Agenda Item: 11

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Denise Smith Chief Operating Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Sarah Jones, Deputy Chief Operating Officer	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Board of Directors, August 2019		
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive				

Meeting Date: 7 April 2020

Report Title: Key plans – Cancer Care

Purpose:
This paper provides a quarterly update on the key plans to improve performance against the 62-day cancer waiting time standard.

Summary:
In October 2019, the Elective Care Intensive Support Team (IST) agreed to provide a comprehensive programme of support to the Trust to improve cancer waiting times. The first stage of this, a diagnostic review, took place on 16 December 2019.

Following the diagnostic review, the Trust agreed supportive objectives with the IST for the next phase of the work. Understandably, further support is suspended at this time as the NHS focusses resources on responding to Covid-19.

Financial Implications / Efficiency Savings: None as a direct result of this report

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational / Organisational	Financial	Clinical	Legal / Regulatory	Reputation / Patient Experience
	✓		✓		✓

Trust Board of Directors is asked to note the report

1. Introduction

This paper provides quarterly update on the key plans to improve performance against the 62-day cancer waiting time standard.

2. Background

Historically the Trust has delivered the majority of cancer waiting time standards. However, the Trust has failed to consistently deliver the 62-day referral to treatment standard, performance by tumour site as at January 2020 is shown at Appendix A.

In October 2019, the Elective Care Intensive Support Team (NHSE/I) agreed to provide a comprehensive programme of support to the Trust to improve cancer waiting times. The first stage of this, a diagnostic review, took place on 16 December 2019.

3. Intensive Support Team: Diagnostic Review

The diagnostic review identified the following areas of good practice:

- The Trust has confirmed that cancer services patient experience & performance is one of priorities within the Trust, alongside the Emergency Department (ED) 4 hr target.
- The Trust had identified that the previous organisational structure was not appropriate for the effective management and governance of cancer services and has implemented divisional changes to rectify this.
- There is clear ownership of cancer pathways and performance from both the operational and Clinical Nurse Specialist (CNS) teams.
- Urology and Colorectal multi-disciplinary team (MDT) have live typing into the cancer IT system which is then sensed checked by CNS at the end of the meeting.
- The Endoscopy unit demonstrated to a high standard how the service should run. There is a clear effective governance and leadership structure in place including effective feedback loops.
- Informatics have developed an effective and readily available weekly escalation pack which includes the necessary reports and summaries for the services to use within the services management.
- There was a clear and uniform understanding across all staffing groups, of the process and triggers for removing patients from tracking.

The following priorities for action were identified:

- Trust to ensure Cancer Board is reinstated and supported with clear governance documentation.
- Trust to implement a clear embedded and communicated governance structure from board to ward including clear lines of escalation and responsibility. This must be supported by relevant SOPS.
- Cancer triumvirate has been appointed. Succession planning is needed for retiring Lead Cancer Nurse. Scope of responsibility and objectives for this group need to be agreed.
- Trust further develop / implement the Cancer Training Strategy to ensure a multi-layer and multi format programme. This must include all staff who 'touch' patient pathways and include an assessment of competency, to be updated annually and linked to appraisal.
- The Trust to critically review the process for escalating and analysing long waiting cancer breaches with a mechanism for feedback loop and implementing learning from

root cause analysis. Develop a thematic approach to understanding breach reasons and use this to drive speciality and Trust action plans.

- Review cancer tracker / MDTC roles and processes ensuring clear supporting SOPs to deliver a more consistent and collaborative approach between team and tumour site management colleagues.
- Implement a more structured, robust and effective process for MDTC cross cover during periods of leave, supported with SOP.
- Undertake D&C analysis in all service areas including diagnostics, starting with the most challenged tumour groups / services.
- Trust to review Radiology consultant capacity to ensure no single points of failure and better attendance at Tumour site MDTs.
- Trust to review speed and quality of radiology reporting process, as potentially losing 5 days or more if outsourcing needed for further reporting.

