



AGENDA ITEM

3.2.8

QUALITY & SAFETY COMMITTEE

CANCER SERVICES ANNUAL REPORT

Date of meeting

24/05/2023

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

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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

CTMUHB Cwm Taf Morgannwg University Health Board

SCP Suspected Cancer Pathway

CWT Cancer Waiting Times

PTR Putting Things Right

HB Health Board

OPA Outpatient Appointment

MDT Multi-Disciplinary Team

HEIW Health Education and Improvement Wales

CNS Clinical Nurse Specialist

WCISU Welsh Cancer Intelligence and Surveillance Unit

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 suspect cancer waiting time measure.

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

3.1 Continued failure to meet the suspected cancer waiting time performance measure.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability 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 new, changed or withdrawn policies and services.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. Not applicable
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 Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are requested to **NOTE** the contents of this report.

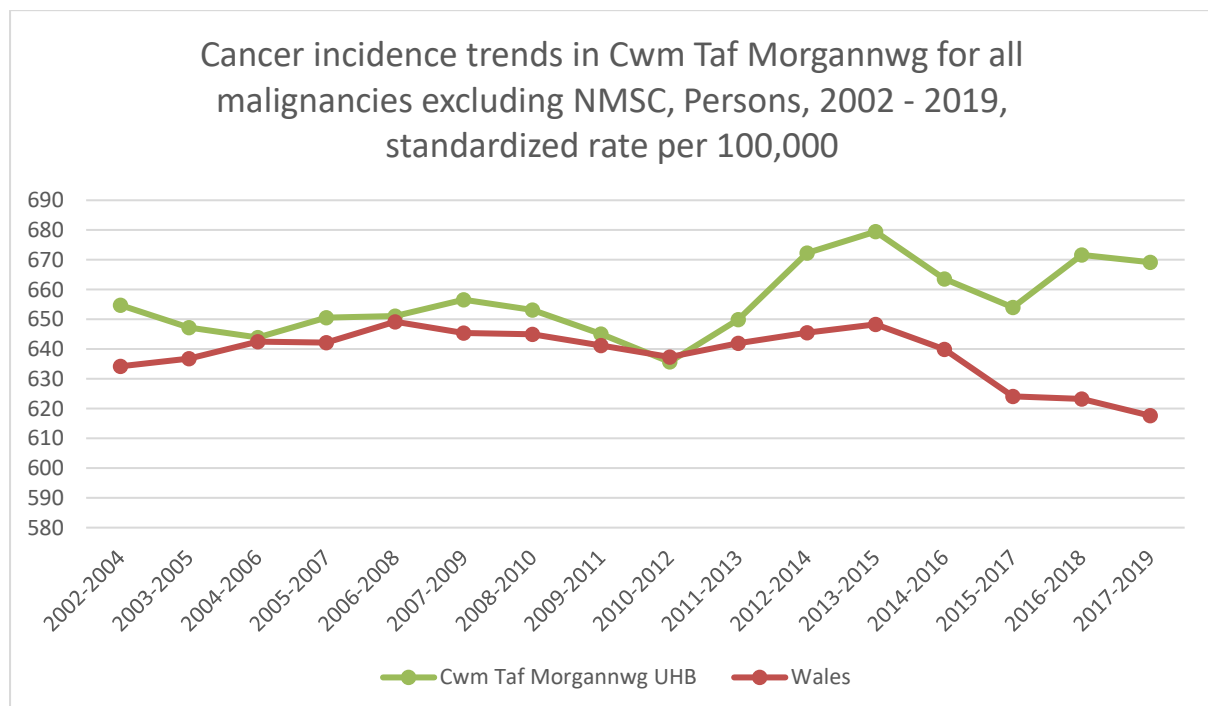
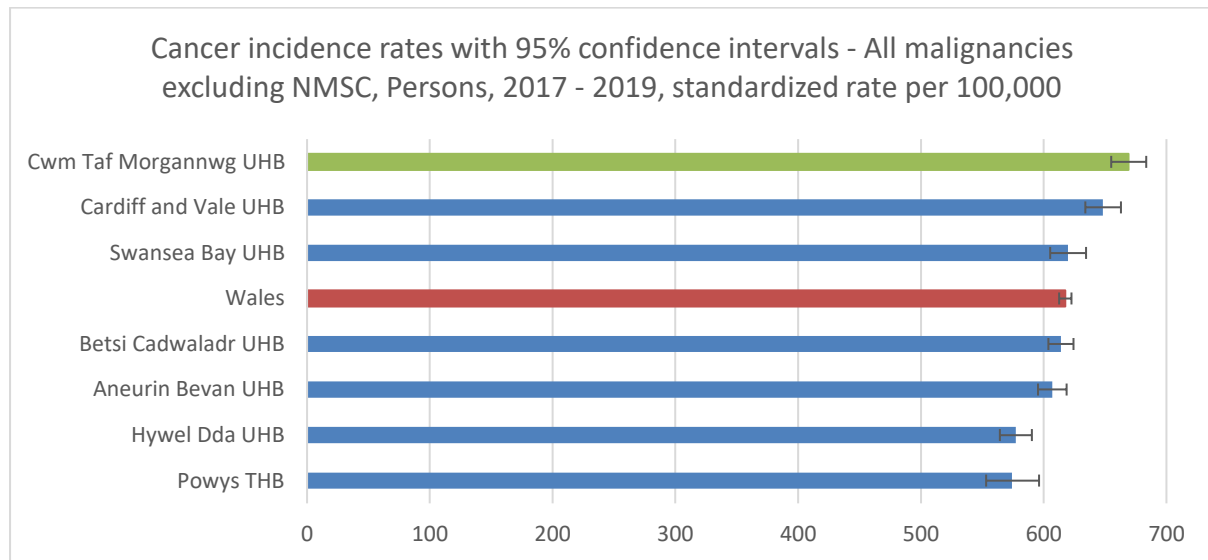


