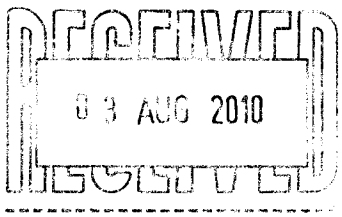
PET(3) 15-10 Annex 1

GIG NHS | Bwrdd Iechyd Aneurin Bevan Health Board

Ref: AG/JP/law/AM-MP 199 Direct Line: 01495 765072 22 July 2010

Ms Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA




Dear Ms Chapman

**Petitions Committee: P-3-150 National Cancer Standards**

Thank you for your letter dated 21st June regarding the above.

The Health Board is making every effort to ensure it is in a position to meet the National Cancer Standards by September 2010. Detailed action plans are in place within each of our specialities and additional investment has been made available to ensure our services are able to comply with the requirements of the standards. Periodic reviews undertaken by the National Cancer Standards Co-ordinating Group (CSCG) indicate that we are making good progress and our compliance is improving.

Our commitment to providing excellent care for cancer patients can also we demonstrated by our good track record of performance against the AOF targets for cancer waiting times. In May we achieved 97.2% compliance against the 62-day target compared to an all Wales performance of 90.6%. Against the 31-day target we achieved 100% compliance against an all Wales performance of 98.1%.

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I trust this provides the Committee with sufficient information but if I can be of any further assistance please do not hesitate to contact me

Yours sincerely

**Dr Andrew Goodall**
**Prif Weithredwr/ Chief Executive**

cc Mr Duncan Ingrams, Lead Clinician
Mr Mike Hague, Cancer Services Manager

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30th June 2010

Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

Dear Ms Chapman

**Petitions Committee: P-03-150 National Cancer Standards**

In response to your letter regarding the above I am pleased to inform you that ABMU Health Board is confident that the standards will be achieved by the end of September subject to the successful appointment of a Consultant Oncologist.

Yours sincerely

**DAVID SISSLING**
**CHIEF EXECUTIVE**

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
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Dear Ms Chapman

**Petitions Committee: P-03-150 National Cancer Standards**

Thank you for your letter regarding the above and please accept my apologies for the delay in responding.

I can confirm that the all-Wales Cancer Standards were last reported on a national basis in April 2010 and at that time, the Health Board achieved 80% compliance with the standards, which was the highest in Wales.

As you may know, the standards have been recently re-audited on the basis of compliance by September 2010 and reported to the Minister. I am confident we will improve upon our previous level of compliance and from our own analysis would expect to be between 95% and 99% compliant. We know from our reports that we will not achieve 100% compliance this calendar year, however, there are plans in place to address any areas in need of further work.

In terms of when we might be fully compliant, I would expect the Health Board to achieve this by the end of 2010/11.

I think it is important to note that the All Wales Cancer Standards are far from comprehensive and the committee should be aware that in order to provide good quality cancer services for the population of North Wales, and indeed Wales, a considerable amount of work and activity is required over and above that implicated by the Cancer Standards.

Yours sincerely

pp Gracheuz Parry.

**MARY BURROWS**
**CHIEF EXECUTIVE**

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

# BRIEFING REPORT ON ACHIEVING THE NATIONAL CANCER STANDARDS

## 1. INTRODUCTION

This report has been prepared to present the latest information on progress towards the achievement of the cancer standards in Cardiff and Vale University Health Board (UHB). It highlights the areas of compliance and the areas of risk as well as the actions being taken towards achieving compliance by September 2010.

## 2. BACKGROUND

As part of the monitoring process, the UHB reviews its progress on a quarterly basis, with submissions made to the South East Wales Cancer Network.

The Cancer Services Team has been collating the recent sets of self-assessment reports at a cancer site level for discussion at the Cancer Management Meeting so that actions such as agreeing guidelines, audit plans etc can be prioritised towards meeting the Standards.

