 20/09/21).
- Straight To Test rollout continues
- Green pathway being scoped and plan to test on 2 lists in Singleton and 2 lists in NPTH w/c 13/09/21
- ID Medical has been approved up to the end March 22. That is 18 additional sessions a week.
- We have appointed a Gastro Locum to cover inpatient beds from September 20th. This will release our current consultants to support Planned Care
- We are having weekly meetings with the National Endoscopy programme regional lead. These started in September with a view that we put ourselves forward for JAG accreditation for Morriston and Singleton towards the end of Q1 2022/23

Histopathology

Digital Intelligence

- Data visibility has now improved and a weekly 'waiting list' is now available. The report is shared with cancer trackers to allow early identification of reporting errors. A request is with DCHW to make report available daily, and work ongoing to get report to 'consume' RCPATH points' matrix to enhance its value to the capacity planning of the service.

Performance Framework & Governance Arrangements

The information available now allows the development of a bespoke performance framework, allowing the division to measure and therefore manage and improve, specific turnaround times.

1. The weekly report will be validated and updates provided on all USC patients, allowing exception reporting, accurate performance reporting and proactive information sharing to referring services managing patient's cancer pathways;
2. A weekly meeting will be in place to ensure accountability, and to support the operational team with improvement actions;
3. Volume, turnaround times and quality will be monitored and reported weekly. These will be benchmarked against 19/20 levels, and will be cross referenced

with the spend associated with delivery in order to provide assurance and ensure accountability for recent investment;

4. Performance metrics and reporting work will always be reviewed for service improvement opportunities, as outlined below.

Service Improvement

The information now available is being used to identify service improvement opportunities, and to support a 'deep dive' review of the service. Areas identified so far are:

1. Review of process by which the clinical priority is recorded and checked on LIMS to ensure accuracy.
2. Review of each National Optimal Cancer Pathway within histopathology – map demand and capacity across week, tracking days of MDT, clinic and histopathology Consultant availability. Matching this against the performance requirements for each COP, manage the capacity across the week to maximise ability to deliver on required TAT. Articulate capacity deficits by cancer site/specialty/COP.
3. Monitor planned additional activity across referring services 4-6 weeks in advance, capacity planning the service accordingly to maximise ability to meet target TATs. Identify shortfalls in advance, taking corrective action or notifying service where not possible and delayed TAT is anticipated

Administrative Requirements

The ability to deliver on the effective performance monitoring, cancer tracking and service improvement actions have identified a need for an administrative role within the division to comply with the NOP (National Optimal Pathways) and performance demands. With a focus on undertaking this in a proactive and improvement focussed way, banding will be beyond band 2.

d) Develop, information and intelligence – live case PTL tracking

- Since the first week of August 2021, we have run tumour site-specific meetings with all specialities who are part of that tumour site pathway. Focus is on data quality in Cancer Tracker 7 and long waiters.
- A Cancer Waiting Times Standards and Escalation Policy has been developed and implemented. The purpose of this policy is to clearly describe the roles and responsibilities of all individuals involved in the delivery of the Suspected Cancer Pathway (SCP). The document describes how both internal and external escalation should be undertaken to facilitate the timely and appropriate movement of cancer patients through their clinical pathways
- Process agreed and implemented with Pathology to share specimen waiting reporting lists with cancer tracking stakeholders to ensure USC pathology referrals have been requested/marked up appropriately
- Internal Cancer Performance PTL information amended and shared weekly with services to support live tracking of patients at weekly operational meeting

- Enhancements to the Cancer Dashboard (now available as a Single Cancer Dashboard) based on current cancer tracking data have been quantified and now requires integration. Dashboard was demonstrated at the Cancer Improvement Board on the 15th September 2021, and plans are to roll out this week.
- Discussions taken place with BI partners on how they can support services with Capacity and Demand tracking and early discussions with deputy COO on role of transformation team and specifically the systems engineering team on supporting delivery of Cancer

e) Crack rapid decision making for definitive treatments

- We have reorganised our MDTs into two Cancer Information and Performance management hubs, in NPTSSG and in Morriston
- Two Cancer Performance Service Manager posts' are out to advert to manage and establish two tracker hubs, one at Singleton and one at Morriston. Closing date 30th September
- Letter drafted to MDT Leads requesting to risk stratify backlog of patients on an ongoing basis to assess risk of harm to patients.
- Further work on the role of MDT and Clinical teams in supporting improvement is ongoing.

4. GOVERNANCE AND RISK ISSUES

Reducing our backlog remains our biggest challenge with numbers continuing to increase through August. Patients on the Lower GI pathway account for 49% of all patients in backlog. Backlog trajectories have now been agreed and included in this report.

We have seen an increase in the number of patients entering pathway in July 2021. Figures are up by 44% compared with July 2020, and an increase of 9% since April 2021.

We are still experiencing the impact and restrictions of COVID-19 on our services and our cancer pathways. The number of COVID patients being admitted into our hospitals has increased significantly through July and August.

Staffing deficits have been an issue due to sickness, self-isolation and annual leave.

The Health Board has also been extremely busy through July 2021 and August 2021 with emergency pressures

The risk of patients coming to harm in our backlog continues to be the focus in our weekly operational meetings and we continue to work with our MDT teams to see if there are any further actions, we should be taking to mitigate this risk.

5. FINANCIAL IMPLICATIONS

The Health Board has identified £1.5million to support cancer delivery in its annual plan. This sum is recurrent in nature.

As the full requirement against this £1.5m is being finalised there is slippage on the overall sum which can be deployed non- recurrently in 2021/22 to support the actions set out above.

For SCP actions in delivery agreed - £68,000 previously.

NEW request for above actions- LGI - £43k, UGI- £590k, Urology – £12K, H&N- £38k (agreed in management board on 15th September 2021)

Resources for CIT Ops teams (via new Cancer Performance hubs)- £186k FYE (agreed and in progress)

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		
<p>The Health Board has identified £1.5million to support cancer delivery in its annual plan. This sum is recurrent in nature.</p> <p>As the full requirement against this £1.5m is being finalised there is slippage on the overall sum which can be deployed non- recurrently in 2021/22 to support the actions set out above.</p> <p>For SCP actions in delivery agreed - £68,000 previously.</p> <p>NEW request for above actions- LGI - £43k, UGI- £590k, Urology – £12K, H&N- £38k</p> <p>Resources for CIT Ops teams (via new Cancer Performance hubs)- £186k FYE</p>		
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	Appendix 1 - Action plan with top 6 tumour sites