



AGENDA ITEM

6.3.2

QUALITY & SAFETY COMMITTEE

ANNUAL CANCER REPORT

Date of meeting	24/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Paula Goode, Cancer Services Director Keryn Jones – Senior Cancer Manager Dawn Casey – Macmillan Lead Cancer Nurse
Presented by	Dom Hurford, Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

CTUHB – Cwm Taf Morgannwg University Health Board
CBU - Cancer Business Unit
SCP – Single Cancer Pathway
CWT – Cancer Waiting Times
ILG – Integrated Locality Group
PTR – Putting things right

1. SITUATION/BACKGROUND

1.1 This report provides an annual update on cancer services across CTMUHB.

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

- 2.1 Impact of non-compliance with the suspected cancer waiting time measure.
- 2.2 Partial Peer Review Compliance

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

- 3.1 Continued failure to meet the suspected cancer waiting time performance measure – 75%
- 3.2 Peer review compliance
- 3.3 Patients breaching the 104 day harm threshold
- 3.4 Patient Experience

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience Implications	Yes (Please see detail below)
	Failure to meet peer review compliance and national waiting time targets. Unable to meet patient expectations.
Related Health and Care Standard(s)	Timely Care
	All apply.
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 new, changed or withdrawn policies and services.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. RECOMMENDATION

For noting and consideration of the contents of this report.



Annual Cancer Report 2021/2022

1.0 Introduction

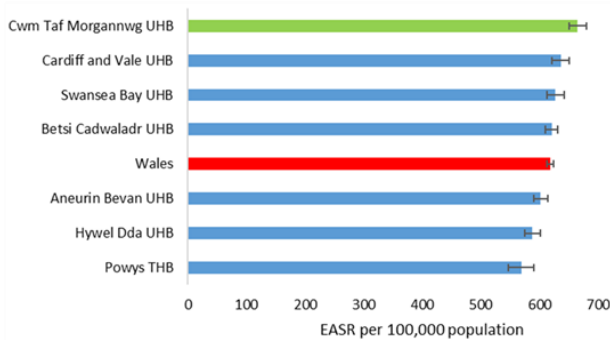
Cancer services have been particularly hard hit by the impact of the pandemic along with the challenges of the operating framework embedded two years ago. A high level working strategic document was created by the newly formed Cancer Business Unit and Public Health team, which summarises a current strategic work plan (Appendix 1 – available on request).

This annual report provides a high level view of challenges and progress made during this period, in Appendix 2 (available on request) a national comparison can be found of cancer performance across Wales broken down by tumour site groups.

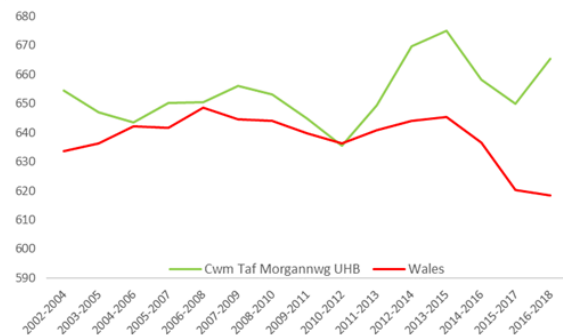
2.0 Cancer landscape across CTMUHB

2.1 Cancer incidence

Cancer incidence rates with 95% confidence intervals – All malignancies excluding NMSC, Persons, 2016-2018



Cancer incidence trends in Cwm Taf Morgannwg for all malignancies excluding NMSC, Persons, 2002-2018



More people are surviving cancer than ever before. We can save lives by detecting cancers earlier and starting treatment fast. We also know that even small lifestyle changes can lower the risk of getting cancer. One in every two people in Wales will be told they have cancer at some point in their lives. Each year 2,800 people across CTMUHB are diagnosed with cancer. Cancer incidence has increased overall in our area whilst the rate for Wales has been decreasing since 2015. Cancer has become the single biggest cause of premature death in Wales, and in the next 15 years it is predicted there will be more deaths from cancer in those under 75 than those from cardiovascular, respiratory and liver deaths combined. Over a third of cancers are preventable, which means up to 1,120 of the 2,800 cancers diagnosed in CTM each year could be avoided. Most cancers are treatable if they can be identified at an earlier stage of disease; in some cases we can even monitor patients who are at increased risk of getting cancer ensuring early signs of cancer are dealt with quickly. Preventing cancers will require us to encourage our population to make healthy and sustainable lifestyle changes. It is also crucial that we ensure our patients are as fit as possible ahead of cancer treatment to improve their performance status and ultimately their outcomes.