Annual Cancer Report 2022/2023

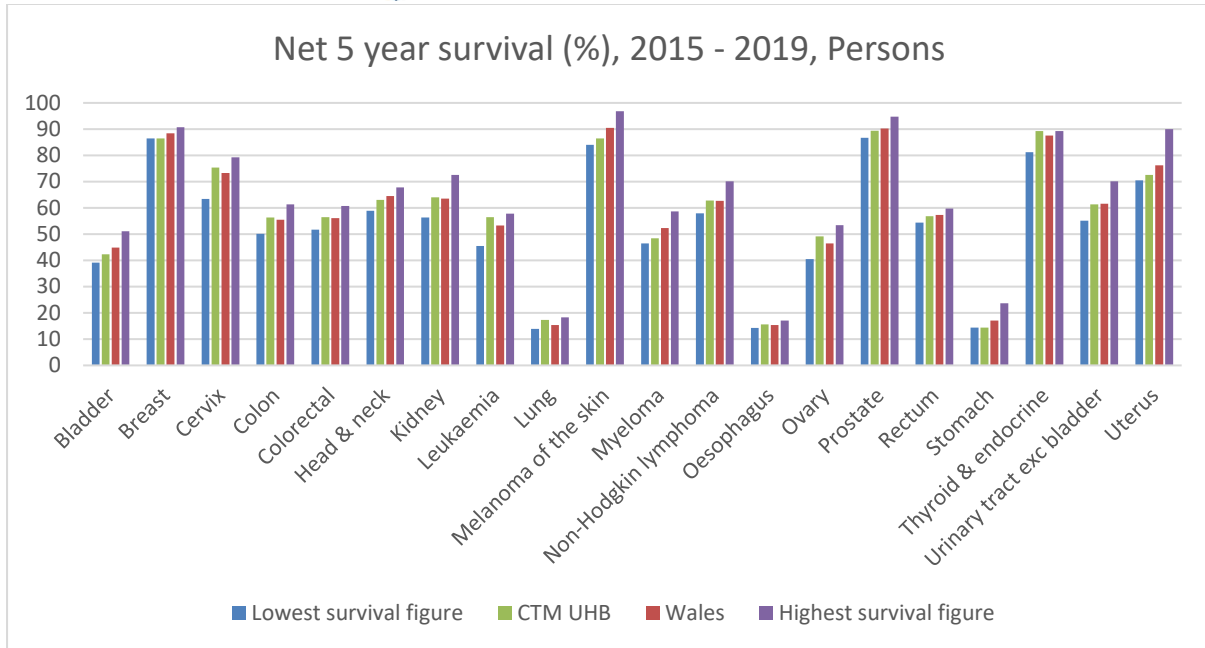
1.0 Introduction

This annual report provides an overview of the challenges faced by our cancer teams, in delivering the National Optimal pathway in this post Covid era and our progress made during this period.

