62 Day Cancer Standard Improvement Plan - V1.16

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	**68.1%**	**72.2%**	**75.2%**	**77.5%**	**78.1%**	**80.0%**	**82.1%**	**85.0%**	**85.2%**	**85.2%**	**85.0%**	**85.2%**
Actual	**54.7%**	**68.45**	52.6%									
Treatment Numbers	**107**	**93.5**	78									
Reasons for Under Performance	• **Referrals into the trust are greater than the agreed values identified within the original recovery plan** • **Certain specialties are receiving huge increases in referrals that are leading to delays – Urology, Upper GI, Breast (in some months)** • **Diagnostic capacity is stretched – the Trust has needed to outsource work for both routine and reporting to cope with demand** • **Inability to recruit to key roles has impacted on available capacity (Radiography, Breast)**											

	Objective	How	When	Impact	Updates
2a	**Radiology** Provide additional CTC capacity to support bowel screening	Monitor waiting times for CT colonography	Oct-18	Additional slots/enable FIT programme to be support without impacting service.	Average wait for the scan is maintaining at 11 days. Reporting by day 3.
2d	**Radiology** Recruit additional radiographers	Liaise with workforce about different methods of recruitment	02/01/19	Additional Radiology staff Recruited.	Band 5 - 7 radiographers offered jobs Start date – Aug-19
2e	**Radiology** Increase patient throughput in Breast Imaging	Physical capacity and human resource within Radiology to accommodate	31/07/19	Recruit consultant radiologists and radiographers	Acquired 2 locum radiologists to support the service. International recruitment drive in India – Jun-19 with one interested radiologist. Adverts going out for consultant radiologist and radiographer in July 2019 Successful recruitment of ANP – awaiting start date
2f	**Radiology** Report 62 day target patients within 10 days of scan	Targeted reporting sessions	10/12/18	Allocate the 62 day target cases to specific radiologists	Current position (June) :- 56% reported within 3 days. 94% within 10 days. Previous Month(May):- 45% reported within 3 days. 85% within 10 days. Clinical fellow has been appointed and started in post to provide capacity and reporting support
2g	**Radiology** Reduce wait time for FNA	Increase capacity for FNA	Aug-19	Reduce pathway by 14-21 days	FNA booking time – 6 weeks Additional ultrasound machine on loan for 6 months from July 2019 to add extra capacity
	Pathology Manage significant impact of rearrangement of Black Country pathology services,	1. Extension of pathology facilities on the New Cross Site. 2. Recruitment and Demand	Mar-19	Achieve RCPath Monitoring of 80% in 7 days and 90% in 10 days	1. Plans for extension on track. Build commences January 2019, scheduled to complete April 2020. 2. Recruitment for Histopathologists continues. New consultants start dates are:

<table>
<tr><th></th><th>Objective</th><th>How</th><th>When</th><th>Impact</th><th>Updates</th></tr>
<tr><td></td><td>whilst maintaining current good turnaround times.</td><td>3. Ensure performance is monitored and maintained</td><td></td><td></td><td>1st September x 1 Dr Kuruppu
One post out to advert for Gynae specialist to support additional work from HPV screening
Overtime in the laboratory continues in order to cope with increased WLI demand

3. Monthly monitoring of performance continues. Turnaround time performance deteriorated in May due to additional work coming from DGH and WMH and annual leave commitments. 7 day turnaround has improved. Clearance of backlog of skin cases has pushed down 10 day TAT.
<table>
<tr><th></th><th>7 Days</th><th>10 Days</th></tr>
<tr><td>Feb</td><td>65%</td><td>82%</td></tr>
<tr><td>Mar</td><td>66%</td><td>82%</td></tr>
<tr><td>Apr</td><td>69%</td><td>78%</td></tr>
<tr><td>May</td><td>61%</td><td>76%</td></tr>
<tr><td>June</td><td>64%</td><td>74%</td></tr>
</table>
Some routine work is being sent away.</td></tr>
<tr><td>4a</td><td><u>Oncology/ Radiotherapy</u>
Review Radiotherapy pathway</td><td>Optimise radiotherapy planning time for clinical oncology to minimise patient deferrals

Review head and neck pathway between Radiotherapy and ENT. Improve OPG and dental assessment times to support 31 day pathway for Radiotherapy.</td><td></td><td></td><td>1. Quality Checklist (QCL) developed with med physic and radiotherapy. QCL enable visibility of where patient is on their pathway and their breach date. Trial period with 2 consultants to start Jun-19.
Target/ performance education for all clinical team and improved communication.
QCL's commenced 3 June 2019 – trial 2x consultants. Communication is required with all oncologists to ensure this practice works. Programme working so far but requires further trials.