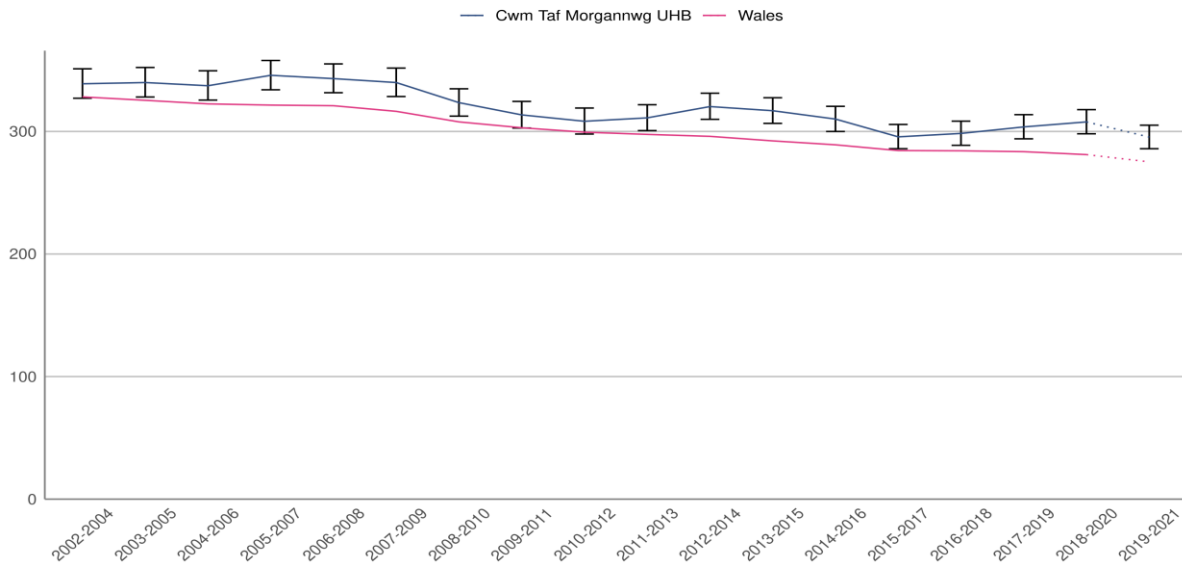


2.2 Cancer Mortality

Cancer mortality, all malignancies excluding nmesc, European age-standardised rate per 100,000, persons, all ages, Wales and Cwm Taf Morgannwg UHB, 2002-2004 to 2019-2021*

Produced by Public Health Wales Observatory and Cancer Analysis Team, using PHM & MYE (ONS)

— 95% confidence interval



*Data extracted March 2022: data for 2021 is susceptible to lags and 2020 mid-year population estimates were used as a proxy, please interpret with caution.

Over the last twenty years the overall cancer mortality rate has showed an encouraging continued decline of around 16% in Wales. This is largely attributed to a decrease in the rates amongst the four most common cancer types: lung, colorectal, female breast and prostate. CTM trend has been relatively comparable with all Wales, however, from 2016 onwards the mortality gap has widened.

Cancer mortality, all malignancies excluding nmesc, European age-standardised rate per 100,000, persons, all ages, Wales by health board, 2021*

Produced by Public Health Wales Observatory and Cancer Analysis Team, using PHM & MYE (ONS)

— 95% confidence interval



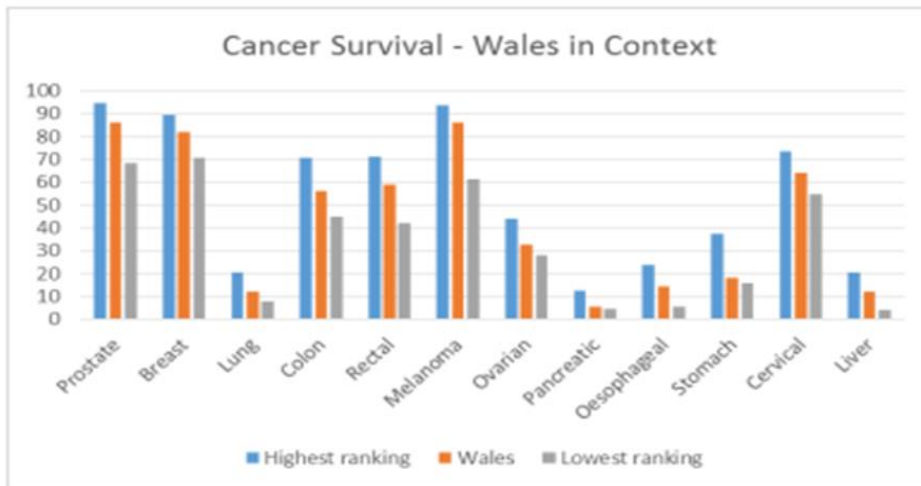
*Data extracted March 2022: data for 2021 is susceptible to lags and 2020 mid-year population estimates were used as a proxy, please interpret with caution.

