

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 29th JULY 2019

Subject	Cancer Waiting Times Performance
Supporting TEG Member	Anne Gibbs, Director of Strategy and Planning
Author	Anne Gibbs, Director of Strategy and Planning
Status¹	D

PURPOSE OF THE REPORT

The purpose of this report is to provide an overview of current cancer waiting times standards and provide assurance to the Board that actions are in place to ensure performance continues to improve.

KEY POINTS

- Cancer waiting times is a key issue for the Trust and the 31 day, and 62 day standards remain challenged;
- The decline in performance during 2018/19 relates mainly to tumour pathways – Urology and Head and Neck;
- Improvement trajectories are in place for these pathways and Q1 performance shows over performance against these trajectories;
- The Cancer Executive have and continue to work closely with all tumour sites to drive continued performance improvement and help facilitate timely and efficient pathways for patients;

IMPLICATIONS²

	AIM OF THE STHFT CORPORATE STRATEGY 2012-2017	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

It is recommended that the Board take positive assurance from the actions and performance data in this report that the improvement trajectories are being delivered.

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APPROVAL PROCESS

Meeting	Date	Approved Y/N

¹ Status: A = Approval

A* = Approval & Requiring Board Approval D = Debate N = Note ² against the five aims of the STHFT Corporate Strategy 2012-2013

Q1 2019/20 Cancer Waiting Times Performance Report

1. Introduction

This paper provides an update on STHFT Cancer Waiting Times (CWT) performance to provide assurance to the Board that sufficient actions are in place to improve cancer waiting times.

To note, June and Q1 2019/20 data is unpublished and as such is subject to change during final validation.

2. Performance

Table 1 - Cancer Waiting Times Performance for Q1 2019/20

	<i>Threshold</i>	April (closed June 2019)	4th	May (closed July 2019)	3rd	Jun-19 (open)		Q1 (Sum Month 1 + Month 2 + Month 3)	
2WW	93%	93.5%	1,736	95.0%	1633	93.7%	1672	94.0%	5,041
			113		81		106		300
Breast Symptomatic	93%	85.5%	238	90.1%	253	93.3%	210	89.2%	701
			37		25		14		76
31 Day First definitive	96%	92.7%	519	93.3%	541	92.5%	464	92.8%	1524
			38		36		35		109
31 Day Subs Radiotherapy	94%	95.5%	309	95.5%	312	94.7%	303	95.2%	924
			14		14		16		44
31 Day Subs anti-cancer drug	98%	100.0%	239	99.4%	320	99.6%	246	99.6%	805
			0		2		1		3
31 Day Subs Surgery	94%	92.8%	83	92.7%	109	87.8%	131	90.7%	323
			6		8		16		30
GP 62 Day Shared	85%	72.7%	181.5	75.1%	206.5	73.8%	160	73.9%	548
			49.5		51.5		42		143
GP 62 Day STHFT only	85%	77.4%	133	76.7%	159	87.5%	96	79.6%	388
			30		37		12		79
Screening Shared	90%	100.0%	18	87.0%	11.5	87.5%	20	91.9%	49.5
			0		1.5		2.5		4
Screening STHFT only	90%	100.0%	17	90.0%	10	89.5%	19	93.5%	46
			0		1		2		3

- 2 Week Wait (2WW) compliance remains strong.
- The 2 Week Wait breast symptomatic had a challenging quarter due to unplanned staffing issues in breast radiology. As reported previously to Board, the team have managed the pressures extremely well and have returned to compliance in June 2019, narrowly missing the target for the quarter.

- Screening standards are compliant.

The two areas of key pressure remain the 31 and 62 day standards. A performance improvement trajectory for the two main tumour pathways impacting on our delivery of these standards is included in Appendix 1.

3. The 31 day standards

In relation to the 31 day target the un-validated position for June shows a position of 92.5% against the 96% target and a Quarter 1 position of 92.8%. Over 70% of the breaches of this standard relate to urology as a planned clearance of the waiting list for prostate surgery is underway. Urology is ahead of their planned improvement in June with 76% of patients being seen within the waiting time standard. We remain confident that the 31 day standard will be delivered by the end of Quarter 2 in line with our improvement trajectory.

