

Board of Directors

Date:	26 September 2018	Attachment Number:	E																
Title of Report:	Failure to deliver the maximum 62 days Cancer Waiting Time from urgent referral for suspected cancer to the first definitive treatment standards in July and August 2018 (COO will provide a verbal update on August as it may still be suspect to change due to timings of papers)																		
Purpose of the report and the key issues for consideration/decision:	<p>It has been agreed with the Board of Directors that there will be an exception report for any failure to deliver any of the performance standards for patients care.</p> <p>This paper relates to the 62 day Cancer Waiting Time, (CWT), standard from urgent referral with suspected cancer to first definitive treatment.</p> <p>The report details at an individual patient level why this standard was not met and highlights to the Board the underlying reasons and proposes areas and actions for consideration.</p>																		
Prepared by:	Alison Conchie, Assistant Director of Operations, Women's & Children's Services and Lead Cancer Manager																		
Presented by:	Stacey Hunter, Chief Operating Officer																		
Strategic Objective(s) supported by this paper:	<table border="1"> <tr> <td>Financial Sustainability</td> <td></td> <td>Empower & Engage Staff</td> <td></td> </tr> <tr> <td>Quality of Care</td> <td>x</td> <td></td> <td></td> </tr> </table>			Financial Sustainability		Empower & Engage Staff		Quality of Care	x										
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Is this on the Trust's risk register:	<table border="1"> <tr> <td>No</td> <td>x</td> <td>Yes</td> <td></td> <td>If Yes, Score</td> <td></td> </tr> </table>			No	x	Yes		If Yes, Score											
No	x	Yes		If Yes, Score															
Which CQC Standards apply to this report:	Quality and Safety																		
Have all implications related to this report been considered: (please X)	<table border="1"> <tr> <td>Finance Revenue & Capital</td> <td></td> <td>Equality & Diversity</td> <td></td> </tr> <tr> <td>National Policy/Legislation</td> <td>x</td> <td>Patient Experience</td> <td>x</td> </tr> <tr> <td>Human Resources</td> <td></td> <td>Terms of Authorisation</td> <td></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td>x</td> <td>Other:</td> <td></td> </tr> </table>			Finance Revenue & Capital		Equality & Diversity		National Policy/Legislation	x	Patient Experience	x	Human Resources		Terms of Authorisation		Governance & Risk Management (BAF)	x	Other:	
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Action Required: (please X)	<table border="1"> <tr> <td>Approve</td> <td></td> <td>Discuss</td> <td>x</td> <td>Receive for information</td> <td>x</td> <td>Decision</td> <td></td> </tr> </table>			Approve		Discuss	x	Receive for information	x	Decision									
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Previously Considered By:	<table border="1"> <tr> <td>Executive Assurance Group</td> <td>Date:</td> <td>19 Sept 2018</td> </tr> </table>			Executive Assurance Group	Date:	19 Sept 2018													
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Recommendations:	To note the reason for the failure of the 62 day CWT standard in July and August and support the proposed remedial actions																		

Board of Directors 26 September 2018

Exception Report: Failure to deliver the Cancer Waiting Time standard of a maximum of a 62 day wait for urgent referral for suspected cancer to the first definitive treatment for all cancers in July and August 2018.

1. Context / Background

The NHS Constitution sets out the following rights for patients with suspected cancer;

- to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible;
- To be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

In addition to the individual patient rights as set out in the NHS Constitution there is a set of waiting time performance measures for which the NHS is held to account for delivering by NHS England, which are detailed below

Performance Measure	Performance Target
A maximum 14 days wait to see a specialist for all patients referred by a GP with suspected cancer symptoms	93% of all patients
A maximum 62 days wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected. (Non-Fast Track)	93% of all patients
A maximum 62 days wait from urgent referral for suspected cancer to the first definitive treatment for all cancers	85% of all patients
A maximum 62 days wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	85% of all patients
A maximum 62 days wait from referral from an NHS cancer screening service to the first definitive treatment for cancer	90% of all patients
A maximum 31 days wait from receiving definitive diagnosis to treatment	96% of all patients
A maximum 31 days wait for subsequent treatment where the treatment is an anti-cancer drug regimen;	98% of all patients
A maximum 31 days wait for subsequent treatment where the treatment is surgery	94% of all patients
A maximum 31 days wait for subsequent treatment where the treatment is radiotherapy	94% of all patients

2. Executive Summary

- A summary of the cancer standard definitions is provided at the beginning of the paper to familiarise the Board.
- The paper alerts the Board that the Trust has failed to deliver the maximum 62 days Cancer Waiting Time, (CWT), from urgent referral for suspected cancer to the first definitive treatment standards in July and August 2018.

