

APPENDIX 1

1. SITUATION/BACKGROUND

1.1 Introduction

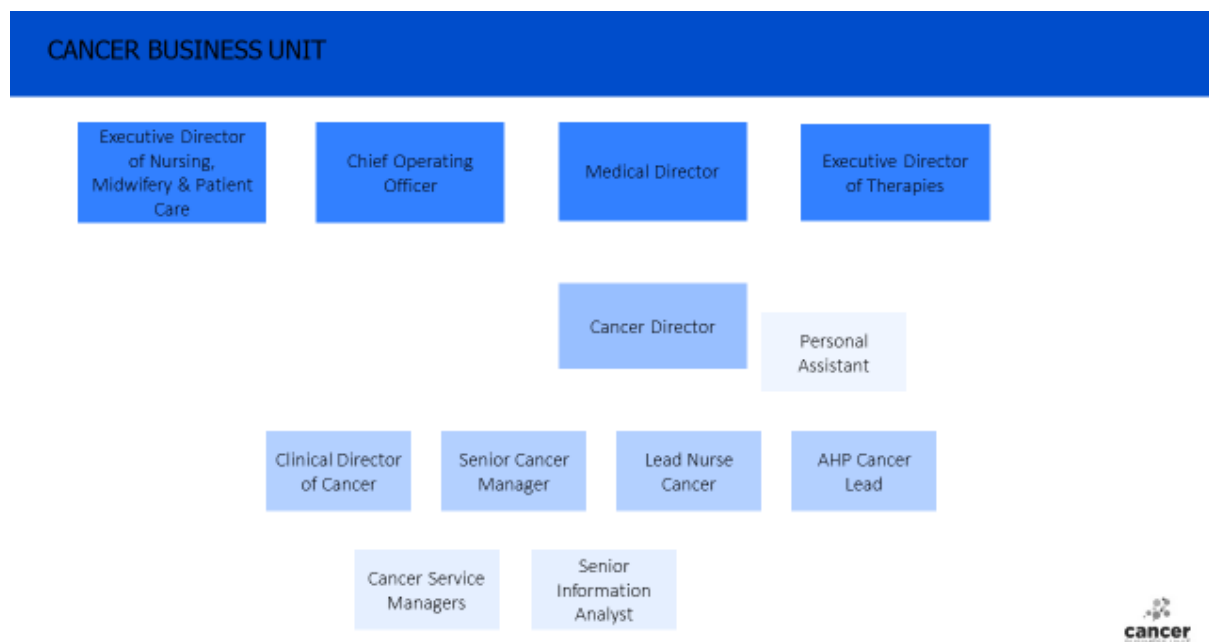
Historically, cancer performance has been a challenge for CTM UHB but inevitably has been amplified consequent to COVID-19 over the last 12 month period. This report provides an update on developments, performance, quality assurance, governance and innovation and improvement.

1.2 Cancer Business Unit / Structure

The initiation of the CBU has been successful in gaining investment in medical leadership, informatics expertise, cancer management and administration. This development has been fundamental in providing strategic leadership, corporate governance and oversight of cancer services, whilst giving assurance to both the health board and external stake-holders.

Relationships between the ILG's and the CBU have been strengthened. Support and development in the quality assurance framework is constant, with proactive engagement between both parties proving beneficial in supporting both the performance and governance structure.

The current structure.



1.3 Performance

1.3.1 COVID-19

Cancer services within CTMUHB have been significantly affected due to the pandemic. This is the same across Wales as a whole. Suspected cancer referrals have reduced by 12% and cancer treatments throughout the pandemic in almost all specialties have been altered or delayed. Consequently, it is predicted that the impact of COVID-19 collectively, is likely to have an impact on cancer survival, as well as adding to the growing backlog of our already stretched services.

Foreseeing that the latent demand will present, in addition to the increased numbers of patients that are anticipated to present, with cancer at a later stage, it has been identified via national discussions that cancer services post COVID-19 will need to run over their previous capacity (c.120%) for at least the next 2 years, if not longer. This will need to be considered in the health board's cancer recovery plans.

