

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 21st May 2019

Subject	Cancer Waiting Times
Supporting TEG Member	Anne Gibbs, Director of Strategy & Planning
Author	Anne Gibbs, Director of Strategy
Status¹	To note

PURPOSE OF THE REPORT

The purpose of this report is to provide an overview of key actions underway to improve cancer waiting times in particular the 31 and 62 day standards.

KEY POINTS

- Considerable work is underway across the Trust to improve cancer waiting times with a detailed action plan at tumour pathway level in place.
- Chief Executive led meetings have been held with many of the Cancer Site leads to reset expectations and develop actions. Further meetings are being arranged to discuss cross cutting themes of pathology, radiology and Weston Park services.
- The internal audit report recommendations have also been incorporated into the Trust wide plan.
- As anticipated, during Q4 we have seen some improvement in performance particularly in relation to the 62 day standard as backlog numbers have been reduced.
- New cancer waiting times guidance has been published that will change quarterly publication and for the first time breaches will be effected by the implementation of day 38 Inter Provider Transfer standards.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board is asked to note the key points of the plan.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG		
Board of Directors		

Cancer Waiting Times

1. Introduction

This paper provides an update on STHFT Cancer Waiting Times (CWT) performance. It provides analysis, by target, and explores the key reasons when performance is below the threshold. The final section provides an update on actions to promote compliant pathways and reduce overall pathway length.

Table 1 - Cancer Waiting Times Performance for Q3 2018/19 onwards

Standard	Compliance threshold %	Month 1	Month 2	Month 3	Q4 2018/19 (%)
		January 19 (%)	February 19 (%)	March 19 (%)	
Two Week Wait	93	96.0	94.3	94.9	95.1
Breast Symptomatic	93	93.9	90.9	94.0	92.9*
31 Day First Definitive Treatment	96	89.4	94.4	93.3	92.1
31 Day Subsequent Treatment Radiotherapy	94	93.8	94.5	98.6	95.5
31 Day Subsequent Treatment Anti-Cancer Drug	98	99.7	100	98.9	99.5
31 Day Subsequent Treatment Surgery	94	83.3	92.4	87.1	87.5
62 Day Standard without the Application of the National Cancer Breach Allocation Guidance (all pathways) as published	85	60.0	75.2	76.5	69.8
62 Day Standard of <i>STH only pathways</i>	85	64.5	83.0	83.7	75.9
62 Day Consultant Upgrade Standard	no operational standard	80.2	73.3	81.3	78.1
62 Day Screening	90	79.3	93.5	92.7	84.8

**Will be corrected to compliance in 19/20*

It is pleasing to note that in line with the improvement plan, we are seeing a notable improvement in the 31 day and 62 day position particularly for STH pathways during the months of Q4.

2. New Risks to Achieving the CWT Standards since February 2019 Report

1. Early February saw an increase in referrals to the Breast service, this has continued into April and May. There is also a possibility of referrals coming from outside our Cancer Alliance as many Trusts are experiencing pressures. This is being monitored. Staffing issues remain an issue in breast radiology with a number of unplanned staff absences. The team are working hard to mitigate this risk.
2. New National Cancer Waiting Times Guidance (Version 10) was published 02/04/2019 for implementation from 01/04/19. The Guidance has been reviewed and disseminated across the organisation. One to One training with all trackers is taking place. It is expected that performance in line with the updated guidance will be reported in June 2019. This will include for the first time the application of the Inter Provider Transfer at day 38 with breach allocation changing accordingly. Alongside this, further consultation is underway to reduce the number of cancer targets to three (Faster Diagnosis, 31 day and 62 day standard).
3. The National Cancer Waits System is no longer generating quarterly reports that include revisions to months 1 and 2 of the relevant quarter. Therefore the quarter position that the Trust is performance managed on will be made up from the published monthly data (Month 1 + Month 2 + Month 3). Any missed monthly treatments will no longer be included in quarterly published reports. It is therefore imperative that every effort is made to ensure there are no longer any missed treatments.

Twice a year revisions to data will be processed with quarterly reports updated via the revisions, however this will be 6 and 3 months after the quarter close.
4. In August 2018, a risk associated with the delivery of cancer waiting time standards was added to the Waiting Times Performance Overview Group Risk Register. This has been assessed as 'high risk'. A 62 Day risk has been registered on the Trust Risk Register since 2015. This has been updated to incorporate additional standards.

New Actions to Promote Compliant Pathways and Reduce Overall Pathway Length

1. A series of tumour pathway specific meetings have been held with the Cancer Site Leads, Chief Executive, Director of Strategy and Planning and Associate Medical Director for Cancer Services to explore areas for improvement. Common themes include theatre access, radiotherapy access, delays in histopathology and radiology and a lack of MDT grip on tracking the pathway. Detailed actions have been agreed with each team and incorporated into the Trust wide recovery plans. Subsequent escalation meetings have taken place with pathology, radiology and Weston Park. Training is underway with cancer trackers and MDT co-ordinators.
2. A weekly PTL Prolonged Pathway Meeting to prevent patients reaching pathways of 104+ days commenced in April 2019. The lead for this group is the Deputy Chief Operating Officer-Elective. The weekly meeting reviews all patients reaching day 90 of their pathway within the next 7 days. Learning will be shared across the organisation.
3. The second robot is now operational and two additional prostate operations are scheduled each week. A further 15 patients were transferred to Stockport to expedite treatment.

4. 360 Assurance (Internal) Audit – Final Report has been received. A number of recommendations to improve administrative processes around cancer tracking have been identified including:
 - Standard Operating Procedures to support pathway tracking.
 - Trust to assess the effectiveness of current reports issued by Cancer Management Team.
 - Review of tracking processes and capacity at Weston Park.
 - Complete the development of the Cancer PTL.
 - Produce a cancer training needs analysis and training programme for all staff involved in cancer patient pathways

All recommendations have been incorporated into the Trust wide action plan.

5. In conjunction with the IT Manager for Laboratory Medicine and the Cancer Management Team a 'Laboratory Specimen CWT Dashboard' is being developed with the aim of improving 'tracking of samples' for cancer trackers and reducing the volume of phone calls between teams to encourage efficient ways of working. Work is ongoing.
6. Monthly meetings are held with the COO's across South Yorkshire and Bassetlaw to escalate key issues.
7. Scripts are being developed for GPs to use alongside new referral forms to ensure that patients are aware of the urgency of their referral and the tests required. The CCG are supporting raising non-compliance with GPs directly.
8. RAPID pathways have been rolled out in prostate, lung and lower GI and are showing promising efficiencies in pathways. Upper GI guidance has also now been received for implementation.