Scores against the Standards have been allocated for each Multi Disciplinary Team (MDT) and these have been provided to the Cancer Tumour Site Leads and the appropriate managers. Action plans for each of the tumour sites have been developed that identify the risks and actions required against each individual standard.

Initial meetings have been held with the Cancer Leads and managers to discuss these reports in detail, and a further meeting is planned with all the Cancer Leads to monitor progress and agree what actions are required to ensure compliance.

In addition to the primary objective of assessing compliance, this process has been particularly useful in identifying where there are still gaps in the provision of information, and also where questions have been misinterpreted.

## 3. TRAFFIC LIGHT SYSTEM

A "traffic light" system has been adopted as part of the performance reporting in order to ensure that attention and effort is placed on those standard areas where further work in required and actions are prioritised accordingly. This is as follows:

- Green – Low Risk.
- Amber – Medium Risk - Plans in place and on target, or areas where progress is being made but not in line with overall timescales for delivery of the standards; however actions have been agreed to achieve the overall target within agreed timescales.
- Red – High Risk -progress not in line with plan and corrective action has not been agreed/financial implications

## 4. PROGRESS

Significant progress continues to be made:

- The UHB have processes for internally managing the achievement of Standards including regular meetings with clinicians, and with local commissioners and the Network.
- Continued roll-out of CaNISC across the Tumour site for use of the MDM at the MDT meeting
- Communications Policy, produced by the Network has being evaluated by the UHB for local adoption.
- The UHB has also produced a Communication Strategy for Board approval. The Directors are considering the Strategy's evolution into a Communications and Engagement Strategy. This work is on-going and the final document is due to go to the Board in September 2010. The new document has an extensive evaluation section.
- In an attempt to ensure continuous improvement in patient care – communication the UHB is looking at ways it can work with patients to understand better how their experience was as a patient receiving care. Work in this area includes patent questionnaires. Cancer Services are currently liaising with the Assistant Director of Patient Experience to progress this as a joint procedure.
- There have been improvements in Radiology and Pathology cover for all MDTs in C&V.
- Cancer Intranet site including details of MDTs, contact details for referral, details of End of Life Pathway etc being developed by Cardiff & Vale UHB to aid communications across the organisation.
- New Breast Unit at Llandough on schedule to open October 2010
- Additional MDT coordinators and cancer data clerks appointed for fixed term at Cardiff & Vale. Funding for these posts is non recurring and discussions re funding are ongoing.
- Cardiff and Vale UHB is investigating the use of the WCCG Gateway to improve links with Primary Care, including e-referral, notifying GPs of diagnosis within the required 24 hours.
- Review of MDT administrative support structure to ensure all MDTs at C&V UHB are appropriately supported.
- Role profiles produced for MDT Tumour Site Leads at Cardiff and Vale which strengthen their ability to ensure MDT members undertake their role in compliance with the standards. Also the UHB is reviewing job plans to ensure that MDT attendance for core members is recognised.
- Timed pathways have been developed for all tumour sites and are being used for performance monitoring against the 31/62 day targets. These have been built into a data monitoring tool by the Cancer Services Improvement manager for performance monitoring.

- Providing information on clinical activity such as number of patients, management by team, types of surgery undertaken – is now better available to support MDTs by the increased use of CaNISC.

## 5 MAIN OUTSTANDING ACTIONS

The main outstanding areas for action against particular cancer standards are detailed in UHB Common Themes Action Plan (Appendix 1) This Action Plan is being used by the UHB to drive the implementation of changes required to ensure compliance with Cancer Standards. The Action Plan has common issues and specific areas within tumour site care are highlighted as being currently none compliant. The plan details action required and identifies responsible individuals as well as expected timelines for completion. Each area is also allocated a risk category as described previously.

In summary the Action Plan has identified the following risks

### JACIE Accreditation

It was initially thought that the UHB would not achieve this standard by September 2010 as the Inspection visit for this accreditation will not take place until after the September deadline. A query regarding this was sent to the CSCG and the following response was received.