- In summary the reason for failure of the 62 day CWT from referral to definitive treatment in July and August was related to a high number of breaches. 8.0 and 7.5 respectively, the average is usually 4.5 the number of treatments was also higher at 48.5 and 47.5 with the average number of treatments usually around 45. This is a numerical analysis the important information comes from the root cause analysis which is done at an individual patient level so the reason for failure in each pathway is understood.
- Root Cause Analysis of each breach has been undertaken to determine if the breach was avoidable or unavoidable. For each month 7 patients who breached the 62 day standard were avoidable and related to capacity issues in either clinic or diagnostics or administrative delays.
- As per previous reports the majority of this is focused on urology pathways with constraints in capacity at both Airedale and Bradford. There is a plan to increase capacity in Urology at Airedale that the Board have approved which is in the process of being implemented. However at this stage the Board will want to note we failed to meet the required IPT date for all but one of the urology patients whose diagnosis and treatment wasn't completed in 62 days.
- The CWT standard and regional agreement is that the transfer between referring and treating hospital inter-provider transfer, IPT, should be at day 38.
- We alongside the other WYAAT organisations (most of whom are failing on the Urology Cancer pathways) are currently working with NHS I Intensive Support team given our ongoing challenges in this area. The initial focus is using a Pathway Analyser Tool that will provide a detailed analysis of each step of the 62 day pathway and measure what our current capacity and ways of working delivers against the best practice pathway. The outputs of this are due at the end of September 2018 which the Chief Operating Officer will provide a verbal update about at the Board
- Due to the ongoing issues with 62 day cancer performance the Chief Operating Officer has instituted additional performance management meetings with the relevant specialities which will take place every fortnight and initiated a Cancer Recovery Plan This is to ensure that there is grip and control on the management of the individual patient pathways and to oversee the delivery of the Cancer Recovery Plan which the Chief Operating has requested.

3. Activity and Breach Analysis

Activity

	CWT performance	CWT standard	Breaches	Avoidable	Patients affected	Airedale patients	Shared patients	Treatments
July 2018	83.51%	85%	8	7	12	3	9	48.5
August 2018	84.21%	85%	7.5	7	11	3	8	47.5

In July 2018 performance of the 62 day CWT standard was 83.51%. The standard is 85%. There were a total of 8 breaches of the standard which equates to 12 patients whom did not receive their treatment within 62 days. Of the 12 patients 3 were treated by Airedale NHS Foundation Trust and 9 were shared with either Bradford Teaching Hospital Foundation Trust or Leeds Teaching Hospitals Trust, (currently half breaches are allocated for shared patients). There were a high number of treatments at 48.5 in July 2018.

In August 2018 performance of the 62 day CWT standard was 84.21%. There were a total of 7.5 breaches, which equates to 11 patients whom did not receive their treatment within 62 days of referral. Three patients were treated in Airedale NHS Foundation Trust and 8 were shared patients with either Bradford Teaching Hospital Foundation Trust or Leeds Teaching Hospitals Trust.

In both months the number of treatments was higher than average which is usually 45 per month. The average number of breaches per month is 4.5.

Breach Analysis

All patients with a final diagnosis of cancer, who breach any aspect of the CWT standards, have an analysis of their referral to treatment timeline undertaken by the clinical team to determine the actions required to avoid a recurrence. All potential breaches and actual breaches are circulated twice weekly to senior management and a monthly analysis is reviewed via the Delivery Assurance process.

Appendix 1 below details the analysis of the breaches for July to determine if they were avoidable or unavoidable. Of the 12 breaches in July 7 were avoidable due to diagnostic delays mainly with imaging or endoscopy. In August of the 11 breaches 7 were avoidable due to administrative delays in the patients' pathway.