Head and Neck pathway reviewed to enable that build up for pathway requiring dental extraction is completed earlier in the pathway. Awaiting information from RHH regarding number of dental extractions completed to undertake review.</td></tr>
<tr><td>4b</td><td><u>Oncology/ Radiotherapy</u>
Increase radiotherapy capacity</td><td>Develop Consultant Radiographer post</td><td>Jan-19</td><td>Reduced waiting times</td><td>Individual identified. 2 year training program to be developed ready for start date in January. – Job plan meetings planned with consultants however, new Consultant Radiographer posts being developed to support outlining of radiotherapy plans reducing the pressure on the consultants.
2 appointed – Start dated May-19 and July -19
Consultant Radiographer for Head & Neck Cancer commenced Apr-19. Review of H&N referral pathway for radiotherapy.
Consultant Radiographer for breast cancer – start date expected late Aug-19
Discussions to be held at directorate meeting on further potential posts

July 2019 – post agreed is Advanced Practitioner in Radiotherapy to support colorectal cancers. JD being finalised.</td></tr>
<tr><td>4d</td><td>Recruit to vacant Consultant</td><td>Update advert to reflect profile</td><td></td><td></td><td>Job Plan agreed by Royal College of Radiologists – December 2018. Comments</td></tr>
</table>

	Objective	How	When	Impact	Updates
	Clinical Oncologist post x 2	of organisation and group. Utilise current staff to network and promote cancer centre			received in January and advert updated. Advert due to be out February 2019. 2 posts – Breast/Head & Neck, and Breast/Colorectal. Job plans finalised and approved for advert. Closing date for adverts 8 and 11 April 2019 No applicants for either post. Discussions regarding collaborative working with UHNM to support Breast and colorectal pathways. Locum in place for breast has now left, no further locums available. Further work on development of Advanced Clinical Fellows to work up to locum consultant level by 2020 Ongoing no locums available. Development of UHNH MOU with working arrangements for cover to support leave and peer review support when required. Potential of joint appointments to fill vacancies with Worcester Acute Trust under discussion
5a	**CCG** Support GP to improve referrals into the Trust	1.Peer review of GP is taking place during June – August 2. All GP practices level data sent to CCG – June	Sept -18. Updated Dec -18.	Should result in a reduction in 'inappropriate' referrals, i.e. those that would not have resulted in further intervention. Aim to increase the available capacity for 1st 2WW appointments	Continuous sharing of practice level data with GPs 28 day fast diagnosis GP event to be organised for Nov-2019 Ongoing review of Breast Symptomatic Pathway and option of commissioned service for community. Phase 1 of Cancer diversion programme implemented in conjunction with RWT, Dudley & Walsall Trusts and CCGs and Cannock CCG.
6a	**Urology** Reduce delays for patients waiting for biopsies.	1. Procure new TRUS machine capable of delivering Template biopsy 2. Install and training August 18 Operational Aug/Sept 18 (dates changed and reflected in updated RAG rating 3. Move Template Biopsy to outpatient procedure	Sept-18	Reduce prostate cancer pathway by a minimum of 7 days. Improvement in performance (range 1-2%)	1. TRUS Machine – training for routine biopsy complete and agreed. System up and running for this procedure. 2. Guys and St. Thomas have agreed to support the initial biopsy lists at New Cross which will be used for training purposes. GA Lists to commence in the New Year. Urology ANPs attended GST's LA template biopsy course. Rollout plan being developed. Need to monitor the impact on Pathology. Template biopsy service to commence end of June 2019 – On Track. 3. First biopsy list rescheduled to 16th August due to late change in availability of Professor Moores (proctor for session)
6b	**Urology** Review consultant capacity	Fund and recruit 9th and 10th consultants.	Ongoing	Increase capacity and reduce wasting times	Ongoing recruitment of additional consultants. No success to date, due to national shortage of consultants. Next opportunity to recruit in March 2019. Confirmation from college received. To be advertised in April.

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<tr><td></td><td></td><td></td><td></td><td></td><td>Agency Locum consultant in post providing additional outpatient clinic, diagnostic and theatre capacity. To be replaced by NHS Locum consultant on 1st April.

New posts and vacancy to be advertised in June 2019 pending commissioner approval in 20th May 2019.

Commissioners have requested further information on 9th and 10th Business case following meeting on 20th May. Information sent – awaiting response.

Advert out to fill substantive vacancy for 8th consultant which is currently filled by NHS locum.