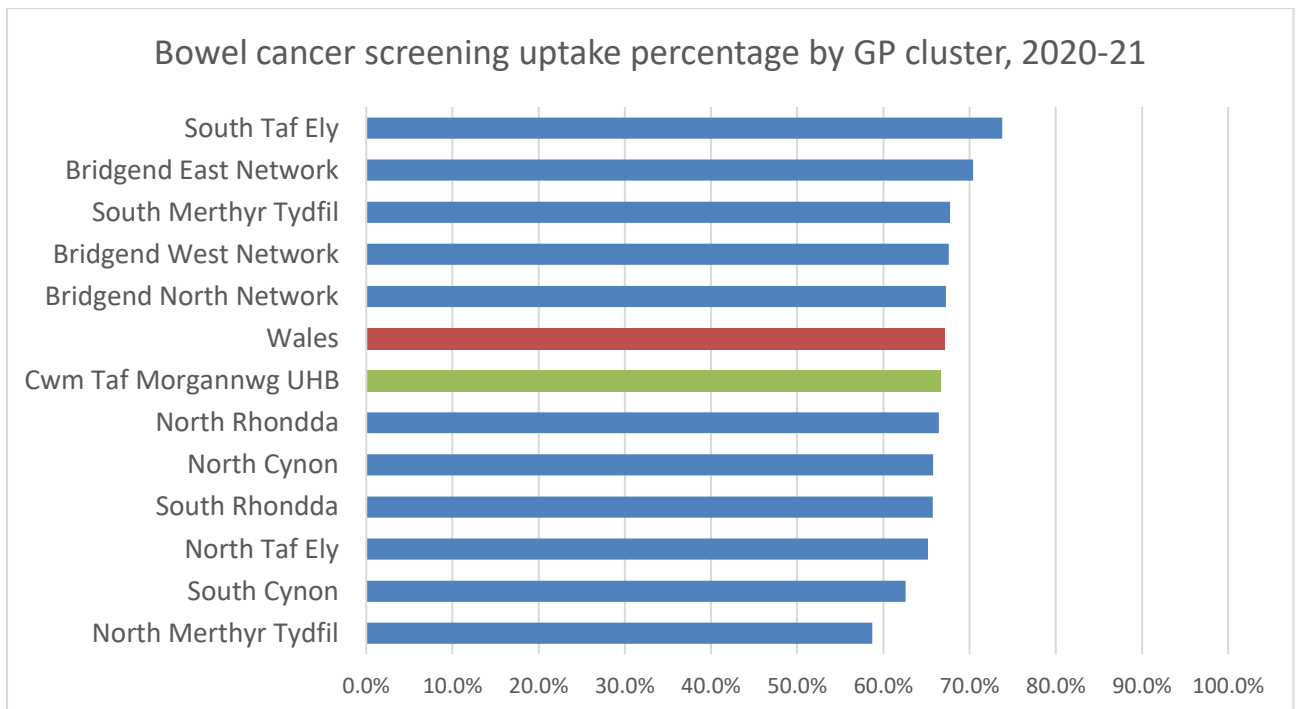
2.0 Cancer landscape across CTMUHB



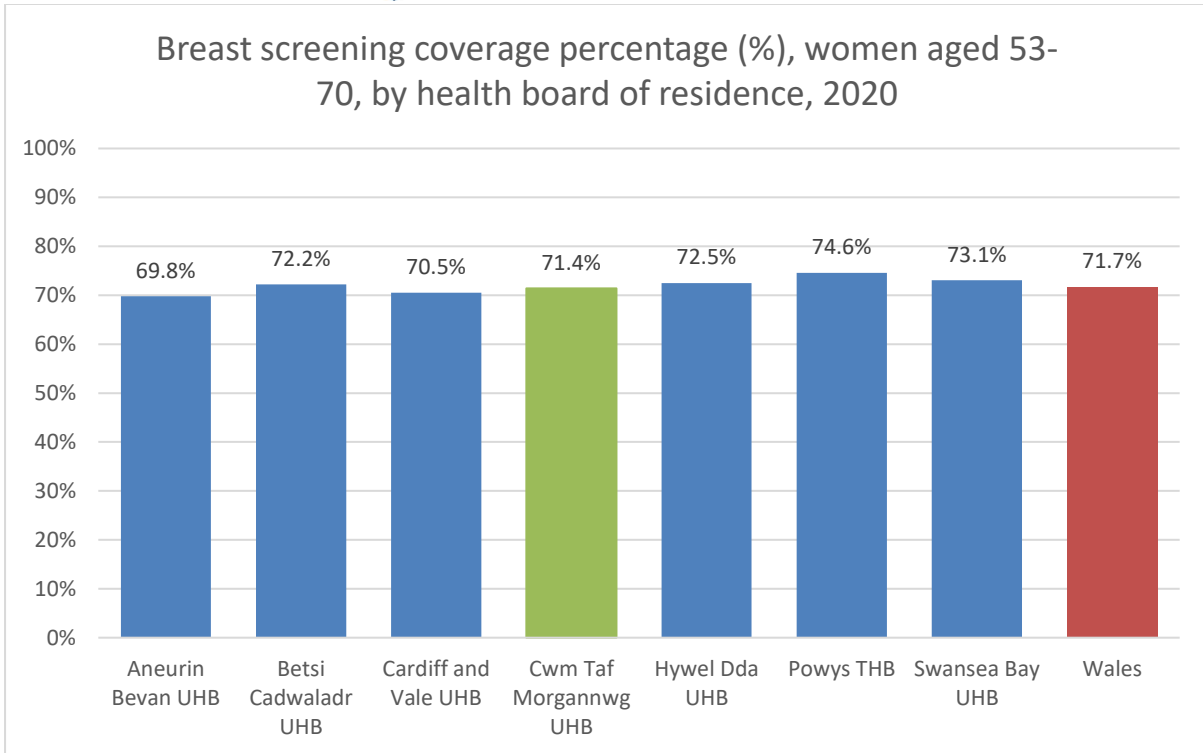
Each year around 3,500 people across CTMUHB are diagnosed with cancer. Cancer incidence has remained at a higher rate in CTMUHB than for Wales, with the rate for Wales decreasing since 2015.