In 2021, CTM UHB had the 2nd highest mortality rate when compared to other acute Health Boards in Wales, with Merthyr Tydfil local authority having a mortality rate 35% higher than the lowest rate in Monmouthshire.



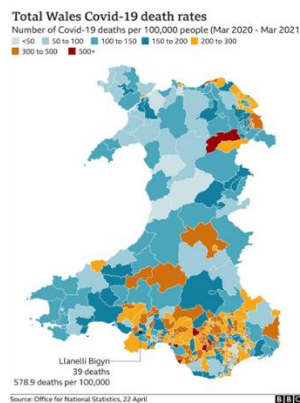
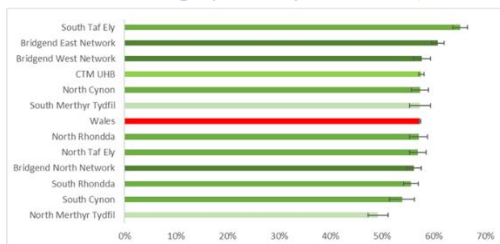
Socioeconomic, cultural and environmental factors are fundamental reasons for the geographical cancer mortality rates.

2.3 Cancer Survival



Cancer survival in Wales has been improving over time, but is lower than comparable health systems in other developed countries. Residents in CTMUHB typically have poorer survival outcomes than the wider Welsh population. Often being the lowest ranking health board in Wales. Five year survival in the most deprived areas is significantly lower than in the least deprived areas.

Bowel cancer screening uptake by GP cluster, 2018-19



Disadvantaged groups often delay presentation, experience geographical and economic barriers to care and participate less in screening programmes, resulting in more late diagnoses and marked differences in cancer outcomes

CTMUHB experiences inequalities across a broad spectrum of areas, most recently seen during the COVID-19 pandemic in the number of deaths across our health board. This puts us at a greater challenge as more of our population experience co-morbidities, shorter average health life and life expectancy. Cancer inequalities are evident across our population living in economically deprived areas; incidence is 20% higher, chance of survival at 5 years 28% lower and mortality rates 50% higher compared to our least deprived communities. Uptake of cancer screening also varies by GP cluster.

3.0 Performance

3.1 Covid - 19

Cancer services at CTMUHB continue to be challenged by the 3rd wave and ongoing impact of Covid-19; particularly the ability to sustain timely access to diagnostic and green pathways.

Referrals have increased by 26% over the last 12-month period compared to the previous 12 months, with all tumour sites (with the exception of urology) experiencing referral volumes back to, or above pre Covid levels. This position is mirrored throughout all acute health boards in Wales.

[Referrals Generated]