Interviews to take place 12th August 2019 – 3 candidates shortlisted.</td></tr>
<tr><td>6d</td><td><u>Urology</u>
Develop 28 day faster diagnosis prostate pathway</td><td>1.Introduction of renewed referral criteria

2. Communication package re: New referral criteria to be sent to GPs.</td><td>1.Dec-18

2.Jan-19</td><td>Reduce diagnosis times to 28 days</td><td>Since introduction of 28 day faster diagnosis pathway 11 referrals have been received, 6 were rejected, 5 accepted and of these 3 have reached TRUS stage with the following waiting times:
<table>
<tr><th></th><th>Old Pathway (Average Waits)</th><th>New Pathway (Average Waits)</th></tr>
<tr><td>Wait to FT apt</td><td>10 days</td><td>-</td></tr>
<tr><td>Wait to Triage</td><td>-</td><td>3 days.</td></tr>
<tr><td>Wait to MRI</td><td>33 days</td><td>11 days</td></tr>
<tr><td>Wait to TRUS</td><td>52 days</td><td>20 days</td></tr>
</table>

Latest waiting times:
<table>
<tr><th></th><th>New Pathway (Average Waits) June</th><th>New Pathway (Average Waits) July</th></tr>
<tr><td>Wait to FT apt</td><td>-</td><td>-</td></tr>
<tr><td>Wait to Triage</td><td>4 days</td><td>4 days</td></tr>
<tr><td>Wait to MRI</td><td>16 days</td><td>16 days</td></tr>
<tr><td>Wait to TRUS</td><td>28 days</td><td>29 days</td></tr>
<tr><td>Wait to MDT</td><td>34 days</td><td>35 days</td></tr>
<tr><td>Wait to Diagnosis</td><td>38 days</td><td>45 days</td></tr>
</table>

All referrals for Wolverhampton CCG being received on new forms. Delay in communication to other CGGs so currently old forms being accepted until mid-April.

Pathway review for MRI-TRUS to be completed

Old referral process still in place for Staffordshire referrals as CCG has not accepted new referral pathway. Meeting to be arranged to resolve issue.</td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td><td>Following meeting with Wolverhampton CCG agreed to continue to run new referral pathway as a pilot for Wolverhampton and after 6 months present the results of pilot to Urology EAG and at GP forum of Wolverhampton and Staffordshire GPs on the 28 day referral to diagnosis cancer pathway.</td></tr>
<tr><td>7c</td><td><u>Gynaecology</u>
Review Cancer pathway</td><td>1. Review of referral criteria

2. Fast Track clinic review</td><td>Sept-19</td><td>1st OPA to be booked by day 7</td><td>

New GP proforma is in use but will be the only referral method from 1st August – action closed.
1 new Sonographer has started another due in September which will help support more 1 one stop capacity.
MDT approach for 1st OPA 1 stop service starting August 19
Cancer review meeting on 11th July with CD / Consultants / CNS to review service capacity, pathways and new models of delivery.
Working with Trust Quality Improvement Team on mapping for all gynae Onc pathways
Immediate actions flexing capacity to support FT demand

<table>
<tr><td>Month</td><td>Apr</td><td>May</td><td>Jun</td></tr>
<tr><td>2WW %</td><td>86.9%</td><td>88%</td><td>92%</td></tr>
<tr><td>Booking</td><td>Day 13</td><td>Day 12</td><td>Day 12</td></tr>
<tr><td>Referrals (Ave 136)</td><td>146</td><td>144</td><td>118</td></tr>
</table>
</td></tr>
<tr><td>7d</td><td><u>Gynaecology</u>
Reduce wait time for outpatient Hysteroscopy to 7 days</td><td>1. Flexi procedure clinics for diagnostic capacity
2. Review clinic template to support fast track capacity
3. D&C modelling for hysteroscopy requirement</td><td>Jun-19</td><td>Reduce pathway by 7 days</td><td>

Current booking day 19
D&C monitoring with support of fast track team.
All bookings now being reviewed by Senior Nurse & Clinical Director for appropriateness
Outcome of review of our theatre sessions is changing some to OP procedure sessions, both in short term and as part of next job planning round.
Business Case to Division in July for additional treatment scopes to increase see & treat availability

</td></tr>
<tr><td>8a</td><td><u>Head & Neck</u>
Review fast track pathway</td><td>Fast Track clinic review</td><td>Feb-19</td><td>1st OPA to be booked by day 7</td><td>
<table>
<tr><td>Neck Lump</td><td>day 12</td><td>Increase as a result of consultant leave</td></tr>
<tr><td>ENT</td><td>day 10</td><td>Increase as a result of consultant leave</td></tr>
<tr><td>Maxillofacial</td><td>day 10</td><td></td></tr>
</table>