***"The standards do not require that the UHB have gained JACIE accreditation, just that the centre meets the requirements. The questions about participation in JACIE accreditation and the outcome are for information for peer review (as if the centre is JACIE accredited, then peer review does not have to test this standard)"***

**C&V have passed this standard in 09/10 on that basis.**

### Dermatology & treatment of BCCs within 5 months

**This standard to be transferred and managed under Referral to treatment time (RTT)**

### Attendance at the Thyroid MDT

The UHB did not meet compliance against this Standard in the November return. However, since that time a Second endocrine surgeon has been appointed at C and V UHB and will be starting on 13 Sept 2010. A Professor of Endocrinology has been appointed and will be the named endocrinologist when in post. Cover to be discussed once in post.

The plan also highlights a number of actions which are required across the tumour sites including

- Cover for oncologists which remains a problem for many teams. Velindre have forwarded a copy of their action plan to C&V for discussion and consideration. This highlights areas where financial investment is required by each of the LHBs, but does not provide the detail on service efficiencies and cost effectiveness required to take commissioning decisions. The UHB Cancer Lead Clinician and Cancer Services Manager meeting with Velindre to discuss oncology issues on the 14th September 2010.

- Clinical Nurse Specialist (CNS) support is not available for a number of the teams. However, there are other nurse specialists that provide adequate and appropriate cross cover. Business case for Skin submitted to Macmillan.
- Ensuring that there is formal recognition of the protocols and guidelines followed by the MDT.
- Development of local audit programmes to ensure compliance with the agreed protocols. Work underway. Head and Neck have submitted their programme
- Access to Psycho-social support in the adoption of the proposed Cancer Network wide service would have additional cost pressure of circa £120,000. However, Cardiff and Vale have access to Psychiatric liaison support and the private sector have support mechanisms that patients can access.
- Cover for key MDT members e.g. CNS, Pathologist, Radiologist – the UHB are reviewing arrangements, and ascertaining where additional resources may be required e.g. palliative care.
- Audits required to evidence many of the standards. A lack of audit support staff has been identified discussions underway to progress this.
- **No skin cancer CNS – the UHB examined the role of the surgical nurse in dermatology to determine whether there is scope for role expansion this is not deemed possible by the Cancer Lead Clinician. The UHB have submitted an expression of interest case for a Skin CNS to Macmillan and the UHB are awaiting the outcome of this. Flexibility in the role of the UHBs Clinical Nurse Specialists is to be reviewed to assess whether there is a possibility of more flexible use of the resource that can encompass cancer care, rather than ever increasing specialisation.**
- Need to ensure that MDT members have had assessment of their communication skills and received training in communication skills where appropriate.
- Cover for key MDT members e.g. CNS, Pathologist, Radiologist – the UHB are reviewing arrangements.

Plans to address a number of these are being taken forward at both the Network and UHB levels. Some of these have financial cost implications that the UHB cannot afford to support in the current financial situation.

## 6. IMPACT ON C&V UHB OF VELINDRE NHS TRUST ACTION PLAN (Appendix 2)

The Velindre NHS Trust have submitted a high level action plan, with their initial estimates of the costs of meeting the standards. Relevant to Cardiff and Vale are the following two developments, which have investment requirements:

- Need to ensure Oncology support to MDTs across region, and adequate cover (cost £256,000)
- Radiotherapy waiting times – Interim arrangements in place, but requires completion of on-going LINAC schemes to increase capacity (cost circa £5million)

A detailed business case which demonstrates cost effectiveness, efficiencies and honouring of existing service commitments is required by the UHB prior to agreement on the appointment of further oncologists.

In regards to the LINAC business case, the UHB can not afford this development given existing financial pressures and would require full financial support from WAG to support the commissioning of LINACs at additional sites.

