Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**24th August 2015**
Board Sponsor:	**Mark Smith Chief Operating Officer**
Paper Author:	**Clinical Director and Directorate Manager, Cancer Services**
Subject:	**Cancer 8 high impact changes and Cancer Trajectories to November 2015**

Executive summary

With national performance against the cancer 62 day referral to treatment standard being consistently below the required 85% standard, Trusts, have been requested to identify progress, against 8 key priorities defined by the NHS Trust Development Authority (TDA).

This report updates the Board on progress against the 8 key priorities for cancer services. Update and assurance on the Trust plans for compliance with these priorities is required by TDA by 31st August 2015.

The report also describes the current position by sub-speciality, to deliver Cancer pathway compliance by November 2015.

Links to corporate objectives	Performance against the cancer access standards is a key indicator of the corporate objectives of ***excellent outcomes and great experience***
Identified risks and risk management actions	Risks to patient outcomes and experience; organisational reputation
Resource implications	Will be defined in conjunction with the clear-down plan.
Report history	Executive Team, 18th August 2015
Appendices	None

Action required by the Board

The Board is asked to note the contents of the report and support the direction of this programme of work.

Report to the Board of Directors, 24th August 2015
Cancer Directorate 8 High impact changes

1. Introduction

Following a national and local deterioration in the 62 day Cancer pathway a series of actions are required to be undertaken by the Trust to address the current areas of concern. The series of measures are identified as 8 key priorities or impact changes and the Trust is required to demonstrate progress against these requirements, by the 31st August 2015.

The high impact changes are detailed in section 2 below. In section 3, the current position of the Cancer Directorate is outlined and the actions which will be taken, so that a concise and coherent response, can be provided to the TDA, by the 31st August.

The second component of the report reflects the current position by sub-speciality, to deliver Cancer pathway compliance by November 2015.

2. High Impact Changes

The high impact changes are detailed below:

8 High Impact Changes
1. The Trust Board must have a named Executive Director accountable for CWT
2. Trust Board aware of 62-day performance in each tumour site
3. Trust-wide Cancer Operational Policy – covering governance and compliance of cancer patient pathways
4. Timed pathway for each tumour site agreed with commissioners and partner providers
5. Tumour specific weekly PTL meeting
6. A robust Route Cause Analysis system and process for both breaches and near-misses reviewed weekly
7. Capacity and demand analysis for non-compliant pathways
8. Improvement plan for each non-compliant pathway with agreed recovery trajectory

3. Progress to date

The actions to date against the 8 High impact changes are as follows:

1. Dr Mark Smith, Chief Operating Officer, is the named Executive for the Trust Board.

2. The 62 day performance report is clearly described by individual tumour group and the draft has been circulated for amendment and guidance.

3. The Trust Wide Cancer Operational policy is currently being refreshed and circulated for approval.

4. Timed pathway for tumour groups are shared with partners and providers and at all MDT tumour meetings. (Wessex have also adopted the BSUH model)

5. A Tumour specific weekly PTL meeting is underway. Each individual patient on a Cancer pathway is reviewed by sub-speciality, with actions from the meeting circulated within 24 hours. CCG partners and IMAS are in attendance. Weekly meeting with CCG's will also be undertaken, to track specific actions against the trajectories.

6. Root cause analysis is undertaken as part of the Weekly PTL meeting and review at individual patient level is scrutinised.

7. Capacity and Demand for the 3 non-compliant pathways, to be agreed and commenced, by September 2015.

8. Improvement plan to be underway for each non-compliant pathway, across September and October 2015.

4. 62 day Trajectory

The trajectory below shows Q1 actual activity and 62 day target compliance. Q2-Q4 predicted performance is based on 2014/15 activity with an uplift (equivalent to 2013/14 - 2014/15 increase.) From this forecast activity we have calculated that the maximum number of breaches allowed to achieve no less than 85% compliance is 14. The allocation of maximum breaches per tumour site has been weighted in favour of Urology as this is a struggling site specialty. BSUH aims to achieve 85% when Urology improvements are complete in Nov 2015.

To achieve this, the following actions are taking place including:

- Capacity and demand modelling by speciality for diagnostics, 2 week waits and surgery. Gynaecology has begun this and Digestive Diseases are undertaking current position for capacity & demand in particular for 2 week waits and straight to test endoscopy followed by modelling for Direct Access as per NG12 guidance with 5-15% variances to activity as anticipated

- More detailed analysis of the 62 day Cancer Pathway Milestones at a tumour site specific level.

- Full root cause analysis breach reports are being circulated across specialties and being used to look at failing 62 day pathways.

- Early stage negotiations are underway with Eastbourne District General Hospital (EDGH), to provide additional theatre capacity for surgical cross site

working or for the relocation of a surgical speciality, or activity to the value of 4-5 overnight beds per day.

- Introduction of forward looking reporting and bi weekly remodelling of monthly performance starting with July. This will enable us to see the impact of the recent Elective cancellations and its performance impact.

These above actions are made possible with the introduction of cross working with specialties via the weekly PTL meetings and newly formed Cancer Information Team.

The risks and action by tumour group for 62 day compliance are described below.

Gynaecology

There are diagnostic delays, particularly in relation to day case/OPD hysteroscopy, with plans for their resolution.

Capacity & Demand modelling is being undertaken, and additional capacity requested with 2 week wait OPD capacity being expanded, to meet with the outcome identified from the modelling process.

Digestive Diseases

An initial agreement around 7 day turnaround time for histopathology reporting has been undertaken. 80% will be delivered within 3-7 days and 20% within 10 days.

Protected surgical slots on theatre lists for cancer patients are required.