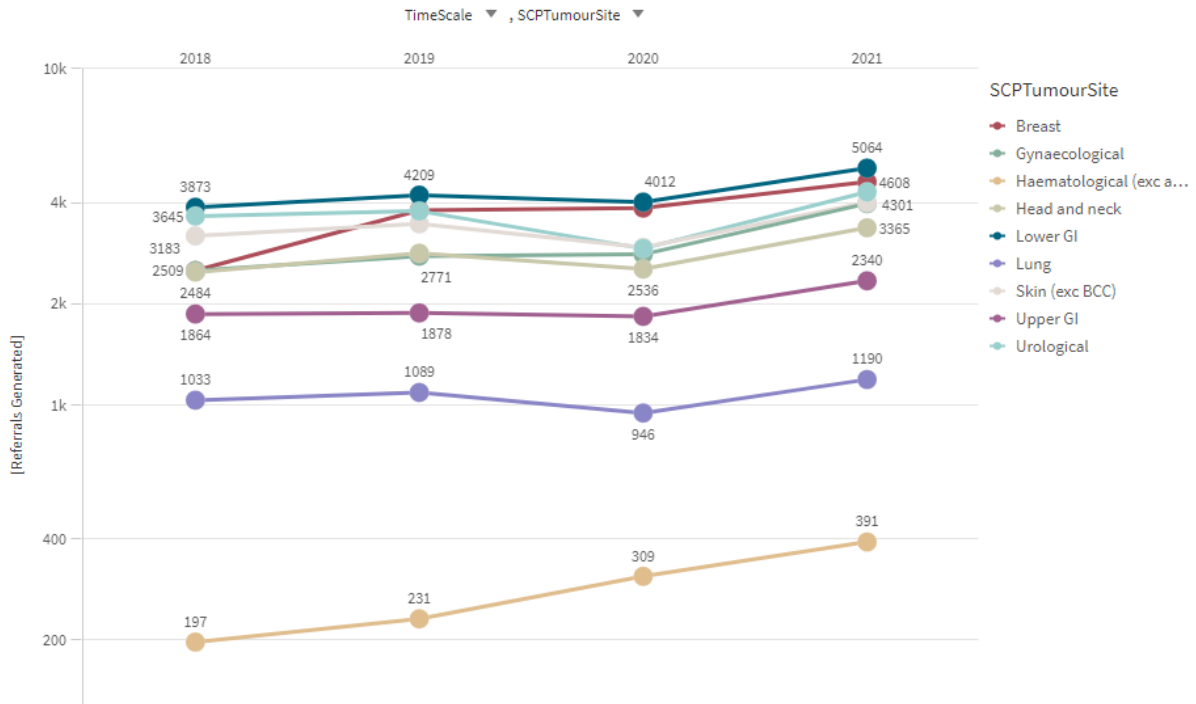


Chart 1

3.2 Suspected Cancer Pathway (SCP)

The SCP superseded the Urgent Suspected Cancer (USC) and Non-Urgent Suspected Cancer (nUSC) cancer waiting time target (CWT) on Feb 1st 2021. Performance dropped following its introduction, which is reflective of all patients' pathways now being recorded from point of suspicion (POS), with no suspensions or adjustments.

It was widely acknowledged nationally that the new SCP would generate a 20% increased demand on diagnostic services in order to meet the new pathway target (75%).

CTMUHB also carried a higher than national average nUSC rate (60% versus 40%), meaning that 20% more of our patients were reported at the point of diagnosis than other Health Boards (HB) rather than at time of referral. This is likely to have had an added pressure on time critical cancer diagnostic capacity over and above the anticipated 20% assumption of the new pathway.

We can confirm that the current ratio of referrals via GP is now recalibrated to 60% in line with other HB's.

3.3 Cancer Performance

The current CWT target is 75% (unconfirmed when this is likely to reach 85% as planned).

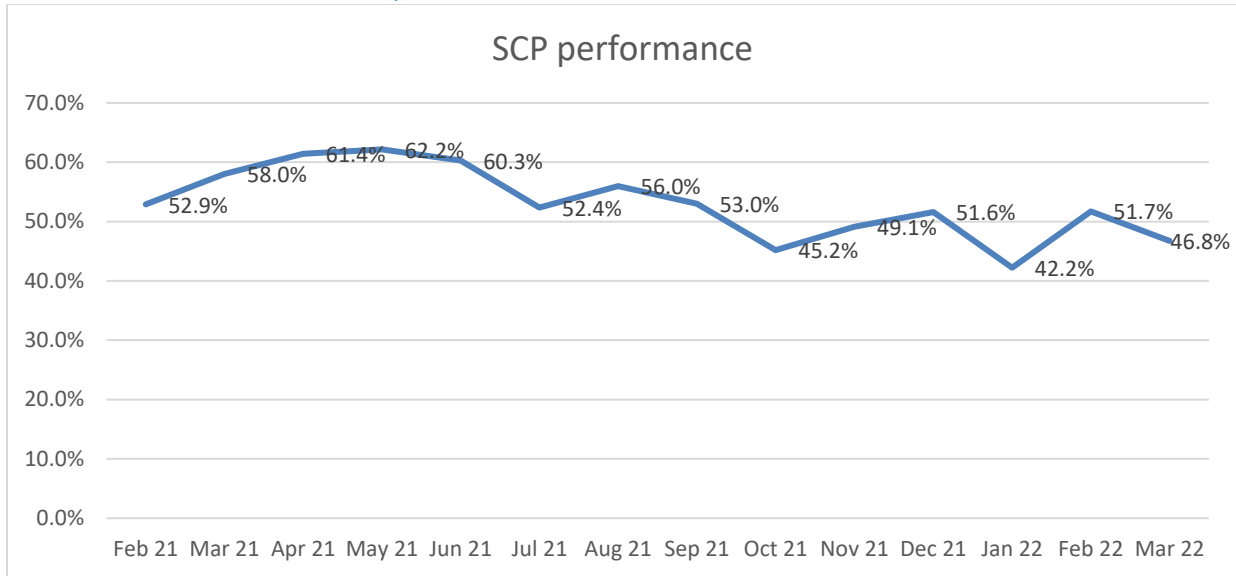


Chart 2

**March performance unvalidated*

CTMUHB has not achieved the SCP CWT target in any month over the last 12-month period. In January 2022, the HB had the worst performance on record, which resulted in executive level engagement at Integrated Locality Group Level (ILG's).