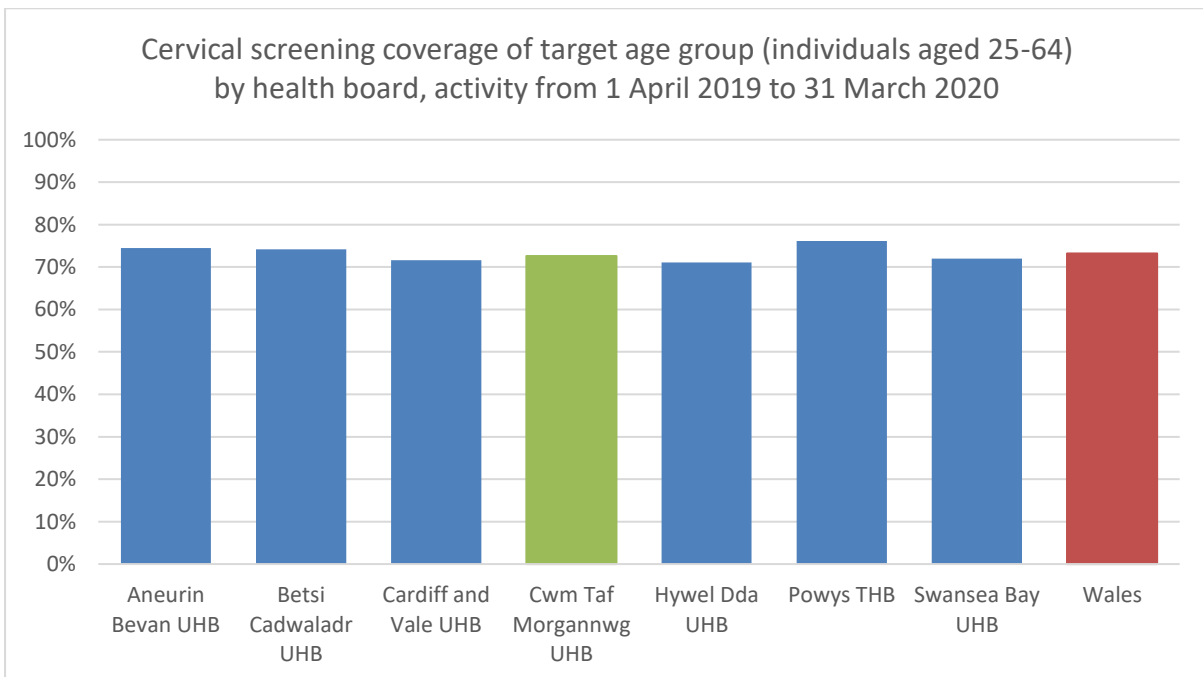
In the latest published cancer survival figures from WCISU one-year and five-year cancer survival increased across Wales for many commonly diagnosed cancer types such as lung and prostate. However, there has been a levelling off and even a decrease in recent years for other cancers such as bladder, anus, larynx and uterine.



Bowel screening threshold has been lowered and expanded to include 55 - 57 year olds in October 22. CTMUHB had 62.1% uptake overall for BSW. Variations of uptake is evident across GP clusters.



The uptake of breast screening across Wales is slowly declining, which is leading to a fall in coverage over recent years. Nevertheless, coverage remains above the 70% standard for nearly all health boards.



The cervical screening coverage across Wales, exceeds 70%. This figure combines the proportion of 25-49 year olds screened in the previous 3.5 years, and the proportion of 50-64 year olds screened in the previous 5.5 years.



3.0 Performance

Whilst now stabilising, cancer services within CTMUHB have been challenged via the ongoing impact and recovery of Covid – 19.