A further 25% of the breaches relate to the head and neck pathway which is extremely complex. Performance for Quarter 1 is 75.8%. The team have committed to further improvement during 2019/20 which demonstrates continued improvement in this pathway whilst recognising that patient choice remains a key factor impacting on compliance as patients make life changing decisions on the most appropriate care pathway.

4. The 62 day standards

In relation to the 62 day standard, un-validated results for June 2019 shows a return to compliance against the 85% standard for Sheffield only pathways but a performance of 73.9% for shared pathways illustrating that overall performance is heavily dependent on the performance of our partner organisations.

Recent performance at our partner DGHs for shared pathways also illustrate a low performance as expected. Compliance with day 38 Inter Provider Transfers remains low ranging from 47% to 66%. Similar to the 31 day standard, major pathways breaching these targets are urology (47% of breaches) and head and neck (15% of breaches). However both are tracking ahead of their improvement trajectories agreed with the Cancer Executive.

Urology is expected to achieve compliance by Quarter 3 and head and neck by the end of Quarter 4. The Trust continues to work closely with the South Yorkshire Bassetlaw North Derbyshire and Cancer Alliance to drive further pathway improvement. An action plan is also provided monthly to the Waiting Times Performance Oversight Group to provide tumour site level detail on actions being progressed to secure performance improvement.

5. Tumour Pathway Action plans

Key actions by main specialities breaching the 31 and 62 day targets include:

- **Urology** is breaching both the 31 and 62 day targets. In addition to the robotic theatre wait list reduction which has impacted positively on the 31 day and 62 day target (the waiting list has reduced from 97 in January 2019 to 26 in July 2019), the urology team have implemented the RAPID pathway and follow ups are now arranged at the time of the new appointment. Delays in the pathway have been further reduced through weekly PTL meetings. Parallel clinics have also been established at the Royal Hallamshire site to enable patients to see an oncologist and urologist on the same day.
- **Head and Neck** is breaching both the 31 and 62 day targets. For STH only pathways a significant number of improvements have been implemented to the diagnostic pathways, including CT/MRI's reports within 3 days and a one-stop clinic for ultrasound guided biopsy. Further work is on-going with Histopathology and Barium Swallow testing to align turnaround times to clinics and the MDT. Across ENT the gaps between new and follow up appointments have been reduced by a week, meaning that the length of time from referral to MDT discussion is being reduced by

up to 11 days. Ring-fenced capacity for dental assessment and treatment prior to radiotherapy/chemotherapy has been identified to remove any unnecessary delay. This is closely monitored by the lead clinician with a weekly PTL meeting and review of pathways. A joint weekly OMFS/ENT theatre planning meeting is held post MDT to schedule theatre dates within a three week period. If there is insufficient capacity it is escalated to the Operations Director. Currently two extended theatre sessions from 8am to 10pm are scheduled each week. For shared care pathways the lead clinician and MDT lead have visited all other DGH sites to explore ways they can support improvements of their diagnostic pathways. Further funding has been secured to recruit a dental nurse co-ordinator and a pathway navigator.

- **Upper GI** is breaching the 62 day target. The team are currently implementing the national RAPID pathway process introduced in May 2019 supported by a weekly PTL meeting as well as working with Weston Park to secure a team based approach to reduce waiting times. Compliance is expected from November 2019. A project manager is being mobilised to support this work alongside a pathway navigator.
- **Lower GI** is breaching the 62 day target. The introduction of the RAPID pathway is illustrating marked improvement at the beginning of the pathway and clinicians have worked extensively with GPs to improve referrals. Similarly to upper GI, the Weston park team are moving to a team based approach. Compliance is expected in November 2019.

6. Conclusions

The Cancer Executive continues to work with clinical teams to drive further improvement in cancer waiting times to support optimal patient pathways. Pathways are complex and the issues multi-faceted including growing demand, multiple treatment pathways, patient choice and co-ordination across a significant number of departments. However, the clinical teams are committed to continuing to improve performance and the data indicates that improvement is being realised.

