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: 26 November 2019

Report Title: Cancer improvement plan quarterly update

Purpose:
This paper provides a quarterly update of progress against the cancer improvement plan to deliver sustainable performance of the 62-day cancer waiting time standard.

Summary:
The Trust has a cancer improvement plan in place to achieve sustainable delivery of the 62-day cancer waiting time standard by the end of March 2020. 2 week wait referral demand increased by 15% in quarter 1 of 2019/20 compared to the same period in 2018/19. However, referral demand in quarter 2 of 2019/20 is the same as that in quarter 2 of 2018/19. Progress has been made against the actions to address the key issues impacting on performance and the improvement plan is monitored weekly through the cancer escalation meetings. External support has been secured from the Intensive Support Team, the diagnostic phase of this commences in December 2019. As at September 2019, performance is in line with trajectory and the 62-day backlog has reduced from 99 in September to 68 at the start of November.

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 a quarterly update of progress against the cancer improvement plan to deliver sustainable performance of 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.

To deliver sustainable delivery of the 62-day referral to treatment standard, the Trust has developed a cancer improvement plan; progress is monitored through the weekly cancer escalation meetings and a quarterly update is provided to the Trust Board of Directors.

3. Demand

Referral demand for 2 week wait appointments is detailed at Appendix A. This shows that although there was a 15% increase in demand in quarter 1 of 2019/20 compared to same period in the previous year, the referral demand in quarter 2 of 2019/20 is the same as in quarter 2 of 2018/19.

However, at tumour site level, there has been a significant increase in referrals in breast and lower GI and a reduction in gynaecology.

For the first 6 months of the year there has been an overall 7% increase in referrals compared to the same period in 2018/19.

Appendix B details the number of treatments, breaches and performance against the 62-day standard; this shows that the majority of treatments are undertaken in urology, skin, breast and lower GI.

4. Key issues and progress on actions to address

A deep dive was undertaken to identify the key issues impacting on 62-day cancer waiting time standard. A summary of these, together with the key actions to be taken, was included in the August report to Trust Board of Directors. In addition, a tumour site specific cancer improvement plan was put in place.

An update on progress of the key actions is summarised below and progress against the tumour site specific improvement plan is provided at Appendix C.

Primary care: lack of compliance with criteria for 2 week wait referrals, most notably in urology
Progress: STP wide initiative launched in October 2019 to ensure compliance with referral criteria for patients on a prostate pathway. This was implemented in West Norfolk in November 2019.

Patient choice: failure to attend appointment and / or lack of availability for treatment following diagnosis.
Progress: the number of patients failing to attend appointments has not reduced significantly following the distribution of patient information cards to all General Practices. The Trust is now to make the information cards available in outpatient clinics and patients will also be asked whether they have received a card from their GP.

Histology: specimens are not processed within 7 days.
Progress: proactive management of the contract is now undertaken; some improvements have been seen but this has been inconsistent. Further measures to address contract management are being led by the Executive team.

Radiology: internal delays in radiology diagnostics
Progress: a single point of contact is in place within radiology to oversee all 2 week wait referral requests and reporting; this provides clear oversight of the process, minimising delays and has improved escalation of any issues.

Tumour site capacity: there are capacity pressures in some tumour sites
Progress: first outpatient demand and capacity modelling has been undertaken for three tumour sites (urology, gynaecology and lower GI).

Pathways: lack of compliance with all optimal, timed pathways
Progress: prostate pathway triage commenced on 11 November 2019 and the Trust template biopsy service is now fully operational. Software and equipment to undertake ultrasound and MRI fusion for biopsies has been purchased and training is to take place prior to this service being routinely available. Lower GI straight to test (STT) scoping commences in December and the triage model is currently being finalised.

Tertiary centres: delays in treatment
Progress: weekly escalation calls remain in place with the two main tertiary centres (Norwich and Cambridge). These are working well, particularly with Norwich where the majority of tertiary patients are referred. Tertiary centre treatment capacity remains a challenge but there is improved clarify regarding treatment plans.

Governance: lack of robust governance arrangements to track patients and escalate delays
Progress: the revised governance framework is in place; the Head of Cancer Services and Lead Cancer Nurse posts have been filled and recruitment is underway for the Lead Cancer Clinician post.

