

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 25th JUNE 2019

Subject	Outline changes to the Cancer Waiting Time Standards version 10.
Supporting TEG Member	Anne Gibbs, Director of Strategy and Planning
Author	Anne Gibbs, Director of Strategy and Planning
Status¹	N

PURPOSE OF THE REPORT

2nd April 2019 saw the publication of National Cancer Waiting Times Monitoring Dataset Guidance Version 10.0. The standards came into effect from the 1st April 2019. This paper provides a short summary of the key changes and provides assurance to the Board that the new guidance has been embedded in the organisation.

KEY POINTS

The Board is asked to note

- The key changes in the policy in particular the Inter Provider Transfer breach allocation guidance;
- The guidance has been disseminated widely in the organisation and training provided to cancer trackers;
- Further changes on cancer standards may come into effect in April 2020 subject to ongoing national consideration.

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 note this report.

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

Sheffield Teaching Hospital NHS Foundation Trust

National Cancer Waiting Times Monitoring Dataset Guidance Version 10.0, April 2019

2nd April 2019 saw the publication of National Cancer Waiting Times Monitoring Dataset Guidance Version 10.0. The standards came into effect from the 1st April 2019. This paper provides a short summary of the key changes and provides assurance to the Board that the new guidance has been embedded in the organisation.

In the main, most changes from Version 9.0 are minimal; however there are some key alterations. The guidance:

- Provides detail on how to record Faster Diagnosis Standard data items (a new standard running in shadow form this year), such as when the clock should stop in different situations, and when to record a communication of diagnosis;
- Modernises the guidance on which treatments should stop the clock on time-to-treatment pathways, including some treatments for bowel and liver cancers;
- Aligns with the best practice timed pathways (published for lung, prostate and colorectal cancers last year and for oesophageal cancer this year);
- Clarifies how referrals made on the new e-Referral Service should be managed in the CWT system;
- Provides more detail on recording data in different inter-provider transfer scenarios and the implementation of revised 62 breach reallocation rules;

The change with the most impact for the trust is the implementation of the new 62 breach reallocation and Faster Diagnosis Standard. For the purpose of dissemination in the organisation the 100 page guidance document was summarised to 8 pages recording all key changes.

1. 62 breach reallocation guidance

From April 2019, Cancer Waiting Times performance for 62 day pathways is now reflected with the application of the National Breach Allocation Guidance. This moves away from the traditional 50/50 shared pathway breach allocation process, to a more complex process based on an Inter Provider Transfer (IPT) date of day 38 in the 62 day pathway.

This allows the DGH up to 30 days to investigate a patient ahead of a referral to STH for ongoing management including surgery, radiotherapy and chemotherapy. An investigative pathway of 38 days allows 24 days for STH to agree a treatment plan with the patient and commence this in order to meet the 62 day target.

The allocation of the pathway is formulated based on the date of the IPT from the DGH, and the length of STH treatment period. It is therefore imperative across the Cancer Alliance that patients are referred onwards as required to STH within the day 38 guidance (or indeed earlier where practicable) and that in turn STH identifies appropriate capacity to commence treatment of these patients within 24 days of IPT transfer. The breach allocation rules are as follows.

Table 1 –62 day breach reallocation rules

Scenario	Compliant Pathway	Pathway length		STH Pathway Allocation*	Summary
		DGH Investigation	STH Treatment		
1	Y	<38	<24	0.5 / 0.5	DGH investigation period less than 38 days; STH treatment period less than 24 days. Shared positive pathway.
2	Y	<38	>24	0.5 / 0.5	DGH investigation less than 38 days; STH treatment more than 24 days. Shared positive pathway.
3	Y	>38	<24	1 / 1	DGH investigation more than 38 days; STH treatment less than 24 days. One whole positive pathway to STH. No recordable activity for investigating DGH.
4	N	<38	>24	0 / 1	BREACH. DGH investigations less than 38 days; STH treatment more than 24 days. One whole breach pathway to STH. No recordable activity for investigating DGH.
5	N	>38	<24	0 / 0	BREACH. DGH investigations more than 38 days; STH treatment less than 24 days. One whole breach pathway to investigating DGH. No recordable activity for STH.
6	N	>38	>24	0 / 0.5	BREACH. DGH investigations more than 38 days; STH treatment more than 24 days. Shared breach pathway.