2WW Performance for Head & Neck
<table>
<tr><th>Month</th><th>April</th><th>May</th><th>June</th></tr>
<tr><td>Referrals</td><td>131</td><td>151</td><td>141</td></tr>
<tr><td>Breaches</td><td>13</td><td>10</td><td>4</td></tr>
<tr><td>Performance</td><td>90.07%</td><td>93.37%</td><td>97.16%</td></tr>
</table>

Breaches due to patient choice
</td></tr>
</table>

	Objective	How	When	Impact	Updates
8b	**Head & Neck** Review capacity for cancer cases	1. Additional consultant will double current capacity for one-stop neck lump clinic in the thyroid cancer pathway.. 2. Improve theatre capacity to support additional H&N surgeon including lists when required 3. Introduce nurse-led review clinics to release medical workforce for new patient clinics. 4. Scope options to introduce nurse-led diagnostic clinics to release medical workforce capacity	Ongoing Jan-19 March 2019 March 2019		1. Review radiology requirement to support FNA additional demand and proposed introduction of 2nd One Stop Clinic. Second person trained to provide FNA support. Available immediately. 2. Weekly Thursday lists agreed with theatres will increase capacity by 2 all day sessions per month. Also support for Major Cases. COMMENCED JANUARY Consultant has completed phased return - listing cancer patients. Locum to provide maternity cover from September and to support with patients on cancer pathways. 3 & 4. Refurbishment is complete. New Clinic capacity created to support MaxFax RTT waiting times. 4 Recruitment to vacancies and sickness has delayed the introduction of nurse-led diagnostic clinics. Further delay due to 2 members of outpatient nursing staff scheduled for long term planned sickness over summer months.
8c	**Head & Neck** Review Current biopsy capacity	Physical capacity and human resource: US guided FNA capacity – Radiology capacity to undertake test and reporting Laser guided biopsy – consultant capacity. Microlaryngoscopy capacity.			Meeting with Radiology. See above. Training complete for 2nd person to do FNA. Option review of doing US and FNA as separate appointments, confirmed this was not possible. Laser Guided Biopsy undertake by team with Locum to back fill as required Meeting with waiting list team to discuss process for pooling/escalation. Waiting List identifies urgent patients from PTL pool for discussion with consultant when picking list. Will escalate to GM when there are issues. “One-stop” pre-op slots for H&N to commence 1st August 2019.
9a	**Lower GI** Improve consultant capacity for LGI	1.Pilot CNS triage and model impact of changes 2.Increase pre-assessment clinics Recruit to vacancies in Colorectal CNS team – 1 replacement and 1 additional (CLOSED)	Oct-18	Improvement in performance (0.5 – 1%)	1. Pilot now completed. Impact of additional demand for colonoscopy understood and additional Pre-assessment capacity required prior to implementation of full triage. Anticipate October 2019 start date dependent on 10a and 9a (4) below 2. Plan to recruit Upper GI pre-assessment nurse to support STT pathway (see 10a) 3. Recruit additional administrative support and Band 3 Specialist Nurse Support Worker to release trained nurse time to support full implementation of nurse triage. Posts to be advertised end of July
10a	**Upper GI**	1.Increase clinical workforce	Jan-19	Increase endoscopy capacity	1.ENP post recruitment process completed: 1.6 WTE

	Objective	How	When	Impact	Updates
	Increase Endoscopy capacity				ENP begins Jan-19 and training plan is in place however they will not be undertaking independent practice for approximately 4-6 months. One ENP is currently off on long term sickness and one on maternity leave. Further ENP leaves for 6 month career break at beginning of August. Advert submitted for replacement consultant - clinical fellow acting up as consultant in interim. 3 Applicants and 2 have been shortlisted. Interviews to take place 31st May. One successful appointment One successful appointment and has now commenced in post. Hepatology Business case has been approved and Hepatology Consultant post out to advert at the moment. Interviews scheduled 31st May. No successful applicants, currently back out to advert and 2 individuals have expressed interest - No suitable applicants. Interviews have taken place to back-fill the Clinical fellow post and suitable candidate has been found and commenced in post Wednesday 6th March, will be undertaking 2 endoscopy lists per week. Further Clinical Fellow appointment expected to arrive end of Mid-August. Insourcing – private work to provide routine capacity at weekends. This will support capacity for urgent/cancer work. This has now ceased as no longer required, however the Trust is continuing to undertake weekend working. Ongoing. Nurse recruitment is ongoing currently have 2.21 WTE band 5 vacancies – Interviews took place Apr-19. Appointed 2 further members of staff. Current vacancies is 5.0 WTE Band 5 nurses. Advert has gone back out and recruitment stall is going to be located at world IBD day. High sickness rates in department (12%) causing further issues to cover all lists. Exploring option of using Band 4 role in endoscopy as well as fixing lists to certain procedures to allow for reduced strain on resources.
		2. Review endoscopy floor plan			2. Floor plan has been revised and 1 additional list a week is being provided from week commencing 7th January 2019 - Floor plan has been reviewed and will have 5 lists running from room 7 by August 2019
		3. Business case to support opening of Room 3 at Cannock			3. Business Case in development to open 10 lists . Hepatology business case has been approved and this will provide 1 additional list at room 7 CCH.
		4.STP working			4.Participation in new STP Endoscopy Demand and Capacity modelling to share learning across Black Country and identify new ways of improving demand and capacity – Next meeting date 15th July. Discussion regarding symptomatic colorectal pathway to be discussed during this meeting.