Concerns have been raised regarding the current SLA CTMUHB have with SBUHB. It is believed that since COVID-19 SLA services have been impacted which has resulted in the quality of patient's care potentially being compromised.

1.3.2 Single Cancer Pathway

On the 1 December 2020, the SCP was initiated, and superseded the USC and nUSC CWT target.

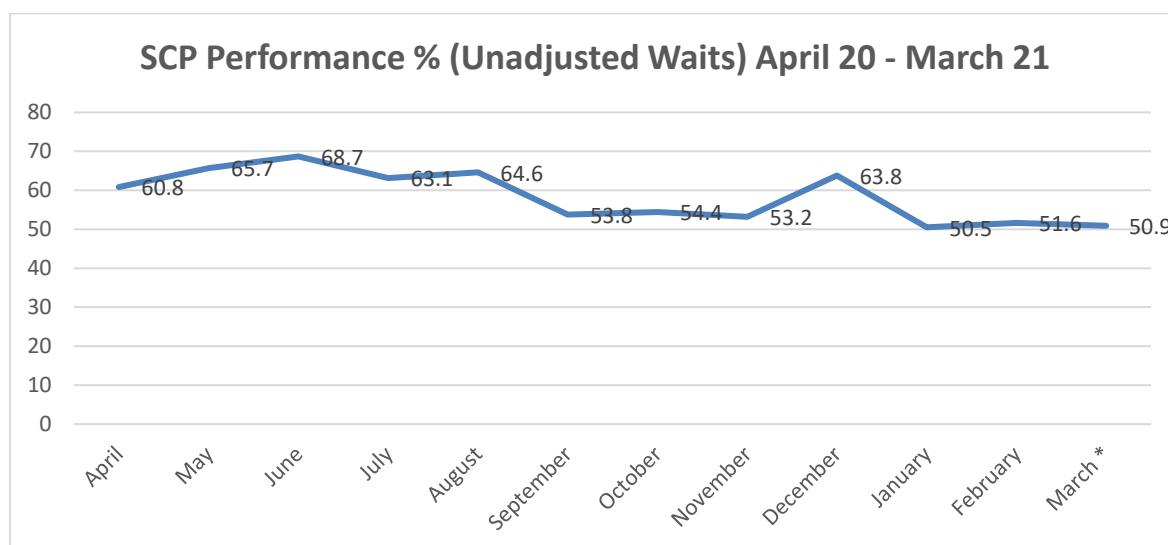
This major change to the management of suspected cancer patients principally was developed to reduce overall waiting times, facilitate early cancer diagnosis, improve patient experience and provide a vehicle by which improvements in service delivery are continually driven. They reflect prudent health principles with the aim being, that all patients are managed and treated at both the earliest and clinically appropriate time.

The SCP measures CWT's from the point of suspicion until treatment for all patients, with the intention that no patient should wait longer than 62 days. Reporting is against all unadjusted waits meaning that no suspensions or adjustments can be added to the patient's pathway.

The cancer performance target currently is 75%. It will then increase to 80% from April 2022 – March 2023 and 85% from April 2023 onwards.