4. Conclusions

The Cancer Team in conjunction with the Groups have developed a cancer recovery plan across all cancer sites for 2 week and 62 day CWT standards, with a focus on the prostate pathway. The Urology service has engaged in a focussed piece of work with the Intensive Support Team, (IST), to analyse the prostate pathway using the Optimal Prostate Pathway as the benchmark. This highlighted a delay in triage and no MRI pre-biopsy. A business cases to resolve these issues has received Board approval. The IST also highlighted some areas of good practice in both radiology and pathology reporting turnaround times.

5. Recommendations

1. Continue the daily, weekly, monthly monitoring and tracking of cancer patients with escalation to the Patient Service Manager and Assistant Director of Operations for cases that are at risk of breaching any aspect of the CWT standards.
2. Continue to monitor CWT performance at a Speciality and Group level through the Delivery Assurance process.
3. The MDT to examine patient pathways to streamline to minimise delays.
4. Implement the agreed regional inter-provider transfer, (IPT), pathways across all tumour sites, which require all IPTs to occur at or before day 38 in in order to avoid any 62 day CWT breach being allocated to Trust.
5. Engage with the West Yorkshire Cancer Managers and Cancer Alliance and implement any initiatives aimed at streamlining patient pathways.
6. Engage in the focussed work on the prostate pathway supported by NHSE Intensive Support Team.

Appendix 1

July 2018 62 day breach summary

Tumour site	IPT Day (38 days target)	Avoidable	Unavoidable	Lessons Learnt
Lower Gastrointestinal	28		x	Patient needed surgery for recurrent liposarcoma prior to RT
Lower Gastrointestinal	98		x	Treatment plan changed
Lower Gastrointestinal	N/A	x		Diagnostic/endoscopy
Breast	N/A		x	Started as fast track lower gastrointestinal patient. Axillary lymph node biopsy showed metastatic breast adenocarcinoma but after various investigations primary breast site not identified.
Lung	45		x	Previously history of breast cancer and this had to be ruled out. OPA delayed as patient was on holiday
Haematology	147		x	Referred back from Leeds to AGH on day 147. Complex path treated at day 214 currently being reviewed jointly by Leeds and AGH. Still requires further biopsy
Urology	70	x		Seen in clinic on day 8, MRI on day 14. Unable to book TRUS as away for 4 weeks -Patient in France.
Urology	N/A	x		Patient was unsure whether to proceed with biopsies then did not attend TRUS. Patient treatment was active monitoring
Urology	47	x		Seen in clinic day 8. MRI day 12. 8 days lost from MRI to TRUS (targeted) due to TRUS capacity which has now resolved due to improvements made in pathway. Patient away for 14 days.
Urology	60	x		Treated day 86 all diagnostics late, the pathway has now improved and this problem resolved. Patient unable to attend clinic to be told MRI results so delay in booking bone scan.
Urology	67	x		Treated 104 days
Urology	46	x		Treated day 77

August 2018 62 day breach summary

Tumour site	IPT Day	Avoidable	Unavoidable	Lessons Learnt
Haematology	77		x	Complex diagnostic/treatment pathway involving 3 Trusts
Urology	33		x	Patient deferred surgery due to holiday
Lung			x	Original referral to LGI-complex diagnostic pathway
Urology	43	x		Seen in clinic on day 8. MRI, TRUS and Bone scan within target. Patient wanted time to decide what to do (patient choice). Missed referral to Bradford by 5 days. Look at pathway Re: OPA to discuss next steps, decide on length of waiting time appropriate for patient to decide treatment option.
Urology	48	x		Seen on day 14 (within target) however this was due to clinic capacity which has now improved. TRUS capacity lost 6 days, improvements have been made to resolve this. MRI done quickly, the day after Follow improved pathway guidance
Haematology	73		x	Complex diagnostic pathway
Lung	25		x	
Lung	34	x		Confusion over treatment plan and patient wishes
Breast		x		Breast OPA capacity- due to increase new patients
Urology	39	x		Delay as seeing patients in OPA to inform of next steps
Urology	48	x		Seen in clinic on day 7. TRUS capacity, lost 6 days but improvements now made to resolve this. Bank holiday, lost 2 days.
Urology	54	x		Follow pathway guidance