Learning: breach analysis and harm reviews are not consistently undertaken
Progress: harm reviews are being undertaken and reported to the Quality Committee. A review of the harm review policy will be undertaken in January 2020, this will be led by the Deputy Medical Director. Further work is required to strengthen the breach analysis process.

5. External support

The NHSE /I Intensive Support Team (IST) has agreed to provide a comprehensive programme of support to the Trust to improve cancer waiting times. The first stage of this, a diagnostic review, commences on 16 December 2019.

6. Improvement trajectory

The improvement trajectory detailed at Appendix B has been agreed for each tumour site; this shows sustainable delivery of the 62-day standard from March 2020. As at September 2019, performance is in line with the trajectory and there has been a reduction in the 62-day backlog from 99 in September, to 68 at the beginning of November.

7. Recommendation

Trust Board is asked to note the progress made against the improvement plan.

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Appendix A Demand: Two week wait referrals

TUMOUR SITE	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Brain/Central Nervous System	8	8	8	4	7	9	5	8	10	1	3	3	5	9	6	6	3	6
Breast	125	161	113	147	137	111	158	127	136	156	162	122	197	203	147	193	115	148
Gynaecological	78	72	75	91	117	117	75	85	101	64	92	105	90	91	72	86	75	68
Haematological	3	3	0	6	3	5	7	1	2	3	1	1	4	5	4	4	4	2
Head & Neck	48	80	77	90	68	76	70	62	78	61	78	76	70	97	67	86	70	62
Lower Gastrointestinal	144	172	174	202	165	198	207	175	189	179	196	198	207	225	192	243	190	185
Lung	21	21	31	27	25	27	27	28	16	37	25	31	29	24	32	28	17	24
Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin	98	168	175	204	209	205	173	155	128	130	150	178	164	182	158	240	201	208
Upper Gastrointestinal	73	48	75	65	78	75	64	73	85	83	86	69	79	71	68	68	59	72
Urological	119	148	116	91	117	115	100	127	103	102	120	118	123	92	98	103	135	91
Testicular	5	3	3	7	4	3	6	12	3	9	6	5	8	6	6	5	5	5
Other	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0
Childrens	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Trust Total	**722**	**884**	**848**	**935**	**932**	**941**	**893**	**853**	**852**	**825**	**919**	**906**	**976**	**1005**	**850**	**1062**	**874**	**872**

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Appendix B 62-day referral to treatment forecast and performance