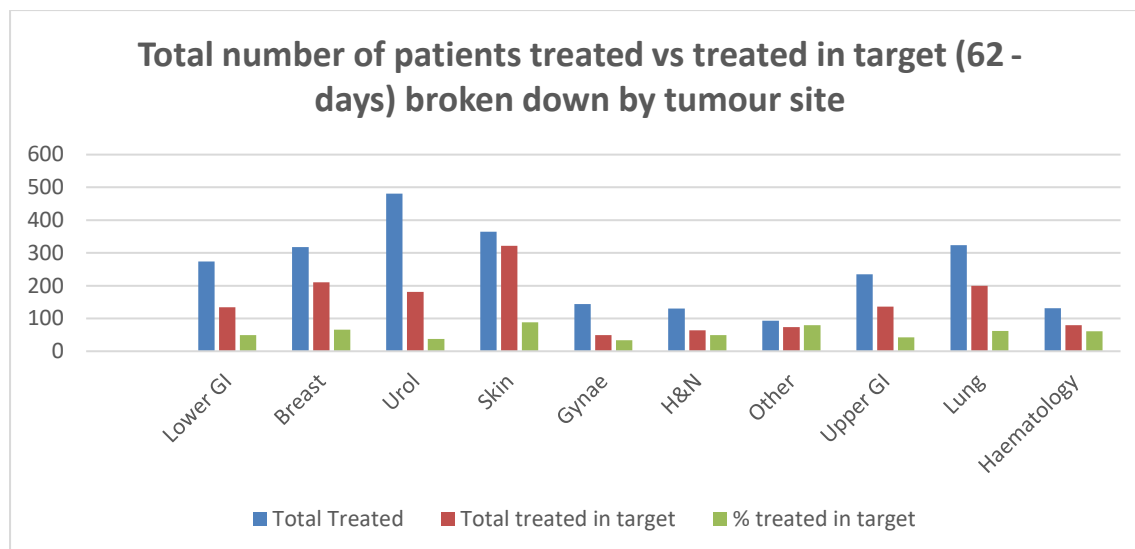
1.3.3 Cancer performance

Chart 1



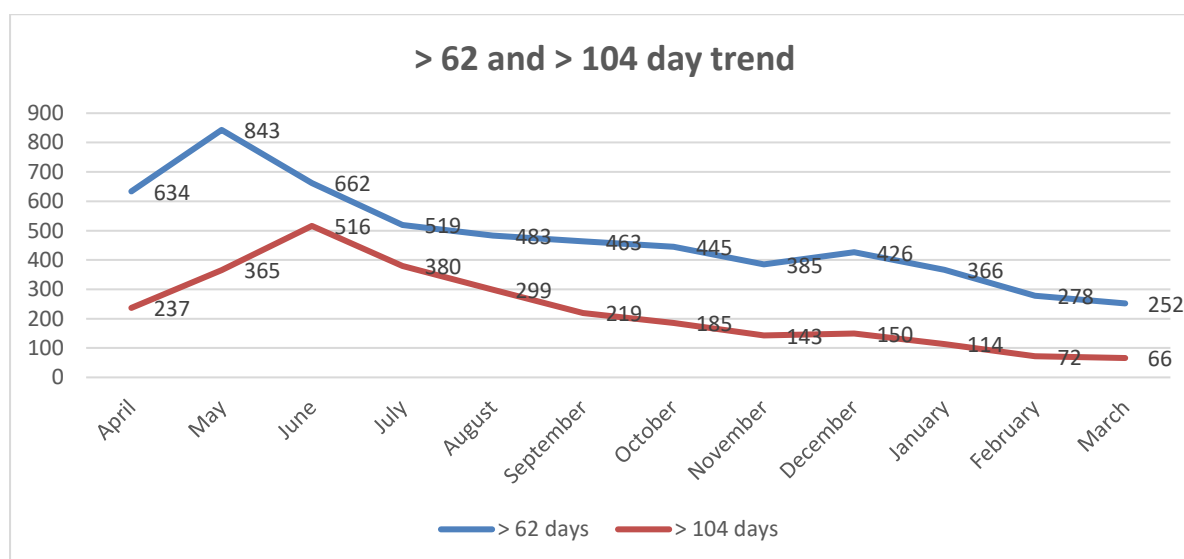
CTM has not achieved the SCP cancer performance target in any month over the last 12 month period. With exception of a peak in December 2020, there has been a persistent reduction since September 2020. Undoubtedly, this is largely in part, and reflective of the impact to services consequent to COVID-19.

Chart 2



There are no tumour sites that have been fully compliant with the 62 day CWT target over the last year, although as illustrated the degree varies somewhat. The biggest challenge for the organisation lies within Urology, Gynaecology, lower and upper GI tumour sites that are all heavily dependent upon diagnostics.

Chart 3



Fundamental to improving cancer performance is backlog clearance. Consequently, the health board has focused on this, and as illustrated in chart 3 significant improvements have been made, with the current position for both the 62 and 104 day position being the best ever on record.