*Pathology delays are affecting reported monthly performance due to an inability to process pathology results on patients with confirmed cancers by the reporting month they are due.

[SCP Perf %] by SCTumourSite

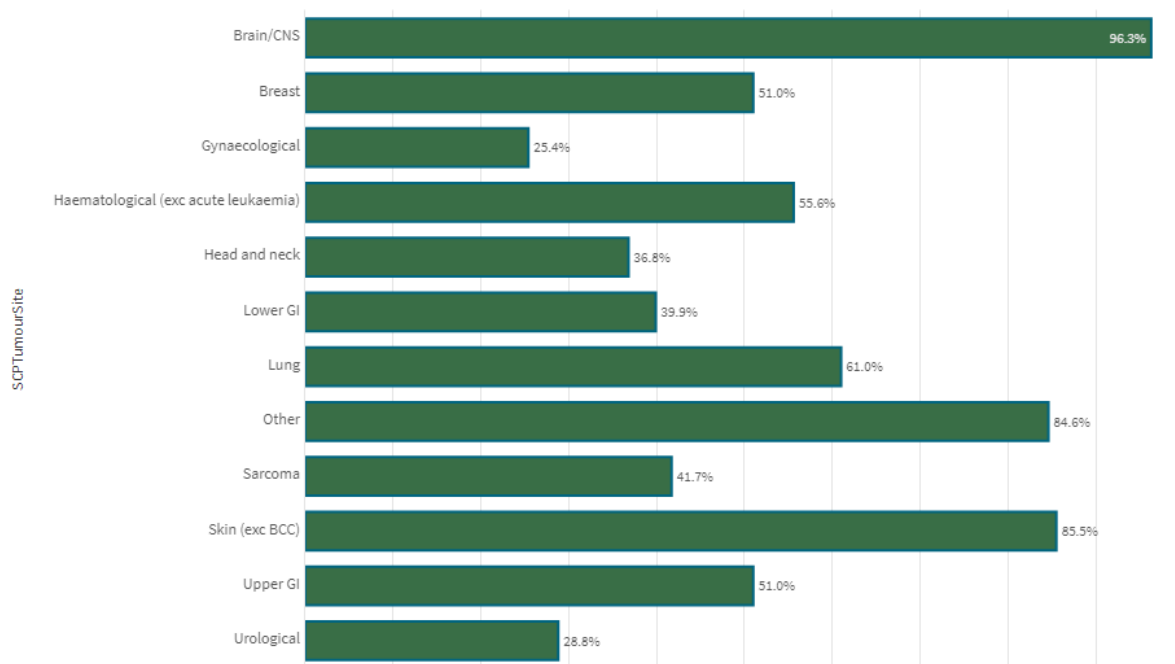


Chart 3

Over the same given period, skin (with the exception of one month) has consistently achieved the SCP CWT target. All other tumour sites have failed to achieve it; albeit as

illustrated above, the degree varies somewhat. Haematology, H&N and Lung achieved the target for one month.