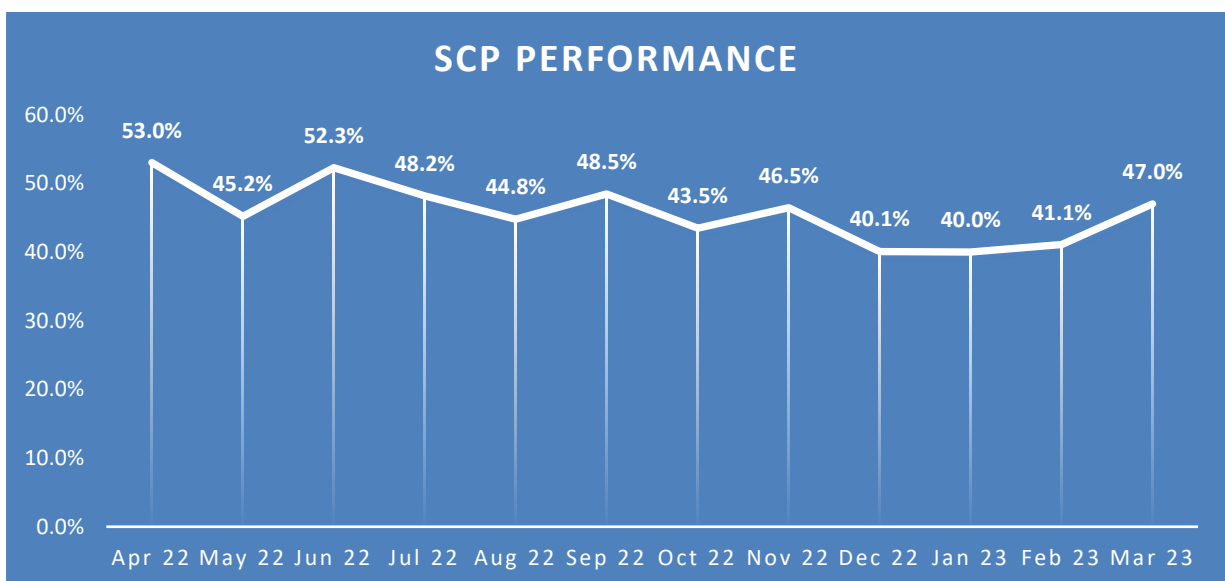
3.1 Referrals

Referral numbers have increased by 6.5% over the last 12-month period compared to the previous 12 months. All main tumour sites except urology have experienced an increase in volumes, although the amount varies between tumour sites. This position is mirrored across Wales.

Tumour Site	Apr 21 - Mar 22	April 22 - Mar 23	Vol Diff	% Diff
Brain	41	22	↓19	↓47
Breast	4632	4853	↑221	↑5
Children	26	20	↓6	↓23
Gynaecology	3990	4413	↑426	↑10
Haematology	410	536	↑126	↑24
H&N	3374	3490	↑116	↑3
Lower GI	5150	5436	↑286	↑5
Lung	1207	1256	↑49	↑4
Other	3839	3584	↓255	↓7
Sarcoma	32	25	↓7	↓22
Skin	4039	4785	↑746	↑15
Upper GI	2380	3229	↑849	↑26
Urology	4332	4118	↓214	↓5

3.2 Cancer Performance

The current CWT target is 75% with the plans to increase it on hold.



**March performance unvalidated*

CTMUHB has not achieved the SCP CWT target in any month over the last 12-month period.

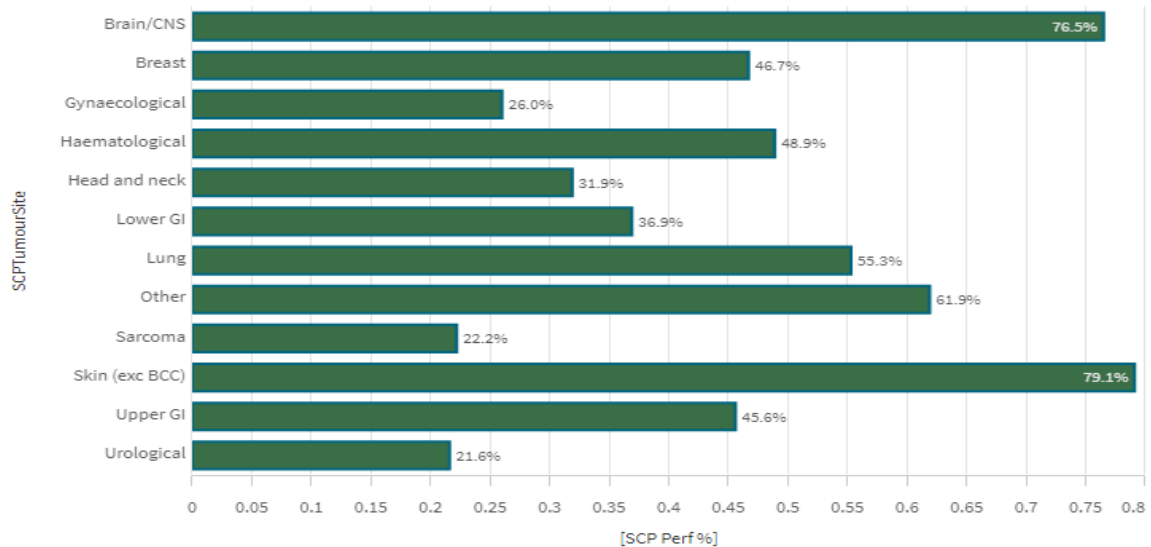
In November 2022 concerns surrounding quality and patient experience were raised by the Minister for Health & Social Services in a number of areas within the HB, cancer being one. Subsequently cancer was placed in targeted intervention.