Tumour site			Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Breast	Forecast	Total	12	8.5	11	12	11	8	9	10	12
		Breaches	0	1	0	0	0	1	1	0	0
		Forecast	100.00%	88.24%	100.00%	100.00%	100.00%	87.50%	88.89%	100.00%	100.00%
	Actual	Total	17	10	15						
		Breaches	17	10	15						
		Actual	100.00%	100.00%	100.00%						
Gynaecological	Forecast	Total	3	13	3	3	3	3	3	3	3
		Breaches	3	9.5	3	1	1	1	1	1	1
		Forecast	0.00%	26.92%	0.00%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
	Actual	Total	2	6.5	6						
		Breaches	2	4	4						
		Actual	0.00%	38.50%	33.33%						
Haematological	Forecast	Total	2	1	2	2	2	1	2	2	2
		Breaches	0	0.5	0	0.5	0.5	0.5	0.5	0.5	0.5
		Forecast	100.00%	50.00%	100.00%	75.00%	75.00%	50.00%	75.00%	75.00%	75.00%
	Actual	Total	2	5	3						
		Breaches	0	2	2						
		Actual	100.00%	60.00%	33.33%						
Head & Neck	Forecast	Total	4	5	2.5	2	2	2.5	2.5	2.5	2.5
		Breaches	2	2	1	0.5	0.5	1	1	0.5	0.5
		Forecast	50.00%	60.00%	60.00%	75.00%	75.00%	60.00%	60.00%	80.00%	80.00%
	Actual	Total	1.5	2.5	3.5						
		Breaches	2	1	2.5						
		Actual	0.00%	60.00%	28.60%						
Lower Gastrointestinal	Forecast	Total	6.5	8	8	7	7	4	6	5.5	7
		Breaches	5	5	5	4	3	3	4	3	2
		Forecast	23.08%	37.50%	37.50%	42.86%	57.14%	25.00%	33.33%	45.45%	71.43%
	Actual	Total	7.5	5	6						
		Breaches	3.5	4	5						
		Actual	53.30%	20.00%	16.70%						
Lung	Forecast	Total	4	7	2.5	2	2.5	1.5	3.5	2.5	3
		Breaches	3	3.5	1	0.5	0.5	0.5	1	1	0.5
		Forecast	25.00%	50.00%	60.00%	75.00%	80.00%	66.67%	71.43%	60.00%	83.33%
	Actual	Total	4	6	2						
		Breaches	3	4	1						
		Actual	25.00%	33.33%	50.00%						
Sarcoma	Forecast	Total	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
		Breaches	0	0	0	0	0	0	0	0	0
		Forecast	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Actual	Total	0	0	0						
		Breaches	0	0	0						
		Actual									
Skin	Forecast	Total	8.5	14	13	14	12	11	12	12	14
		Breaches	0.5	0.5	0.5	0.5	0.5	1	1	0.5	0.5
		Forecast	94.12%	96.43%	96.15%	96.43%	95.83%	90.91%	91.67%	95.83%	96.43%
	Actual	Total	10.5	12	21						
		Breaches	0.5	0	0						
		Actual	95.20%	100.00%	100.00%						
Upper Gastrointestinal	Forecast	Total	3	3	4	3	3	2	3	4	3
		Breaches	2	2	1	0	1	0	0.5	0	0
		Forecast	33.33%	33.33%	75.00%	100.00%	66.67%	100.00%	83.33%	100.00%	100.00%
	Actual	Total	3.5	1.5	2						
		Breaches	1	1.5	1						
		Actual	71.40%	0.00%	50.00%						
Urological	Forecast	Total	12	20	22	22	20	18	21	24	23
		Breaches	5	12	10	10	8	8	6	5	5
		Forecast	58.33%	40.00%	54.55%	54.55%	60.00%	55.56%	71.43%	79.17%	78.26%
	Actual	Total	17	22.5	12.5						
		Breaches	3.5	8.5	5.5						
		Actual	79.40%	62.20%	56.00%						
Other	Forecast	Total	1	1	1	1	1	1	1	1	1
		Breaches	0	0	0	0	0	0	0	0	0
		Forecast	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Actual	Total	0.5	1	0.5						
		Breaches	0.5	1	0						
		Actual	0.00%	0.00%	100.00%						
62 day	Forecast	Total	56.5	81	69.5	68.5	64	52.5	63.5	67	71
		Breaches	20.5	36	21.5	17	15	16	16	11.5	10
		Forecast	63.72%	55.56%	69.06%	75.18%	76.56%	69.52%	74.80%	82.84%	85.92%
	Actual	Total	66	72	71.5						
		Breaches	16	26	21						
		Actual	75.76%	63.89%	70.63%						

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Appendix C Cancer improvement plan

Executive Accountable Lead Officer	Denise Smith, Chief Operating Officer
Operational lead	Sarah Jones, Deputy Chief Operating Officer

Tumour site	Action	Action owner	Timescale	Update
All	Introduce new governance framework for cancer performance in line with NHSI best practice guidelines	COO	30/09/2019	**Complete** – weekly cancer PTL meetings and escalation meetings established, Cancer Board dates diarised. Governance framework will be reviewed by the IST in December/January.
	Introduce new internal standard - any patient referred for a diagnostic procedure in theatres and who is fit for anaesthetic will be booked within 1 week	DGM Surgery	30/09/2019	**In place –** sufficient, ad hoc, template biopsy capacity is in place until January 2020. Weekly internal monitoring is in place in the Division.
	Revise processes to ensure patients are informed that they do not have a cancer diagnosis within 48 hours of histology results being received	Lead Cancer Nurse	30/09/2019	**In progress** - Some progress has been made, particularly in lung and skin tumour sites. Further work to do in other tumour sites, this is led by the Lead Cancer Nurse.
	Complete 2ww capacity and demand planning	Ops Managers	31/10/2019	**In progress** - Undertaken for urology, lower GI and gynaecology. The IST will review the work undertaken and roll out across all tumour sites.
	Circulate patient information cards to General Practices	Cancer Manager	01/09/2019	**Complete** although no noticeable change in DNA rates. Cards to be placed in outpatient clinics for distribution at first appointment if not already received. GPs not giving the cards to patients will be contacted.
	Introduce patient level histology escalation calls to ensure delays minimised	Deputy COO	28/08/2019	**Complete –** weekly calls are in place, with escalation to CUH Clinical Director for pathology at 10 days. Monthly histology performance call between senior CUH/QEH teams to increase to bi-weekly from 22/11/19.
	Undertake staff training on cancer waiting time standards	Deputy COO	31/10/2109	**Delayed** – the IST will provide this as part of the external support programme. In addition, all operational staff at band 7 and above are