	Objective	How	When	Impact	Updates
		5.FIT			5. Received notification on 4th June that FIT would be rolled out on 7th June. Expecting 1st wave of patient's w/c 8th July. To accommodate these patients we will lose symptomatic capacity. 26th June received confirmation that Wolverhampton CCG have rolled out a QOF plus to GP's to promote uptake of Bowel Cancer Screening – at present it is not known how many GP's have signed up or what the potential implications are on activity.
11a	**Breast** Increase capacity for increased breast referrals	1.Middle Grade post to be advertised (CLOSED – recruited to and in post) 2.Continue to run 12 Saturday clinics as required (CLOSED – Saturdays are running most weeks in the year) 3.Review distribution of clinic across the week 4.Train second CNS to support Under35 clinics and release medical workforce for over 35 clinics 5.Review criteria for new referral if patient known to service 6. Explore Private Sector (CLOSED – no opportunity) 7. Explore with DGFT options for releasing RWT team from screening (CLOSED – unable to support)		Increase capacity for 2ww appointments	1. Commenced diversion of GP referrals at source – communication sent out by STP on 1st July 2019 (anticipated impact for 11 per week to Dudley and 11 per week to Walsall. Will be monitored weekly 2. Explore options for locum Consultant Surgeon - ongoing
12c	**Lung** Reporting of PET scans to correlate with Lung MDT	Ensure PET scans on Fast Track patients are reported ahead of the ensuing MDT	Dec-18	Jointly agree timescales and process	• Email sent to individual radiologists re timing of reports to coincide with thoracic MDT. • Audit of PET scans commenced re timeline from requesting to reporting of 20 patients. • Action required in terms of possible alternative provision. • PET scans often delayed- issues with injection/ staffing/ timing for diabetic

	Objective	How	When	Impact	Updates
					patients causing delays in the pathway. • Discussion to be had to with PET Alliance re: Reporting times.
13a	**Skin** Ensure sustainable capacity for skin patients (include facial and plastics	1.Increase fast track slots to complete clinic for each consultant per week to meet demand modelling with Nurse led biopsy clinics running alongside 2. Redesign all job plans to allow the biopsy room to be utilised to maximum capacity, prioritising fast track clinics 3. Nurse led clinics FastTrack to be undertaken alongside nurse led biopsy clinics for punch biopsies 4. CLOSED 5. Train HCA to support biopsy clinics to free up trained nursing staff.	1. Mar-19 2. Mar-19. 3. Jan-19 5. Jan-19	62 day continues to achieve for Skin	1&2. Consultant FastTrack clinics full days now set up and in place from 8/4/19 alongside Junior Doctors. 3/4 Clinic plans agreed, further require on required clinic capacity to be undertaken. Patient seen in a timely manner in FastTrack clinics, Biopsies now being booked in, in a timely manner patient backlog has cleared now. 3. More nursing training necessary to undertake nurse led FastTrack Clinics, however 2 Dermatology nurse now signed off to undertake small Biopsies, nursing staff soon to attend suture and excision courses.. Skin Cancer Nurse to be put in place by Matron, Matron is reviewing the necessary training required for the position, VCP being completed. 4.Two HCA trained to support biopsy clinics. One-stop shop leaflet, Admin FastTrack SOP and Biopsy Matrix in place from 8/4/19, all implemented and running well. Matron is reviewing nursing competencies to undertake Theatre sessions which will be in place within the next 2 months. Review of Biopsy INR SOP being undertaken by Matron and clinical team to ensure standardisation across the department. Bank Surgeons being reviewed for competencies, to start before end of July. Paediatric skin cancer increasing, need to look at pathway for children, including skin surgery and where this should be or if we refer to BCH asap. We have contacted Walsall for paeds support, but unfortunately they have confirmed that they do not have capacity to support us.