In January 2023, the HB had the worst performance on record.

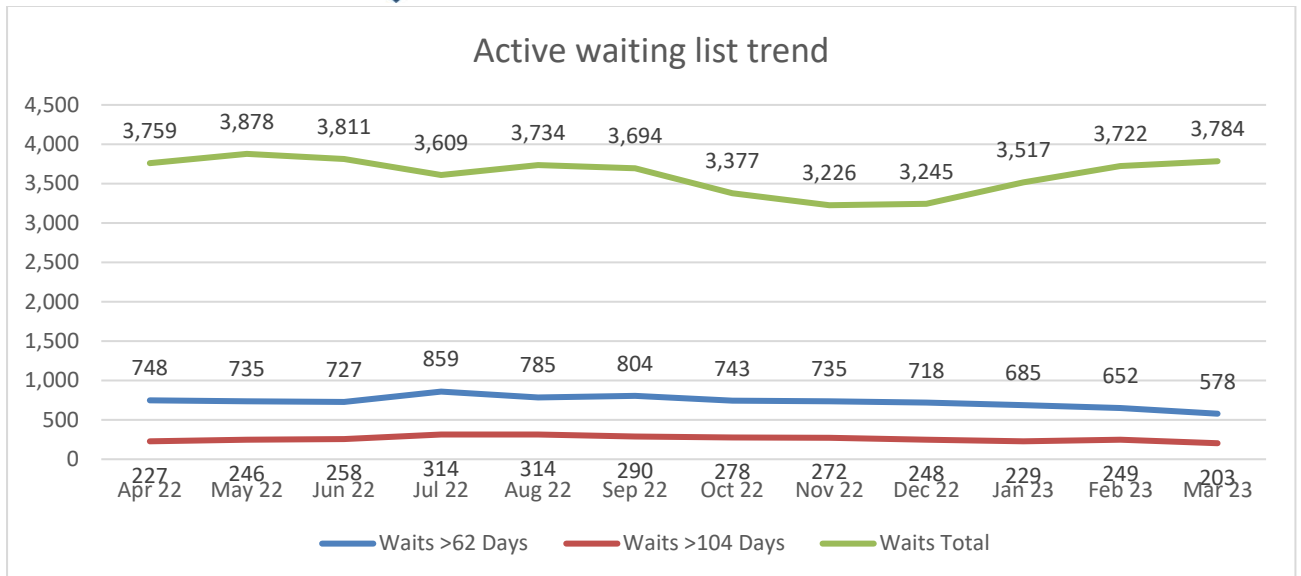
In comparison to all other acute HB's throughout Wales, CTMUHB consistently has the poorest performance.

Apr 22 - Jan 23	Column1
HB	SCP Performance
AB UHB	54.70%
BC UHB	63.80%
CTMUHB UHB	45.80%
CV UHB	56.20%
HD UHB	47.10%
SB UHB	53.10%
All Wales	54.30%

[SCP Perf %] by SCPTumourSite



The only tumour site to achieve the SCP CWT target is skin (in 7 out of the 11 months). All other tumour sites have failed to achieve it; although performance varies, as illustrated above.



The total volume of patients on the waiting list, showed a reduction until November 2022. Since then, a monthly increase has been seen.

Backlog clearance has been the priority following the ministerial cancer summit in Sept 2022. As illustrated, this has been achieved.

In comparison to all other acute HB's throughout Wales CTMUHB are ranked 5th in having the highest volume of active patients on the SCP.

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 for 82% of the entire waiting list.

Bottlenecks specifically at radiology, endoscopy and pathology account for the bulk of the diagnostic challenges.

Fundamental to improving cancer performance is investment in diagnostics and the continuation of backlog clearance.

3.3 Cancer Recovery

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

- Increasing Straight to Test,
- Embedding the National Optimal Cancer Pathway,
- Reducing outpatient and diagnostic waits,
- Increasing workforce,
- Collaborative working with primary care and regional centres,
- Merging of Multi-Disciplinary Teams,
- Increased engagement and usage of informatics,
- Increased focus on validation and escalation at all pathway stages,
- Ensuring that all cancer activity is prioritised within overall speciality delivery.