## Cancer Standards Action Plan – Common issues 2010/11

| Area for Action | Specific issue | Affecting which tumour sites | Action required | Responsible person/s | Due date | Action taken to date |
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| Cancer standards objective 2 – Lead Clinician's job plan | Not all job plans specify responsibility for all elements of the Lead Clinician's role | Lower GI | Ensure the job plan includes all elements of the Cancer Lead Clinician's role<br><br>**LOW RISK** | Tumour site lead / Clinical Director | May 2010 | A generic job description has been rewritten and now specifies responsibility for all elements of the Tumour Site Lead Clinician's role. This will aid the job planning process<br>Job Plan review underway to ensure that all elements of MDT work are included for those who undertake MDTs<br>All Consultant Histopathologists have a sessional commitment to attend MDTs in their job plans; we do not however specify which particular MDT. Looking at the wording of the submission "MDT sessional commitment agreed in contract/jobplan as programmed activity" I think we can legitimately answer yes to this question for all Consultant Pathologists at Cardiff and Vale. |

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| Cancer Standards Objective 2.5 – liaising with Primary Care team | No protocol for liaising with patient's Primary Care team | Urology | • Write protocol for liaising with patient's Primary Care team<br>• Devise monitoring process to ensure the policy is adhered to<br><br>**LOW RISK** | Tumour site lead | | Already part of the protocols for rapid access PSA and Haematuria clinics Cancer lead to consider replicating the protocol re liaising with patients' GPs and Primary Care Teams for all tumour types across urology<br>Already part of the UHBs "Breaking Bad News" policy and "Effective Communication". |
| Cancer Standards Objective 2.6 – communicating with GPs | No protocol for communicating with patients' GPs | Urology | • Write protocol for communicating with patients' GPs<br>• Devise monitoring process to ensure the policy is adhered to<br><br>**LOW RISK** | Tumour site lead | | Already part of the protocols for rapid access PSA and Haematuria clinics Cancer lead to consider replicating the protocol for all tumour types across urology<br>Already part of the UHBs "Breaking Bad News" policy and "Effective Communication" |
| Cancer Standards Objective 2.7 – admin/secretarial support to the MDT | Cover split between Cancer Services and Directorate. Funding issues | Urology<br>Skin | • Ensure continued funding<br><br>**LOW RISK** | | | Urology: One Directorate-funded and one cancer services co-ordinator who provide cross cover. The UHB has underwritten funding for the Cancer Services post for 2010-11.<br>Skin: Cancer Services to provide some support. |
| Cancer standards objective 3 – Patient/carer survey | No patient/carer survey undertaken | Head and Neck<br>Thyroid<br>Breast and Gynae need to be redone this year | Cancer Services to liaise with Assistant Director of Patient Experience to set up rolling patient survey programme for cancer patients.<br><br>**LOW RISK** | | | The UHB has been looking at ways it can work with patients to understand better how their experience was when receiving care. This will include patient/carer surveys.<br>Cardiff and Vale |

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| | | | | | | Community Health Council undertaking patient survey with Haematology.<br>Head and Neck currently preparing a survey.<br>The Thyroid Advisory Group discussed at their last meeting and Thyroid to undertake survey in October 2010<br><br>Breast have undertaken surveys within the last year<br><br>Discussions are underway with the Assistant Director of Patient Experience to develop process for undertaking such surveys through his department |
| Cancer standards objective 3 – room for breaking bad news | Several MDTs report either that no dedicated room is available or that it is not fit for purpose | Breast<br>Upper GI<br>Urology | Establish the specific issues: is there no room or is it unsuitable. If the former, the UHB needs to look at options for provision of a room. If the latter the UHB needs to determine what needs to be done to make the room suitable<br>**RISK REMOVED** | Tumour site leads, Cancer Director, Executive Lead | | Two dedicated rooms will be available in the new Breast Unit to be operational by Oct 10<br>Lower GI have private rooms available in the clinic at UHW. At Llandough the room vacated on retirement of the previous Lower GI Lead will be used.<br>All areas will have a suitable room that can be utilised even though not dedicated for this purpose |
| Cancer standards objective 3 – ongoing follow up and support | Protocol for ongoing follow up and support not written (H&N) and not submitted to the Network (Breast) | Breast<br>Head and Neck | Write protocol for ongoing follow up and support and submit to the Network<br>**RISK REMOVED** | Tumour Site Lead | | Copy of both Head and Neck and Breast protocol has been developed and forwarded to the Cancer Network<br>Achieved |