Tumour site	Action	Action owner	Timescale	Update
	and national guidance			booked onto either the NHSE&I Elective Care Essentials or Cancer Care Essentials training programme which covers waiting times and standards.
	Ensure that all patients who DNA an appointment are called to discuss rather than automatically rebooked.	Head of Business Support	30/09/2019	**In place** - no notable themes identified, being monitored by the booking team management.
	Purchase additional dicataphones for tumour sites that do not currently use hot tapes to ensure typing for 2ww clinics can be easily identified	Head of Business Support	31/08/2019	**Complete** - specific cancer typing performance now visible and being monitored via the weekly turnaround reports produced by the secretarial team managers.
	Develop cancer dashboard to ensure timely sharing of accurate information and that it is shared appropriately.	Deputy COO	30/09/2019	**Complete** - comprehensive data pack is now produced and shared with the Divisions weekly, this shows current performance and trends.
	Develop that radiology diagnostic action plan to current standards of 2 weeks to scan and 3 days to report	Radiology Manager	31/08/2019	**Complete** - new processes in place to ensure that these standards are met, including a timely escalation policy and a single point of contact for 2ww patient queries, monitored by the Clinical Support Division
Gynae	Create one stop clinic service for Post-Menopausal Bleed patients, to enable women who meet predetermined criteria to have their diagnostic procedure at first appointment, shortening their pathway by approx. 2 weeks.	Ops Manager W&C	23/09/2019	**In progress** - 4 additional scopes purchased and PAs identified in job plans. Implementation delayed due to clinic coordination challenges, start date of 14 December 2019 agreed.
	Gynae specific GP education, to ensure that accurate and relevant information is captured at the time of referral to allow appropriate triage of patients and diagnostics arranged pre consultant appointment where possible.	Ops Manager W&C	30/09/2019	**In progress** - Leaflets are going to be discussed at the next GP/Practice manager forum having been signed off by QEH. Date to be confirmed. Cards have been in use at the GP for the past 4-6 weeks.

Tumour site	Action	Action owner	Timescale	Update
	Gynae - weekly senior escalation re CUH delays	Ops Manager W&C	01/08/2019	**Complete -** Call scheduled weekly and in place from August.
Head and Neck	Explore with NNUH whether scans for MDT patients who are to be discussed on NNUH MDT can be reported by NNUH radiologists	Ops Manager ENT	31/08/2019	**Complete** - NNUH are unable to support due to capacity issues. QEH have identified a radiologist to undertake this work.
	Identify funding source for trans nasal oesophagoscopy endoscope to improve head and neck diagnostic times by facilitating biopsies at first clinic appointment (approx. 2 weeks saved). This will improve the timeliness of diagnosis and enable earlier referral to NNUH.	Ops Manager ENT	30/09/2019	**In progress** - part funding agreed by League of Friends for stack and one scope, which will allow the service to start. Funding for the remaining two scopes to be requested via Trust funds or medical equipment committee.
Lower GI	Agree additional consultant capacity (MB)	Ops Manager General Surgery	31/08/2019	**Complete** - additional capacity sourced through two middle grade doctors.
	Expand STT criteria and ensure that capacity is in place to triage	Operational Manager General Surgery	30/09/2019	**Delayed** - Straight to Test will commence in December 19 with expanded criteria and daily triage. Delayed due to a lack of triage capacity.
	Review policy for annual leave at sub specialty level within Gen Surgery	DGM Surgery	31/08/2019	**Complete** – agreement in place to ensure that capacity for cancer patients is not compromised through annual leave, monitored through the surgical division.
	Review endoscopy capacity to ensure adequate to meet demand	Ops Manager Theatres	30/09/2019	**In progress** - capacity in terms of sessions and nurse cover has been assessed and is adequate to meet demand, there are still some operator gaps and discussions are taking place across the medical and surgical divisions to agree plans to cover.
Lung	Agreed plan to refine decision making outside of MDT to avoid unnecessary delays and ensure earlier referral to tertiary centre.	Ops Managers	30/09/2019	**Complete** - STP meeting held 1/11/19, clinical lead addressing QEH delays, Head of Cancer Services exploring implementation of pre-MDT meetings