* Compliant Pathway / Total Pathway

April 2019 data shows that Barnsley Hospital NHS FT, Chesterfield Royal Hospital NHS FT and The Rotherham NHS FT referred over half of their patients within 38 days. However Doncaster & Bassetlaw Hospitals NHS FT referred less than one third of their patients by day 38. This is clearly an area of focus for the Cancer Alliance.

Table 2: IPT day 38 compliance by trust (South Yorkshire, Bassetlaw & North Derbyshire) April 2019

	Total Referrals	Referrals by day 38	% of referrals by day 38
Barnsley Hospital NHS FT	16	9	56.2%
Chesterfield Royal Hospital NHS FT	38	23	60.5%
Doncaster & Bassetlaw Hospitals NHS FT	19	6	31.6%
The Rotherham NHS FT	19	13	64.4%

Table 3 below shows how this impacts on current performance, as well as providing a comparison of the new allocation rules against the former 50/50 allocation rule. This is to illustrate the implications of the change and how it will impact STH performance.

Table 3: 62 performance comparison of current performance against former 50/50 allocation rule

	National Breach Allocation Guidance 2019			Traditional 50/50 allocation rule		
	Accountable Treated	Accountable Breached	%	Treated	Breached	%
STH only	133	30	77.4%	133	30	77.4%
Barnsley Hospital NHS FT	9	3	66.7%	8	3	62.5%
Chesterfield Royal Hospital NHS FT	20.5	7	65.9%	19	7	63.2%
Doncaster & Bassetlaw Hospitals NHS FT	8	4	50%	9.5	6	36.8%

The Rotherham NHS FT	9.5	4	57.9%	9.5	4	57.9%
Other Trusts	1.5	1.5	0%	1.5	1.5	0%
Overall performance	181.5	49.5	72.7%	180.5	51.5	71.5%

3. Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is a new policy in which patients should have cancer ruled out or diagnosed within 28 days of referral. In time it is likely to replace the 2 week wait standard. From April 2019 it became mandatory to collect and upload FDS dataset to NHS Digital. From April 2020 the trust will be performance managed on FDS (threshold to be confirmed January 2020 based on the evaluation of the FDS test sites and with expert clinical input) and is currently being shadow monitored.

4. Further potential changes to waiting time standards

In March 2019, the Medical Director of NHS England released an interim report to consider a number of further changes to waiting time standards. These still require further consideration and evaluation nationally. The report recommends that the Cancer Waiting Times standards should be simplified, to focus on three rather than 9 measures:

1. **Faster Diagnosis Standard:** Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis, including: patients referred urgently by their GP, those referred with breast symptoms, and those referred from NHS cancer screening.
2. **Maximum two-month (62-day) wait to first treatment** from urgent GP referral (including for breast symptoms) and NHS cancer screening. Brings together three existing urgent referral routes into one simplified standard.
3. **Maximum one-month (31-day) wait from decision to treat to any cancer treatment** for all cancer patients. Brings together four existing treatment standards into one simplified standard.

Should these changes come to fruition performance for STH would be as shown in table 5. It is not yet known what the performance targets may be.

Table 5: Q1 2019/20 to date

Standard	Accountable Treatments	Accountable Breaches	% Compliant
Faster Diagnosis	3024	728	75.9%
31 day from decision to treat	2,517	124	95.1%
62 day from referral	418	109	73.9%

**includes 31 day first definitive & subsequent radiotherapy, chemotherapy & surgery*

***includes 62 day, Screening & Breast Symptomatic referrals*

5. Conclusion

Version 10 of the national waiting times guidance incorporates many minor and some major changes to reporting waiting times performance. The technical detail has been shared extensively across the organisation, with training provided to trackers to implement. Key is

the introduction of the day 38 rule on Inter Provider Transfer rule. This clearly demonstrates further work is required in South Yorkshire and Bassetlaw to achieve compliance. The Cancer Executive will continue to work proactively with the South Yorkshire and Bassetlaw Cancer Alliance Board to ensure that the current standards are fully embedded and proactively managed across the Network as well as working with the national teams on the formulation of proposed new standards for 2020.