4. Intensive Support Team: Support Objectives

Following the diagnostic review, the Trust agreed the supportive objectives detailed at Appendix B. Understandably, further support is suspended at this time as the NHS focusses resources on responding to Covid-19.

5. Performance Trajectory 2020/21

As part of the 2020/21 annual planning process, the Trust agreed the 62-day performance trajectory detailed at Appendix C, this forecasts delivery of the standard from June 2020.

6. Recommendation

Trust Board is asked to note the report.

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Appendix A 62-day referral to treatment performance 2019/20

Tumour Site	(Target - 85% Compliance)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Breast	Total Treated	16.50	9.00	12.00	17.00	10.00	15.00	13.00	8.00	10.50	12.00		
	Treated Within 62 Days	16.00	9.00	11.00	17.00	10.00	15.00	12.00	8.00	9.50	12.00		
	% Within 62 Days	97.0%	100.0%	91.7%	100.0%	100.0%	100.0%	92.3%	100.0%	90.5%	100.0%	0.0%	0.0%
Gynaecological	Total Treated	3.50	5.00	1.50	2.00	6.50	6.00	4.00	2.50	0.50	0.00		
	Treated Within 62 Days	1.00	0.50	1.00	0.00	2.50	2.00	0.00	0.50	0.50	0.00		
	% Within 62 Days	28.6%	10.0%	66.7%	0.0%	38.5%	33.3%	0.0%	20.0%	100.0%	0.0%	0.0%	0.0%
Haematological	Total Treated	3.50	2.00	5.00	2.00	5.00	3.00	2.50	3.00	2.00	5.00		
	Treated Within 62 Days	2.50	1.00	4.00	2.00	3.00	1.00	1.50	2.00	1.00	4.00		
	% Within 62 Days	71.4%	50.0%	80.0%	100.0%	60.0%	33.3%	60.0%	66.7%	50.0%	80.0%	0.0%	0.0%
Head & Neck	Total Treated	0.50	1.00	1.00	1.50	2.50	3.50	2.00	0.50	0.00	4.00		
	Treated Within 62 Days	0.00	0.50	0.00	0.00	1.50	1.00	1.50	0.50	0.00	2.00		
	% Within 62 Days	0.0%	50.0%	0.0%	0.0%	60.0%	28.6%	75.0%	100.0%	0.0%	50.0%	0.0%	0.0%
Lower Gastrointestinal	Total Treated	4.00	8.50	3.00	7.50	5.00	6.00	14.00	10.00	4.50	6.00		
	Treated Within 62 Days	1.00	2.00	1.00	4.00	1.00	1.00	4.00	4.00	2.50	1.00		
	% Within 62 Days	25.0%	23.5%	33.3%	53.3%	20.0%	16.7%	28.6%	40.0%	55.6%	16.7%	0.0%	0.0%
Lung	Total Treated	5.00	3.00	0.00	4.00	6.00	2.00	2.00	1.00	2.00	2.50		
	Treated Within 62 Days	1.00	2.00	0.00	1.00	2.00	1.00	2.00	1.00	1.00	2.50		
	% Within 62 Days	20.0%	66.7%	0.0%	25.0%	33.3%	50.0%	100.0%	100.0%	50.0%	100.0%	0.0%	0.0%
Skin	Total Treated	11.00	19.00	22.00	10.50	12.00	21.00	23.50	21.50	14.00	12.00		
	Treated Within 62 Days	9.50	15.00	21.00	10.00	12.00	21.00	21.00	20.50	14.00	11.00		
	% Within 62 Days	86.4%	78.9%	95.5%	95.2%	100.0%	100.0%	89.4%	95.3%	100.0%	91.7%	0.0%	0.0%
Upper Gastrointestinal	Total Treated	6.00	5.00	2.00	3.50	1.50	2.00	5.00	0.50	3.00	6.50		
	Treated Within 62 Days	5.00	4.00	2.00	2.50	0.00	1.00	2.00	0.00	2.00	2.00		
	% Within 62 Days	83.3%	80.0%	100.0%	71.4%	0.0%	50.0%	40.0%	0.0%	66.7%	30.8%	0.0%	0.0%
Urological	Total Treated	17.00	26.00	23.00	17.00	22.50	12.50	29.50	24.50	17.00	28.00		
	Treated Within 62 Days	11.50	16.00	17.00	13.50	14.00	7.00	15.00	10.00	9.00	15.00		
	% Within 62 Days	67.6%	61.5%	73.9%	79.4%	62.2%	56.0%	50.8%	40.8%	52.9%	53.6%	0.0%	0.0%
Other	Total Treated	0.00	0.00	2.00	0.50	1.00	0.50	2.00	0.00	2.00	0.00		
	Treated Within 62 Days	0.00	0.00	1.00	0.00	0.00	0.50	2.00	0.00	2.00	0.00		
	% Within 62 Days	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Trust Total	**Total Treated**	**67.00**	**78.50**	**71.50**	**66.00**	**72.00**	**71.50**	**97.50**	**72.50**	**55.50**	**76.00**	**0.00**	**0.00**
	Treated Within 62 Days	**47.50**	**50.00**	**58.00**	**50.00**	**46.00**	**50.50**	**61.00**	**46.50**	**41.50**	**49.50**	**0.00**	**0.00**
	% Within 62 Days	**70.90%**	**63.69%**	**81.12%**	**75.76%**	**63.89%**	**70.63%**	**62.56%**	**64.14%**	**74.77%**	**65.13%**	**0.00%**	**0.00%**