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| Cancer standards objective 3 - Psychiatric/psychological support | No data on number of patients referred | All | A Network plan is to be developed. Paper received Oct 09 | Cancer Services | | Discuss with UHB service whether it is possible to record this |
| Cancer Standards Objective 4 – appropriate referral of cases to the MDT | Audit indicates that not all cases are referred to the appropriate MDT for discussion and/or care | Haematology | • Tumour Site Leads to agree actions to be taken upon notification<br><br>**LOW RISK** | Tumour Site Leads | | The MDT co-ordinator highlights to the Lead Clinician any cases she becomes aware of which are not under the care of a Haematologist. This enables the patient to be listed for discussion if appropriate. |
| Cancer Standards Objective 4.2 – adherence to guidance for number of cases treated by surgeon per year | Need to ensure that all surgeons treat the minimum number of cases | Breast | **LOW RISK** | Cancer Services/Directorate | | Weekly monitoring now in place showing the number of cases under each surgeon. This is over a year and is being regularly assessed to ensure that on target to achieve |
| Cancer Standards Objective 4.2 – job plans | The MDT is not agreed in all job plans as a sessional commitment or programmed activity | All (including support services) | Revise job plans to include sessions for MDT work<br><br>**LOW RISK** | MDT clinicians and CDs | | Job Plan review underway to ensure that all elements of MDT work are included for those who undertake MDTs<br>All Consultant Histopathologists have a sessional commitment to attend MDTs in their job plans; we do not however specify which particular MDT. Looking at the wording of the submission "MDT sessional commitment agreed in contract/jobplan as programmed activity" I think we can legitimately answer yes to this question for all Consultant Pathologists at C and V. |

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| Cancer Standards Objective 4 - MDT attendance and cross cover | Cross cover issues | Thyroid | This is a regional service. Consider seeking cover from participating organisations<br><br>**RISK REMOVED** | Tumour site Lead | | Tumour Site Lead and Cancer Lead to discuss this with sister LHBs<br>Second endocrine surgeon appointed at Cardiff and Vale UHB starting date 13 Sept 2010 this post will provide cross cover |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Not all MDMs had a Surgeon present | Lung<br>Skin (surgeon who regularly performs excisional surgery) | Ensure adequate cross-cover<br><br>***If SpR cover is accepted the rik is removed***<br><br>**LOW RISK** | Tumour site Leads | | **Lung: SpR cover for Thoracic Surgeon and Oncologist has been suggested. However unsure whether this is an acceptable form of cover. To check with the Cancer Network and CSCG**<br>Skin: absence is rare |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Issues with cross cover for Radiologists | Breast<br>Gynae<br>Urology | Discuss the extent of Cardiff and Vale's responsibility. Seek help with cover from sister LHBs, particularly for Network MDTs<br><br>**LOW RISK** | Cancer Director in conjunction with Dept of Radiology | | The Breast MDT has 3 named Radiologists cover available.<br><br>The Gynae MDT now has a second named Radiologist.<br><br>There is no named cover for the Urology Radiologist. This has been raised with the CD for Radiology who is looking at Radiology support and cover for all MDMs |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Issues with cross cover for Histopathologists | Breast<br>Gynae<br>Urology | Discuss the extent of Cardiff and Vale's responsibility. Seek help with cover from sister LHBs, particularly for Network MDTs<br><br>**LOW RISK** | Cancer Director in conjunction with Dept of Histopathology | | Gynae now have named cover for Histopathologist Breast and Urology both have more than one named Histopathologist so adequate cover should exist. It is essential that the named individuals are not off at the same time. |