1.3.4 Cancer Recovery

Consequent to the impact of COVID-19, cancer recovery plans have been developed and initiated for each of the ILG's with predicted performance against the 75% SCP CWT target by end of Q1.

1.4 Quality Assurance of Cancer

1.4.1 Embedding Cancer quality assurance within the new structures

The cancer business unit has been working with the ILG's to ensure that information relating to cancer quality assurance is shared within the ILG, between the ILGs and across the Health Board (HB). This is being supported by the

production of reporting templates and the sharing of this information within the ILG Quality and Safety meeting, Cancer Steering Group, Cancer Programme Board and the HB Quality & Safety Committee.

1.4.2 Cancer harm reviews

In Q4 of 2019 it was decided that the HB would commence a pilot of cancer harm reviews. These reviews will be crucial in understanding the causes of delays in patient pathways. This understanding will allow services to reduce these delays, treating patients more quickly. Any unnecessary delay for patients, at this distressing time, is unacceptable.

A harm review is undertaken when a patient with a confirmed cancer diagnosis receives their first definitive treatment after 104 days from referral. It ensures there is a pathway review in accordance with the cancer standards relevant to their cancer pathway.

This process is currently embedding within the ILGs and to date there have been 170 patients who have exceeded the 104 days. Ninety two of these cases have been reviewed, with all of them being a no or low harm, except one. This has been followed up via the serious incident pathway by the relevant ILG. As a result of changes to reporting and the delays resulting from the pandemic the number of reviews are increasing monthly. The aim is to be able to bring the completed reviews to the following months harm review panel. However, this will take several months to achieve and some extra panels.

Harm reviews by specialty for the HB

Total of 170 harm reviews with 114 in Urology, 18 Gynae, 17 Colorectal and the remaining specialties have smaller numbers (Breast, Haematology, Lung, Upper GI, Head and Neck, Neuro and CUP).

Urology continue to have the largest number of patients on a pathway of over 104 days. This is an ongoing issue, which pre-dates the pandemic, but the situation has been worsened by COVID-19.

1.4.3 Peer reviews

There have been three peer reviews undertaken since the last cancer report (Teenage and young adult services July 2019, Lung cancer November 2019, Systemic anti-cancer treatment February 2020). The responsibility for completing the actions from these sit with the MDT and the ILG service group manager. The actions are reviewed at the regular MDT business meetings between peer reviews and is being added to the risk register. Monitoring of this will be conducted through the new quality assurance framework for cancer being developed by the CBU.

1.4.4 Patient experience surveys

The National cancer patient experience survey was last undertaken in 2016 and is due to be repeated this year. Until recently the Multi-disciplinary teams were undertaking their own local patient experience surveys, to provide up to date feedback on the pathways. Unfortunately this was based on 'Survey Monkey' so had to stop as a result of the All Wales decision to cease using this. The launch of the new Civica system will allow this work to recommence.

1.5 Governance steps taken as a result of COVID-19

1.5.1 Quality Impact Assessment

A series of Quality Impact Assessments have been undertaken for cancer as a whole and for each individual MDTs. The risk scores ranged from 6 to 20 and reflect the amount of challenges a particular team faced as a result of COVID-19. The impact on diagnostics and provision of complex surgery proved to be most

impactful. The relevant service group managers were made aware of specific challenges. The organisational cancer risk score was increased to reflect these findings.

The table below summarizes the risk score for each cancer site:

High 20	Colorectal	Upper GI		
Medium 16	Head and Neck	Lung	Urology	
Low range from 6-12	Dermatology	Gynaecology	Hematology	Breast

1.5.2 Health Care Acquired Infection paper

The treatment of cancer patients has remained a priority throughout the duration of the COVID-19 pandemic. It is important for CTMUHB to be confident that whilst treating these patients we are not exposing them to any unnecessary risk of contracting COVID-19. A scoping exercise was undertaken to look at whether any cancer patients had contracted COVID-19 as a result of attending for treatment.