4.0 Quality Assurance of Cancer

4.1 Quality Assurance Framework

The quality assurance framework has continued to develop. There has been agreement around frequency of reporting and method of presentation for several outcome measures. The informatics team have developed a dashboard to present the routinely collected measures. This is automatically populated, making the process more efficient.

Work is underway to capture the qualitative elements more effectively. An initial set of data has been collected. Further development is required to refine the data, method of collection and presentation of these.

We have also been able to progress a method of capturing and reviewing patients' deaths whilst waiting for treatment. This data will act as assurance that no patient is coming to serious harm whilst waiting for a diagnosis.

4.2 Cancer Harm reviews

Cancer harm reviews were introduced within CTMUHB in quarter 4 of 2019 as a pilot. As a result of the work that CTMUHB and Betsi Cadwaladr University Health Board (BCUHB) had undertaken, Welsh Government trialled them across Wales, in 2021. Welsh Government have subsequently extended the reporting period from 104 days to 146 days. The CTMUHB standard operating procedure (SOP) has recently been adjusted to reflect this.

As a result of the organisational structure changes, two of the harm review panels are paused and we are moving to a single HB wide panel, supported by a full-time administrator, and nominated individuals at each site. As the new structure embeds these changes will be implemented.

Below is the breakdown of review outcomes since the process started;

Level of harm	No/Low	Moderate	Serious
Total	558	9 (4 potential downgrades)	2

4.3 Ongoing reviews of CTMUHB corporate cancer risk

As described earlier, there has been considerable pressure on cancer services to deliver the suspected cancer pathway and there has been a failure to meet those targets. The overarching risk score for cancer is reviewed regularly and remains at 20.

4.4 National peer review programme

The HB has contributed to the national Radiotherapy peer review as service users.

4.5 Welsh Cancer patient experience survey published

The third Wales Cancer Patient Experience Survey (WCPES), was published this year. Whilst some of the responses are comparable to previous surveys, many questions have been changed. Responses were collected from October 2021 to February 2022, for patients treated between 1st January to 31st December 2020, during the height of the COVID-19 pandemic.

There were 6259 responses across Wales, and over 800 responses from patients in CTMUHB (a response rate of 60.5%). It is worth noting that overall, across Wales there is very little variation in results and this is a testament to how closely the health boards worked together throughout the pandemic to deliver cancer services.

Despite the pandemic, there is very little difference in the overall satisfaction score compared to previous surveys. The overall rating of care for CTMUHB was 8.76 slightly higher than the All-Wales average 8.67.

The HB will be actively involved in the development of a Wales wide action plan, working with the Welsh cancer network. A local action plan is also being produced by the Macmillan Lead Cancer Nurse and Macmillan AHP Lead for Cancer

Areas of focus locally will be;

- Reviewing information and support pathways; ensuring our information is simple, easy to understand and accessible. We are currently working on a Cancer internet site.
- Continuing to work with cancer site teams on the provision of a point of contact, holistic needs assessment and signposting to support services.
- Supporting the Wales Cancer Network and HEIW to review the CTMUHB Nursing and AHP workforce to assess gaps and needs including the appropriate skill mix to support cancer patients.
- Improving secondary care communication with primary care through standardised pathways.

5.0 Workforce

5.1 Macmillan partnership

The Macmillan partnership meetings continue and CTMUHB have been successful in securing the following funding from Macmillan over the last year.

- 1x 8a Cancer clinical psychologist (to be recruited)
- 1 WTE band 7 Secondary breast clinical nurse specialist (recruited)
- 1 WTE band 6 CNS +1 WTE band 4 support workers for haematology (to be recruited)

The HB has been actively involved in working with Macmillan on a project in conjunction with the Coalfields regeneration trust. This project is looking to support people living within the Coalfields areas who are on a cancer pathway.

5.2 Teenage cancer trust partnership

CTMUHB have been working collaboratively with the teenage and young adult unit, and Aneurin Bevan university health board to develop a regional clinical nurse specialist role. A Teenage cancer Trust outreach nurse has been recruited and has already provided improved support for this patient group.

5.3 Tenovus call back service

CTMUHB have been working collaboratively to initiate a clinical nurse specialist call back service for our patients. This service will be provided by experienced CNS (employed by Tenovus cancer care) and offers patients six supportive phone calls. It will provide additional emotional support and reassurance for these patients. Enhancing their experience and providing an additional level of monitoring for patients post treatment or whilst they wait for treatment. The Welsh cancer network will be using this as a pilot of how to offer support to individuals whilst they wait.