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| Cancer Standards Objective 4 - MDT attendance and cross cover | Issues with cross cover for Oncologists | Breast<br>Gynae<br>Lung<br>Skin<br>Urology | Discuss with Velindre<br><br>**MEDIUM RISK** | | | **Lung: SpR cover for Thoracic Surgeon and Oncologist has been suggested. However unsure whether this is an acceptable form of cover.**<br><br>Skin: Dr Morris to write to Drs Kumar and Gallop-Evans. Included in Velindre Action Plan with cost tag of £256,000. The \UHB does not have this additional funding<br><br>Breast have cross cover<br><br>The Cancer Director and Senior Manager for Cancer Services are to meet with A Hague (Velindre) to discuss on the 14 September 2010. |
| Cancer Standards Objective 4 - MDT attendance and cross cover | No Microbiologist | Haematology | Discussed with Dr Rosemary Barnes. Cross cover being arranged.<br>**NO RISK** | Tumour site Leads | | There is now a named cover for Microbiology<br><br>ACHIEVED |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Not all MDMs had a Restorative Dentist | Head and Neck | Ensure adequate cover<br><br>**LOW RISK** | | | Not a Core Member. There is a named Restorative Dentist but he does not attend the MDM. |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Not all MDMs had a Dental Hygienist present | Head and Neck | Ensure adequate cover<br><br>**LOW RISK** | | | Not a Core Member. The named Dental Hygienist attends the MDM but there is no cover. |
| Cancer Standards Objective 4 - MDT attendance and cross cover | No named Endocrinologist and no cover | Thyroid | Tumour Site Lead to raise again with UHB<br><br>**RISK REMOVED** | | | Professor of Endocrinology has been appointed and will be the named endocrinologist when in post. Cover to be discussed once in post |

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| Cancer Standards Objective 4 - MDT attendance and cross cover | Not all MDMs had a CNS present | Head and Neck | Ensure adequate cover<br><br>**RISK REMOVED** | | | 2nd CNS now in place |
| Cancer Standards Objective 4 - MDT attendance and cross cover | CNS: Thyroid and Skin do not have a CNS on site. Lower GI have only one CNS, leading to cover issues | Lower GI<br>Skin<br>Thyroid<br>Gynae | **RISK REMOVED FOR THYROID AND GYNAE**<br><br>**HIGH RISK for Dermatology** | | | Thyroid patients have access to a CNS at Velindre. Gynae lost CNS support with the collapse of Cancer Care Cymru but now have some support Dermatology CNS bid in for Macmillan to consider funding for the first 3 years. Review CNS' roles within the UHB. |
| Cancer Standards Objective 4 - MDT attendance and cross cover | Palliative Care not able to support all MDT meetings | Head and Neck<br>Gynae<br>Lung<br>Urology | • Consider grouping patient likely to require Palliative Care input at the start or end of the MDM and ask a Palliative Care practitioner to attend for that slot only<br>**MEDIUM RISK** | | | Not a Core Member. There is a named Palliative Care Consultant but she does not attend the MDM |
| Cancer Standards Objective 4-frequency of MDT meetings | Gold standard is weekly | Skin | • MDMs will be fortnightly from Jan-10<br><br>**LOW RISK** | | | Fortnightly meetings were accepted for Head and Neck |
| Cancer Standards Objective 4 - support services – psychiatry/psychology | No named contact. Access is via department | All | A Network plan is to be developed. Paper received Oct 09<br><br>**LOW RISK** | SE Wales Cancer Network | | Named contact now available<br>Cost pressure circa £120,000 if contributing to Network wide service |
| Cancer Standards Objective 4.2 – support services | No named contacts for Lymphoedema, and social work | Lower GI | **LOW RISK** | | | We now have a named contact in Velindre |
| Cancer Standards Objective 4.2 – interventional radiologist | No recorded access or insufficient access to an interventional radiologist | Lower GI<br>Urology | **LOW/MEDIUM RISK** | | | Requires discussion with Radiology CD |