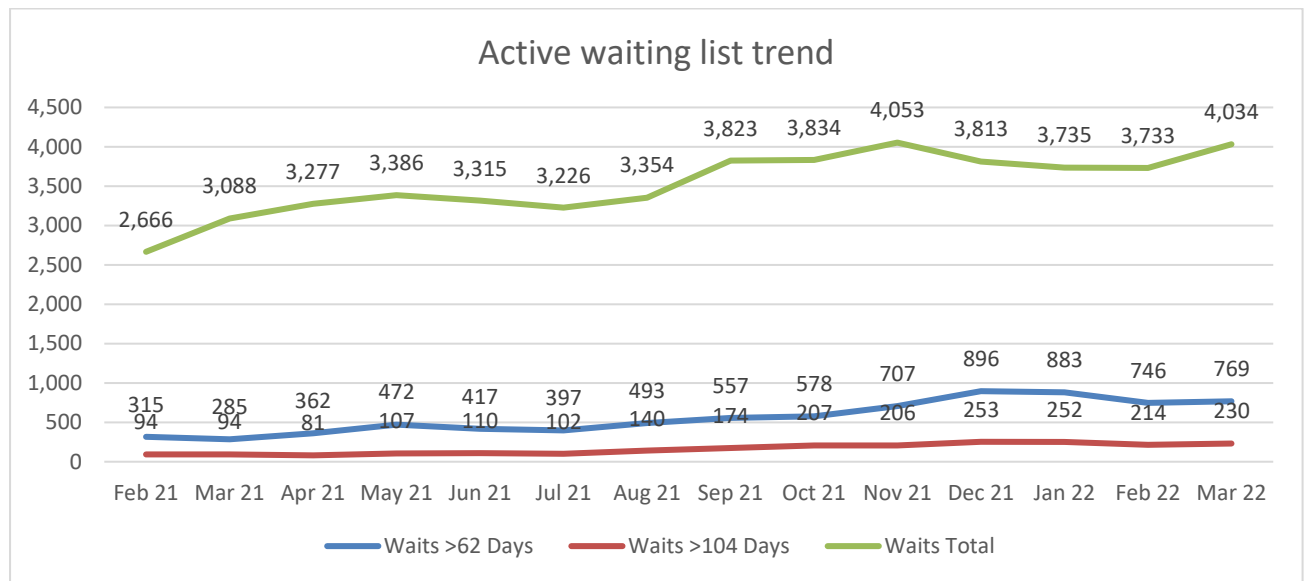


Chart 4

The total volume of patients across the three parameters shows a sustained rise up until the end of 2021. A significant amount of validation with focus on backlog clearance was undertaken, which improved the position, however, the last two month period has seen a deterioration again.

The biggest concern and most significant factor in not achieving target, consistently relates to the total number of active patients at 1st OPA and diagnostic stage, accounting at present for 83% of the entire waiting list.

Bottlenecks specifically at radiology, endoscopy and pathology account for the bulk of the diagnostic challenges. From a cancer performance perspective, this is further exacerbated by downgrading/triaging, which is practiced routinely across the HB to manage demand.

Fundamental to improving cancer care is investment in diagnostics capacity and expediting backlog clearance.

3.4 Cancer Recovery

Individualised cancer recovery plans have been developed and submitted via the service groups within the respective ILG's. Immediate operational recovery plans are focusing on the following areas:

- Reducing outpatient and diagnostic waiting times.
- Managing referrals in tumour sites which have seen an increase in volumes above pre-covid levels; namely breast, gynaecology, and lower GI.
- Increased focus on validation and escalation at all pathway stages.
- Ensuring that all cancer activity is prioritised within the service.

4.0 Quality Assurance of Cancer

4.1 Quality Assurance Framework

Our current key performance indicators focus on our delivery of the suspected cancer pathway targets. Whilst this provides an overview of performance, it doesn't represent the

broader factors impacting on performance (these can be seen in the strategy document Appendix 1).

As a response the Cancer Business Unit has been working with key stakeholders to develop a quality assurance framework that gives a broader picture. Firstly a comprehensive list of measures was compiled, looking at all aspects of the pathway. Next the factors that are already measured were identified, their availability and frequency of reporting. Alongside this relevant standards and targets were collated to facilitate a rating score for the dashboard. Whilst there are national standards and targets for some, others have required a consensus agreement.

The framework also seeks to provide information on the differences across the HB, to help work towards parity for our population. We have also taken the opportunity to link the pathways to the lifestyle behaviours of the population around smoking and screening uptake.

A pilot of the selected measures was undertaken with one cancer site, to establish feasibility. To achieve this a spreadsheet of all the measures was manually populated with the available data for 2021. This has been a useful exercise, allowing the measures to evolve and give clarity around feasibility. It has also helped shape how the data needs to be presented for ease of use.

The manual population is extremely time consuming and does not allow for a live or agile dashboard. The next phase is to build a dashboard that automatically populates. Conversations are underway both locally and nationally to build a fully functioning user friendly dashboard.

A list of the agreed quality indicators from the framework can be found in Appendix 3 (available on request).

4.2 Cancer Harm reviews

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.

Cancer harm reviews were introduced within CTMUHB in quarter 4 of 2019 as a pilot. Following this, Welsh Government trialled the process across Wales, in 2021.

The process within CTMUHB has continued to evolve and embed over the last year. All three ILGs are now running regular panels. They have found the learning from those to be very beneficial. A recent review by Welsh Government advised that harm reviews would only be required from 146 days, locally it was agreed to leave the time frame at 104 days, because the learning has been so valuable. The long term aim is to decrease the time frame to 62 days once numbers breaching are reduced.

A new standard operating procedure has been written in collaboration between all key stakeholders and approved. Also a new, easier to use form has been designed. We have also worked in partnership with Powys UHB, to ensure that they are notified of any of their patients undergoing a harm review and the agreed outcome following the panel discussion.