Appendix B 62-day referral to treatment trajectories 2020/21

		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Breast	Total Treated	18	10	13	19	11	17	14	9	12	18	14	12
	Breaches	0	0	0	0	0	0	0	0	0	0	0	0
	Performance	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gynaecological	Total Treated	5	7	2	3	9	8	6	3	1	2	5	1
	Breaches	2.5	4.5	0.5	1.0	2	2	2	1	0	1	1	1
	Performance	50.0%	35.7%	75.0%	66.7%	77.8%	75.0%	66.7%	66.7%	100.0%	50.0%	80.0%	0.0%
Haematological	Total Treated	3	2	4	2	4	2	2	2	2	1	2	2
	Breaches	1	1	1	0	1	1	0	0	1	0	0	2
	Performance	66.7%	50.0%	75.0%	100.0%	75.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%
Head & Neck	Total Treated	1	1	1	2	2	3	2	2	0	3	2	2
	Breaches	1	0	0	1	1	1	0	1	0	2	0.5	1
	Performance	0.0%	100.0%	100.0%	50.0%	50.0%	66.7%	100.0%	50.0%		33.3%	75.0%	50.0%
Lower Gastrointestinal	Total Treated	4	9	6	8	8	8	12	11	6	9	8	9
	Breaches	3	7	4	3	3	4	4	5	3	4	3	3
	Performance	25.0%	22.2%	33.3%	62.5%	62.5%	50.0%	66.7%	54.5%	50.0%	55.6%	62.5%	66.7%
Lung	Total Treated	6	4	1	5	8	3	3	2	3	7	2	10
	Breaches	2	1	0	1	2	1	1	1	1	2	1	1
	Performance	66.7%	75.0%		80.0%	75.0%	66.7%	66.7%	50.0%	66.7%	71.4%	50.0%	90.0%
Sarcoma	Total Treated	0	0	0	0.5	0	0	0	1	0	0	0	0
	Breaches	0	0	0	0	0	0	0	0	0	0	0	0
	Performance				100.0%				100.0%				
Skin	Total Treated	13	23	26	13	16	25	25	26	17	18	12	16
	Breaches	1	1	1	0	0	0	1	0	0	0	0	0
	Performance	92.3%	95.7%	96.2%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Upper Gastrointestinal	Total Treated	7	5	4	4	2	2	5	4	3	4	4	7
	Breaches	3	1	2	2	0	1	2	1	1	0	2	1
	Performance	57.1%	80.0%	50.0%	50.0%	100.0%	50.0%	60.0%	75.0%	66.7%	100.0%	50.0%	85.7%
Other	Total Treated	0	0	2	0	1	0	2	0	2	0	1	3
	Breaches	0	0	0	0	0	0	0	0	0	0	0	0
	Performance			100.0%		100.0%		100.0%		100.0%		100.0%	100.0%
TRUST TOTAL	**Total Treated**	57.0	61.0	59.0	56.5	61.0	68.0	71.0	60.0	46.0	62.0	50.0	62.0
	Breaches	13.5	15.5	8.5	8.0	9.0	10.0	10.0	9.0	6.0	9.0	7.5	9.0
	Performance	76.3%	74.6%	85.6%	85.8%	85.2%	85.3%	85.9%	85.0%	87.0%	85.5%	85.0%	85.5%