Tumour site	Action	Action owner	Timescale	Update
	More appropriate and timely management of GP direct access patients to reduce the number of 2ww patients on the pathway.	Ops Manager	31/07/2019	**Complete**
	Triage and streamlining of pathway to allow CT and LFT before first appointment, thereby reducing the pathway by approx. 1 week.	Ops Manager	31/07/2019	**Complete**
Skin	Agree a plan with NNUH re plastics capacity	Ops Manager Dermatology	30/09/2019	**Complete** - Plan agreed to ensure protected 2ww capacity, backlog is now cleared and being monitored via the weekly escalation meetings.
	Introduce one stop clinic for punch and incisional biopsies	Ops Manager Dermatology	30/11/2019	**On hold** pending start of new locum consultant and to be reviewed with the head of service.
	Recruit into vacant consultant post to ensure consistent capacity available and agree interim locum capacity	Ops Manager Dermatology	30/11/2019	**Complete** - NHS locum recruited to start 9/9/19 on 2-year fixed term contract
UGI	GP education re 2ww/direct access referrals	Ops Manager UGI	31/08/2019	**Complete** - correct form available on knowledge Anglia by 30/8, to be followed up with GP comms via Dr Suzanne Phillips.
Urology	Recruit to RD vacancy (full time @ QEH). This will give additional capacity.	DGM Surgery	01/01/2020	**Complete** - post holder commenced in November.
	Train all consultants in template biopsy procedure (RKC, PAM, ND, ACE)	Ops Manager Urology	31/08/2019	**Complete** - training undertaken and the division have adequate capacity and cover to meet demand.
	Agree set capacity in DSU for template lists (1 list per week 4 pts)	Ops Manager Urology	01/09/2019	**Complete** - new rotas agreed from Jan 20 which will have fixed template lists identified. Until then ad hoc capacity is in place and is sufficient to meet demand.
	Agree a plan with Mr Ilie/NNUH for ensuring nephrectomy patients are treated in a timely way	DGM Surgery	30/09/2019	**In progress** - discussion with NNUH regarding referrals made – request to refer to the service rather than Mr Ilie specifically and patients will be treated in line with all patient waiting rather than potentially wait longer for Mr Ilie to undertake the procedure.
	Nephrectomy plan above actioned	DGM Surgery	30/11/2019	**In progress** - above to be agreed and implemented by the surgical division and urology team.
	PCI MDT clinic capacity -	Ops Manager	31/08/2019	**Complete** - effective from Jan 2020 when new rotas commence.

Tumour site	Action	Action owner	Timescale	Update
	review of job plan to ensure equal allocation of admin/SPA between QEH and NNUH to release clinic time at QEH	Urology		
	Education for specialty doctors in respect of admin so that discussion with consultant is not always necessary	Ops Manager Urology	31/08/2019	**Complete** - delays are now less frequent. Monitored by the operational team.
	Ensure that MDT meetings are planned for weeks when there is a bank holiday	Support Manager Urology	01/08/2019	**Complete** - MDT to take place on Tuesdays of bank holiday weeks.
	Formalise current ad hoc capacity arrangement for cystoscopies	Ops Manager Urology	31/08/2019	**Complete** - weekend lists agreed
	Agree, communicate and implement a proposal for managing referrals that do not meet 2ww criteria	Deputy COO	31/08/2019	**Complete** - STP-wide 2ww referral criteria launched. QEH & NNUH have agreed common criteria for managing referrals, which has been discussed and agreed with WN and C&P CCGs. Implementation at QEH 11/11/19.