Below is a table showing the number of 104 day breaches, according to tumour site, between April 2021 and March 2022;



Tumour site	Number of 104 day breaches
Urology	87
Colorectal	46
Gynaecology	26
Lung	20
Upper GI	20
Breast	15
Haematology	14
Head and Neck	9
Dermatology	11
Cancer unknown primary	1
Sarcoma	1
Total	250

The table below shows the outcomes of Harm reviews completed by clinicians and discussed at a harm review panel between April 2021 and March 2022;

Level of harm	
Low/No harm	263
Moderate	6
Serious	2
Total	271

The harm review process has ensured that the Putting Things Right (PTR) process is followed. Of the two serious harms identified, both have been through the significant incident process. One was caused by the cessation of aerosol generating procedures during early Covid, so there was no further learning. Of the six moderate harms, all have been through the PTR process and for three, there has been no breach of duty.

4.3 Ongoing reviews of CTMUHB corporate cancer risk

As described earlier in the paper there has been considerable pressure on cancer services to deliver the suspected cancer pathway and within CTMUHB there has been a failure to meet those targets. As a result, regular reviews of the overarching risk score has been undertaken throughout the year. At present it remains at 20.

There is notification of a consistent number of complaints to Welsh Government regarding cancer waiting times from our patients, the risk score includes reputational risk and the level of emotional strain long waits are for patients on a suspected cancer pathway.

4.4 National peer review programme

There is a National programme of peer review for cancer. The review cycle has recently been extended to six years as a result of the increased number of tumour sites being reviewed. This means that many tumour sites have not been reviewed for a number of years and that their peer review occurred prior to the boundary change. A recent benchmarking exercise was undertaken to review outstanding actions from historical peer reviews. This demonstrated that a number of actions were no longer relevant as a result of the new structure, significant service changes or changes in national guidelines. Some actions are still in progress due to larger service developments or improvement programmes being paused during the pandemic.

A summary of outstanding actions from all previous peer reviews is below, grouped under themes:

Action	Affected tumour site	Reason for non-compliance
Workforce		
Shortfall of Clinical nurse specialists	Lung, Dermatology, Colorectal, Teenage and Young Adult,	Identification of recurrent funding source
Cover for oncologist at MDT	Lung, Colorectal, Breast, Gynaecology, Urology	Provided by Velindre
Radiologist cover	Dermatology,	Difficulties recruiting to posts
Pathology cover	Breast	Difficulties recruiting to consultant vacancies
Therapies provision	Gynae, Haematology, Head and Neck	Difficulties recruiting/
Thyroid surgeon	Bridgend	Finance/size of demand
Haematologists	Haematology	Difficulties recruiting
Acute Oncology Coordinator	Acute Oncology	Funding being agreed through network business case
Tertiary provision		
High dose brachytherapy capacity insufficient	Urology	Provided by Velindre
Lack of clarity around role of key worker (Velindre)	Urology	Several changes of senior nurse leadership over last few years
Duplicate reporting radiology	Gynaecology	Cardiff and Vale (CAV) MDT
Ownership for delivery targets (CAV)	Gynaecology	
Lack of Malignancy of Unknown Origin Service (SE Wales)	Acute Oncology	To be provided by Velindre
Variation		
Provision of Myosure service across CTM	Gynaecology	Staff/culture
Merger of Haematology service	Haematology	Complex service delivery change, requiring suitable accommodation

CTMUHB has successfully participated in the third colorectal peer review and the first paediatric peer review. The Paediatric peer review feedback has not been released yet and the action plan for colorectal can be found in Appendix 4 (available on request).

4.5 Contributing to National work on development of standards for Systemic Anti-Cancer Treatment (SACT)

The Cancer lead nurse, Haematology and Acute Oncology teams have been actively involved in the Welsh Cancer Network work developing National standards for Systemic Anti-Cancer Treatment and key performance indicators. This work has also developed a National pathway for 30 day mortality reviews with Haematology, which has been implemented locally. This pathway is still embedding, and numbers are very small, so no meaningful data is available yet.

There has also been National work on key performance indicators for Malignancy of Unknown Origin/Cancer of Unknown Primary.

5.0 Workforce

5.1 Macmillan partnership

Prior to the pandemic CTMUHB had set up a regular meeting between Macmillan and all key stakeholders to provide oversight to the Macmillan investment within the Health board. This was paused during Covid and has recently restarted. CTMUHB have been successful in securing significant funding from Macmillan over the last year.