Appendix C Intensive Support Team Support Objectives

Theme	Trust objective / IST recommendation	IST support	Outputs / measures
Pathway design	Supporting mapping and operational implementation (including timescales, best practice and reduced pathway length where possible) of tumour site specific timed clinical pathways for those tumour sites which do not currently have them	1. Undertake pathway analysis for tumour sites including clinical and administrative elements of the pathway. 2. Support tumour site meeting (including diagnostics and booking teams) to discuss output of pathway analysis and develop actions.	1. Documented, timed clinical pathways which incorporate best practice. 2. Documented implementation plan agreed. 3. Written feedback and recommendations for improving administrative and associated processes as appropriate. 3. Developed actions.
Leadership and Governance	Critical review of key cancer meetings and governance structure.	1. Critical review of key cancer access meetings, including PTL, MDT and performance (or equivalent) meetings with written recommendations for improvements where appropriate. 2. Critical review of cancer governance structure, to include shared learning feedback loops and 104-day harm review process. 3. Critical review of Cancer Board meeting and other governance meetings within the structure.	1. Written feedback and recommendations for strengthening key cancer governance meetings from a systems and process perspective including shared examples of good practice. 2.Written feedback and recommendations for the workforce infrastructure for the cancer workforce. 3. Written feedback and recommendations of harm review process.

Training and expertise	Review cancer training strategy and support further development if required. Provide cancer training sessions.	1. Critical review of current cancer training strategy and programme including provision of training material with written recommendations for improvements where appropriate. 2. Undertaking cancer wait time training sessions to identified members of staff. 3.Undertake train the trainer programme for identified key staff.	1. Cancer training strategy signed off by the Trust. 2. Training material consistent with national rules and best practice. 3. Target audience for training identified and training delivered. 4. IST led CWT training sessions completed. 5. IST train the trainer sessions completed.
Operational management	Demand and capacity planning and analysis	IST to support Trust in demand and capacity planning in specific standards and identified tumour sites.	1. Critical review of demand and capacity plans produced by Trust. 2. Tumour sites to present back to Trust Execs following modelling and incorporate any identified areas of change within their recovery action plans

Workforce	Review of cancer services workforce, organisational structure, ways of working and complete workload analysis for identified staff.	1. IST to review cancer managers Job Description. 2. IST to review cancer tracker and coordinators structure, and ways of working including lines of accountability. 3. complete workload analysis.	1.Written feedback and recommendations of cancer managers JD including alternative examples. 2.Written feedback and recommendations of cancer trackers and coordinators structure and ways of working. 3.Produced SOPS to support uniformity in the delivery of services for the different tumour sites. 4.Completed workload analysis.
Operational management	Cancer recovery plans	IST to support the development of tumour site level cancer recovery plans for identified tumour sites.	1. Completed tumour site level cancer recovery plans with impact measurement metrics. 2. Cancer recovery plans critically reviewed by IST with feedback and recommendations