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| Cancer Standards Objective 4.6 –JACIE accreditation | The centre meets JACIE standards but has not yet been accredited | Haematology | • Complete final submission to JACIE (by end of Mar-10)<br>• Await JACIE inspection – the timing of this is out of our control<br><br>**RISK REMOVED** | Keith Wilson | | JACIE inspection not scheduled before deadline of Standard return<br><br>Query sent to CSCG response below<br>The standards do not require that the UHB have gained JACIE accreditation, just that the centre meets the requirements. The questions about participation in JACIE accreditation and the outcome are for information for peer review (as if the centre is JACIE accredited, then peer review does not have to test this standard)<br><br>C&V have passed this standard in 09/10 on that basis. |
| Cancer Standards Objective 5 – referral pathways | Referral pathways do not detail the patient journey from all points of access | Head and Neck<br>Lower GI<br>Upper GI<br>Urology | Referral pathways need to document the patient journey from all points of access.<br><br>**LOW RISK** | Tumour site leads | | Examples of referral profoma now available.<br>Urology has guidelines for Rapid Access.<br>Lower GI are currently addressing this<br>Head and Neck have produced guidelines based on NICE |

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| Cancer Standards Objective 5 – referral pathways | No audit has taken place to assess adherence to referral pathways | Breast<br>Gynae<br>Head and Neck<br>Lower GI<br>Skin<br>Thyroid<br>Upper GI<br>Urology | Each MDT needs to undertake an audit to assess adherence to referral pathways<br><br>**LOW RISK** | Tumour site leads | | Examples of timed patient pathways now available.<br>Gynae agreeing date to undertake audit.<br>Lower GI are currently addressing this<br>Breast have an audit currently underway<br>Consider auditing 20 referrals per tumour site (all referral sources)<br>Thyroid to undertake audit in October |
| Cancer Standards Objective 5.4 – appropriateness of USC referral | No audit has taken place to assess the appropriateness of USC referrals | Breast<br>Gynae<br>Head and Neck<br>Lower GI<br>Lung<br>Thyroid<br>Upper GI<br>Urology | Each MDT needs to undertake an audit to assess appropriateness of USC referral<br><br>**LOW RISK** | Tumour site leads | | Gynae to undertake audit.<br>Lower GI are currently addressing this<br>Breast have an audit currently underway and will feed back to Primary Care following completion of the audit<br>Thyroid to undertake audit in October<br>Consider auditing 20 USC referrals per tumour site |
| Cancer Standards Objective 5.5 – Treatment times for Malignant Melanoma | No routine monitoring of whether MMs referred as USC were treated within 6 weeks. | Skin | Subject to "blue form"<br><br>**LOW/MEDIUM RISK** | | | Melanomas are subject to the 31 and 62 day targets with which we are > 95% compliant, the 6 week standard is obsolete |
| Cancer Standards Objective 5.6 – downgrading of USC referrals | No audit has taken place to assess whether GPs were informed when a USC referral was downgraded | Breast<br>Gynae<br>Head and Neck<br>Lower GI<br>Skin<br>Thyroid<br>Upper GI<br>Urology | Each MDT needs to undertake an audit to assess whether GPs were informed if a USC referral was downgraded<br><br>**LOW RISK** | Tumour site leads | | Gynae to undertake audit by check date<br>Lower GI are currently addressing this<br>The Thyroid Advisory Group is to discuss this at its next meeting on 06/09/10.<br>Breast have an audit currently underway and will |