- 1 x 8b Cancer Allied Health Professional Lead (CBU)
- 1x 8b Cancer Clinical Psychologist (TBA) (CBU)
- 3x 0.6 WTE band 4 Lung Cancer Coordinators
- 2 x WTE band 4 Colorectal Cancer Coordinators
- 1 x WTE Band 7 Upper GI Dietician (to be recruited)
- 1 WTE band 6 Upper GI Dietician (to be recruited)
- 1 WTE band 7 Secondary Breast Clinical Nurse Specialist (to be finalised)
- 1 WTE band 4 Head and Neck Therapies Assistant (to be recruited)

5.2 Teenage cancer trust partnership

CTMUHB have been working collaboratively with the Teenage and Young Adult Unit, Aneurin Bevan University Health Board and Cardiff to develop a regional Clinical Nurse Specialist role. The funding has been secured from the Teenage Cancer Trust and recruitment is underway.

5.2 MDT Coordinators and Information Assistants

Funding has been approved for the additional MDT Coordinators and Information Assistants (4.3 WTE), as recommended by the Senior Cancer Manager's service review (Delivery Unit interim recommendations, 2020). All posts with the exception of one Information Assistant have been recruited into. The outstanding post is currently at interview stage.

All existing temporary and fixed term posts have been made substantive, providing job security and assurance to staff.

The Cancer Business Unit is currently working with Bridgend ILG to centralise and standardise the function of all Information Assistants and MDT Coordinators across the HB.

6.0 Improvement and Innovation

Improvement and innovation are crucial in reducing variation across our system and in making strides forward to improve our cancer outcomes. Ongoing work streams and projects to support our aims include:

- The establishment of weekly executive lead assurance reviews across ILGs, which have initially focused on Urology, Lower GI, Breast, Gynaecology, Radiology and Pathology. These meetings have provided a forum for the effective performance management of non-compliant tumour sites and support services, ensuring a focus on recovery and improvement is maintained.
- Development and approval of the Cancer Operating Framework, making clear where responsibility sits for the operational management and quality assurance of cancer services across the health board (Appendix 4).

- Innovation Board approval to support the proof of concept for a patient held cancer SCP APP, awaiting Digital Board approval, currently not approved.
- Planned care recovery funding made available to support improvements to cancer services has included:
 - Funding of a project team to lead on cancer data improvements to the Qlik Sense Business Intelligence tool, automated data writing between the data warehouse and WPAS cancer tracker and to manage the testing and implementation of the CANISC system.
 - Primary care pilot of 'C the Signs' for 12 months across all ILGS, which uses artificial intelligence, mapped with the latest National, Regional and Local guidelines and research to accelerate the early identification and management of patients at risk of cancer.
 - Increase in flexi work for additional Urology capacity to support backlog clearance.
 - Procurement of a mobile endoscopy unit to support backlog clearance for Lower and Upper GI sites.
- Selection of CTMUHB as the pilot sites for the Lung Health Check Programme, which will involve inviting people at higher risk of developing Lung Cancer for a low dose CT, to improve the early detection of Lung Cancer.
- Prioritisation of Colorectal cancer by CTM2030: Clinical Services Strategy, which will ambitiously cover all aspects of how we improve population health across CTM through primary, secondary (hospital and specialist services), community and third sector organisations.
- Commencement of the Wales Cancer Network led SCP Improvement Programme with an initial focus on Lower GI and Haematological pathways.
- Set up of the One Stop Lung Service at Bridgend ILG and review of tumour site pathways.
- Roll out of FIT-10 for the management of patients with a suspected Bowel Cancer across the health board.
- Recoupling of the Urology one stop and Prostate services, providing enhancements to waiting time performance and the patient experience.
- Launch of the TIC-TOC study that raises awareness of vague cancer symptoms and support people to seek advice from their GP with these symptoms, ultimately with the aim to improve cancer outcomes and utilising community based assets
- Expansion of the Bowel Cancer Awareness schools programme of the Moondance Cancer Initiative to 8 high schools across Rhondda Cynon Taf. The programme educates children in the sign and symptoms of Bowel Cancer and looks to encourage parents/carers to take part in screening opportunities.
- Implementation of a pathway to allow alcohol dependant Head and Neck patients to be detoxed prior to their treatment. Improving their experience and reducing morbidity.

7.0 Summary

In summary the Cancer Business Unit functions to support the cancer governance and quality assurance infrastructure within the Health Board. The structure and function can be seen embedded within the Cancer Operating Framework and within, explaining the escalations to Executive and Board as appropriate.

The Current Health Board Cancer Lead is the Chief Operating Officer with the Medical Director leading on QA for Cancer. The MD's office chairs the Cancer Board with overarching remit for cancer governance.

The aim is to embed critical analysis and a learning culture alongside a robust IMTP plan to improve patient experiences of cancer care at CTMUHB.

It is imperative that a focus on increasing diagnostic capacity is critical for the improvement of cancer waiting times and improving patient experience of our services, this is the challenge primarily due to the new Suspected Cancer Pathway.



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