Three different methods were used to identify this group. Treatment was taken to mean attending a healthcare setting for active treatment, for example surgery, radiotherapy or Systemic anti-cancer treatment (SACT).

A very small number of cancer patients have contracted COVID-19 as a result of their admission. Only one of these had attended for active treatment and this case is being dealt with appropriately by the ILG. This case predated the implementation of green pathways.

There were a small number patients who were admitted with end of life symptoms who contracted COVID-19 and potentially died sooner as a result. Further work is underway within the ILGs and nationally to investigate and consider these issues. The cancer patients discussed here are a small subset of a larger group of patients for whom this is the case.

1.6 Improvement and Innovation

Whilst survival rates improved prior to Coronavirus pandemic, there will be an adverse impact on outcomes due to the challenges of delivering services and engaging our population during this period. The SCP will enable us to tackle variation, improve outcomes and deliver better experience for patients.

Ongoing work streams and projects to support our SCP improvement include:

- Significant reduction in the numbers of patients waiting >104 days as a result of targeted intervention.
- Approval of the business case to establish the Cancer Business Unit in February 2021.
- Establishment of the quality assurance mechanisms for managing cancer across CTMUHB via the cancer steering group, this forum includes addressing the recommendations made by the Delivery Unit in their review of our cancer services.
- To procure and deploy a reporting module to the Systemic Anti-Cancer Therapy electronic prescribing solution for South East Wales
- Radiology work stream which has trained 4 radiographers to hot report Chest X-Rays and refer onward for a same day CT if required.
- TIC-TOC is a new national study that involves a public campaign to raise awareness of vague cancer symptoms and support people to seek advice

from their GP with these symptoms, with the aim to improve cancer outcomes and utilize community based assets to support us.

- A pilot targeting bowel screening non-responders through GP endorsed letters followed by a phone call across Merthyr and South Cynon clusters increased uptake by 25% and 27% respectively. This positive outcome has led to funding being sought for a central programme for letters to be sent to all non-responders nationally. Pontypridd High School delivered its second programme of Bowel Cancer awareness to students, educating children in the signs and symptoms of bowel cancer and encouraging parents/carers to take part in screening. The school have now engaged all secondary schools in Taf Ely to take part over the next year.
- Preparation for the roll out of the Faecal Immunochemical Test (FIT) across primary care and in secondary care supporting in the early identification of patients at high risk of bowel cancer.
- Purchase of Endobronchial Ultrasound (EBUS) equipment and training for CTMUHB staff to set up and deliver this service locally.
- Procurement of a channel scope to assist with undertaking biopsies on patients with a head and neck cancer; reducing the number of general anaesthetic procedures required.
- Re-establishment of the head and neck cancer detox programme. Suitable patients are identified ahead of surgery and engaged in the programme; reducing length of stay and optimizing outcomes.
- Development of the Qlik Sense cancer app to align to the new SCP reporting and the introduction of a range of new tools.
- Successful social media and engagement campaigns which addressed cancer patients not presenting with signs and symptoms and attending planned appointments.
- New information centre at Royal Glamorgan Hospital (RGH) funded by Macmillan Cancer Support which will support us to provide relevant information to cancer patients and their families.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Committee are asked to note the annual report.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 To note the above report

3.2 To note the areas needing focus:

- i) Need to develop a cancer strategy and implementation plan for cancer services across CTM UHB
- ii) Need to develop a quality assurance framework for cancer services.
- iii) The ability to achieve the new SCP CWT performance measure is reliant on the ILG cancer recovery plans.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
	Governance, Leadership and Accountability

Related Health and Care standard(s)	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	N/A
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Additional funding will be required to meet current cancer waiting time performance target
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATIONS

- The directorate of strategy oversee the development of a cancer strategy for CTMUHB and subsequent implementation plan.
- The Macmillan lead nurse for cancer along with the clinical leadership team for cancer develop a quality assurance framework for cancer across CTMUHB.
- Implementation of the ILG cancer recovery plans via partnership with the CBU and ILG directors and progress against this via the performance management framework reporting to management board.