Patients booked straight from MDT in liaison with PPC & waiting list manager. A set standard has been agreed that all cancer patients requiring surgery are booked within 24 hours of Decision To Treat (DTT).

The insufficient capacity for 2 week wait referrals (clinics, imaging and endoscopy) is likely to impact on the overall Trust position. The Directorate Manager is addressing. Routine referral capacity is being given over to 2 week wait referrals. Discussions with imaging and endoscopy services are taking place and will be discussed further.

Urology

There are long diagnostic pathways for prostate patients requiring an MRI with plus or minus biopsy. A pilot of 10 prostate patients going straight to MRI, OPD, Flexi scope and biopsy is taking place.

The backlog of diagnosed patients with no treatment dates will be addressed by the end of August 2015. The LCA (London Cancer Alliance) is presenting at a Urology clinical governance session in September to initiate new cancer pathway.

Other

Currently other non-compliant tumour sites are unable to complete the pathway, due to high volumes of elective cancer surgery being cancelled.

All information is predicated against the current trajectory and will be reported by exception.

BSUH 62 Day Trajectory												
Tumour Site (First Treatments Commenced)	ACTUAL			TRAJECTORY								
Row Labels	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Brain/Central Nervous System		100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast	94.7%	84.6%	100.0%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%	94.3%
Gynaecological	61.5%	35.3%	72.7%	83.4%	83.4%	83.4%	83.4%	83.4%	83.4%	83.4%	83.4%	83.4%
Haematological (Excluding Acute Leukaemia)	66.7%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Head & Neck	46.2%	85.7%	68.8%	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%
Lower Gastrointestinal	50.0%	0.0%	75.0%	63.9%	63.9%	63.9%	63.9%	63.9%	63.9%	63.9%	63.9%	63.9%
Lung	66.7%	72.7%	50.0%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%
Other				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sarcoma				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Skin	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Upper Gastrointestinal	100.0%	61.5%	22.2%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Urological (Excluding Testicular)	52.6%	45.7%	60.5%	14.6%	20.7%	26.8%	45.1%	51.2%	51.2%	51.2%	51.2%	51.2%
Grand Total	**78.6%**	**66.5%**	**75.4%**	**79.7%**	**80.7%**	**81.7%**	**84.8%**	**85.8%**	**85.8%**	**85.8%**	**85.8%**	**85.8%**
Tumour Site (First Treatments Commenced)	ur Site (First Treatments Comm			TRAJECTORY								
Row Labels	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Brain/Central Nervous System		1		1	1	1	1	1	1	1	1	1
Breast	19	13	10	17	17	17	17	17	17	17	17	17
Gynaecological	6.5	8.5	6	6	6	6	6	6	6	6	6	6
Haematological (Excluding Acute Leukaemia)	3	2	2	3	3	3	3	3	3	3	3	3
Head & Neck	6.5	3.5	8	7	7	7	7	7	7	7	7	7
Lower Gastrointestinal	2	1.5	4	3	3	3	3	3	3	3	3	3
Lung	13.5	5.5	7	8	8	8	8	8	8	8	8	8
Other				1	1	1	1	1	1	1	1	1
Sarcoma				1	1	1	1	1	1	1	1	1
Skin	36.5	23.5	25	28	28	28	28	28	28	28	28	28
Upper Gastrointestinal	1.5	6.5	5	6	6	6	6	6	6	6	6	6
Urological (Excluding Testicular)	19	35	22	16	16	16	16	16	16	16	16	16
Grand Total	**107.5**	**100**	**88**	**98**	**98**	**98**	**98**	**98**	**98**	**98**	**98**	**98**
Total First Treatments Commenced after 62 days	st Treatments Commenced afte			TRAJECTORY								
Row Labels	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Brain/Central Nervous System			0	0	0	0	0	0	0	0	0	0
Breast	1	2		1	1	1	1	1	1	1	1	1
Gynaecological	2.5	5.5	1.5	1	1	1	1	1	1	1	1	1
Haematological (Excluding Acute Leukaemia)	1	1	1	0	0	0	0	0	0	0	0	0
Head & Neck	3.5	0.5	2.5	1	1	1	1	1	1	1	1	1
Lower Gastrointestinal	1	1.5	1	1	1	1	1	1	1	1	1	1
Lung	4.5	1.5	3.5	1	1	1	1	1	1	1	1	1
Other				0	0	0	0	0	0	0	0	0
Sarcoma				0	0	0	0	0	0	0	0	0
Skin	0.5			0	0	0	0	0	0	0	0	0
Upper Gastrointestinal		2.5	3.5	1	1	1	1	1	1	1	1	1
Urological (Excluding Testicular)	9	19	8.5	14	13	12	9	8	8	8	8	8
Grand Total	**23**	**33.5**	**21.5**	**20**	**19**	**18**	**15**	**14**	**14**	**14**	**14**	**14**

5. Conclusion

Whilst the 8 high impact changes raise challenges across the 62 day pathway, it is essential that we maintain the current focus on delivery. The Trust is clear on the expectation for full pathway compliance and has engaged fully with best practice partners, to utilise the expertise that they currently have in place.

The trajectory profile by tumour group, gives our current position for compliance by November 2015. The CCG attend the weekly PTL meetings and they are fully briefed on our current trajectory. The Trust has also engaged directly with the London Cancer alliance, for the development of best practice and clinical guidance.

We are also scoping elective theatre and bed capacity at neighbouring Acute Trusts to minimise the risk of non-compliance, which will require agreement and modelling.

The continued high level of cancellations, for Cancer surgery, has a significant impact on the current trajectories and pathway compliance and those trajectories are refreshed weekly to reflect the level of cancellations.

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August 2015