5.4 Hepatocellular carcinoma clinical nurse specialist regional posts

Cardiff and the Vale have received funding to provide a Hepatocellular carcinoma CNS service across south Wales. We have worked collaboratively across the region and the posts are now filled.

5.5 Malignancy of unknown origin/cancer of unknown primary (MUO/CUP) CNS

As part of the South East Wales regional business case for acute Oncology service, a CNS has been appointed to support patients with MUO/CUP. We have been working closely with them as they develop the service. Initial feedback is very positive.

5.6 MDT Coordinators and Information Assistants

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

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. Recently completed and ongoing work streams and projects to support our aims include:

- A business case has been submitted and approved for an additional permanent endoscopy theatre on the existing PCH site. This will assist with training and provide a sustainable solution to current and anticipated future demand. Completion is scheduled for 2024 / 25. Investment is required to increase the establishment to meet the needs of the new unit. Multiple models have been drafted to appoint with agreed establishment in readiness.
- The British Airways site near the Royal Glamorgan Hospital has been procured to provide a regional diagnostic site.
- Tele-dermatology, which is currently live in Princess of Wales is planned to be expanded across CTMUHB.
- Patients previously sent to Cardiff & Vale for Head & Neck free flap procedures have been repatriated to CTMUHB.
- Business Intelligence improvements have been made in line with Cancer Network's specifications. Ongoing Business Intelligence improvements will continue to be made in line with service needs. Additionally, automated data writing has been implemented between the data warehouse and WPAS cancer tracker for diagnostics.
- The CANISC replacement Programme is ongoing with guidance from both the Cancer Informatics Programme SRO and Chief executive of Public Health Wales to implement for all tumour sites by the end of Q2. Breast is the pilot with implementation in May 2023. Necessary changes via DHCW, MDT's and MDT lead job plans are being worked through to facilitate this implementation.
- 'C the Signs' has been live across primary care in CTMUHB since September 2022. The system 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. This 12-month pilot is now entering the evaluation phase.
- The lung health check pilot work (to improve early detection of lung cancer) is progressing and recruitment started. There are detailed discussions ongoing with ICT and INHEALTH; the confirmed service.
- Colorectal cancer strategy 2030 commenced with high degree of agreement across primary, secondary (hospital and specialist services), community and the third sector organisation. Key challenges and priority areas established, with further progress expected following the reconfiguration of services.

- Implemented EBUS service provision for Bridgend residents to access Royal Glamorgan Hospital service within existing capacity.
- Investment in Trans Nasal Endoscopy equipment to provide this diagnostic in an outpatient setting, which releases endoscopy suite capacity for additional procedures.
- Implemented accelerated imaging in March 2023 meaning patients with suspected cancer following endoscopy will have their radiology diagnostics fast tracked.
- Implementing roll out of FIT pathway in line with latest Cancer Network guidance.
- Working on increasing straight to test across a number of pathways.
- Merging the Urology MDTs to increase sustainability and enable clinical learning across CTMUHB.
- The Breast MDT have signed up to the Improvement Cymru improvement programme using Toyota improvement methodologies to improve the first 28 days of their pathway. This work will continue throughout 2023.
- The new Breast Unit opened on the Royal Glamorgan site in February 2023. The medium term intention is to bring Bridgend locality activity into the Unit.
- Introduction of Gynaecology one/two stop. Disestablishment of the SLA with Swansea Bay UHB to increase efficiency and sustainability and provide equity of service across CTMUHB.
- 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.
- Partnership working between the Macmillan information and support Service and the HB PALS team to increase awareness of support available to cancer patients and their families.
- Prehabilitation – Prehabilitation service offered to patients in Bridgend with a Colorectal and Upper Gastrointestinal malignancy that require surgery. Prehabilitation steering group established to develop service further to ensure equity across health board and cancer sites.

7.0 Challenges

There are a number of long standing challenges across the HB.

- Achieving the SCP target which is largely attributed to the increased volume of demand and capacity shortfalls in key diagnostic areas,
- Providing a sustainable endoscopy service. Significant changes to process internally are underway along with working collaboratively with the National endoscopy programme. The latter has identified that across the HB there is a shortfall of 6 procedure rooms. A business case has been developed which will provide a 3rd theatre. The workforce model has been approved with recruitment scheduled for Q1. This will facilitate 3 day session working and sustainability. Implementation is planned for 24/25.
- Providing a sustainable pathology and radiology service. Collectively this relates to workforce, capacity and demand with both internal and regional solutions required to resolve. The latter forms part of the Welsh cancer improvement plan.
- Achieving backlog clearance in line with target trajectories.

A significant amount of work has been undertaken with our informatics department to reconfigure trajectories for both backlog clearance and achievement of the SCP target over the next 12 months. These have been approved, submitted and agreed by WG.