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| | | | | | | feed back to Primary Care following completion of the audit |
| Cancer Standards Objective 5.8-diagnosis to GP within 24 hours | Standard should be 100% | Breast<br>Head and Neck<br>Lower GI<br>Skin<br>Thyroid<br>Upper GI<br>Urology | Haematology runs a system whereby a handwritten proforma (1 side A4) is faxed to the GP on the day the patient is given the diagnosis. If this were faxed to the MDT co-ordinator at the same time they could record the date on Canisc.<br><br>**LOW RISK** | Tumour site leads | | Lower GI:The CNS will fax a proforma to the GP following the Cancer clinic. A document is in preparation specifying which professional is responsible for contacting the GP, depending on where the patient is in the journey. The Thyroid Advisory Group is to discuss this at its next meeting on 06/09/10.<br>Breast will address this as part of changes in process with the move of the service to the new Breast Unit this will be achieved.<br>The UHB GP representative for cancer suggested a copy of a proforma be put onto Clinical Portal |
| Cancer Standards Objective 5.9 – treatment times for BCCs | Treatment times for BCCs | Skin | CaNISC report needs to be adjusted to allow monitoring<br><br>**RISK REMOVED** | | | BCC to transfer to Referral to Treatment Time (RTT) |
| Cancer Standards Objective 6.1 – locally agreed clinical policies | MDTs should follow clinical policies developed by the Network Advisory Board. If Local Clinical Policies are followed, these should be endorsed by the Network Advisory Board | Breast | Adopt Network Advisory Board Clinical Policies or seek endorsement of local Clinical Policies<br><br>**RISK REMOVED** | Tumour site leads | | Copies of local Clinical Policies have been received. Network representatives have agreed that Breast Services will conform to NICE guidelines. |

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| Cancer Standards Objective 6.2 –written programme of audit | No written programme of audit | Head and Neck<br>Thyroid<br>Upper GI | A programme of clinical audit needs to be written up annually<br><br>**LOW RISK** | Tumour Site Leads | | Check with Directorate Managers the progress to date<br>Head and Neck: programme of audit for 2010 written |
| Cancer Standards Objective 7.5 – preoperative MRI | Inadequate access to preoperative MRI | Gynae | **MEDIUM RISK** | | | Discuss with CD for Radiology |
| Cancer Standards Objective 7.5 – pre-treatment MRI - cervix | Standard should be 100% | Gynae | **MEDIUM RISK** | | | Currently checking with Radiology/Directorate |
| Cancer Standards Objective 8.2 - Histopathology | Not all Pathologists reporting on Haematological cancers have participated in an appropriate diagnostic EQA scheme | Haematology | No appropriate EQA scheme available for Lymphoma Histopathologists in Wales ??? Seek advice for SE Wales Cancer Network and CSCG<br><br>**CENSORED (CSCG terminology)** | | | No EQA scheme available in Wales<br><br>Query sent to CSCG Response from Louise Carrington below<br>I have queried this with Haematological advisors and despite no-one ever raising it before, and Haematologists advising us to put it in the standards, Dr Knapper is correct: there are no appropriate EQA schemes available for Histopathologists (anywhere in the UK). My understanding is that C&V were attempting to put one together at some point? But that this fell through?<br><br>We have therefore censored it from the standards monitoring for the current year (effectively removing it as a standard), and going forward past the September deadline. This standard is then flagged for urgent |

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| | | | | | | review during the revision next year, at which point I expect it to be removed entirely. |
| Cancer Standards Objective 9.1 – service model | Network responsibility | Upper GI | Service model has been agreed but not yet implemented<br><br>**LOW RISK** | SE Wales Cancer Network | Sep-10 | Service model to be implemented Sep-10 |
| Cancer Standards Objective 9.3 - surgery | Local MDTs should not be performing complex surgery | Upper GI | Comply with the Network model once it is implemented<br><br>**LOW RISK** | SE Wales Cancer Network | Sep-10 | Service model to be implemented Sep-10 |
| Cancer Standards Objective 9.3 – cases cancelled through lack of ITU beds | Cancer cases cancelled through lack of ITU/HDU beds | Lower GI<br>Upper GI<br>Urology | **MEDIUM RISK** | | | We are checking current data |

**APPENDIX 2**

# Velindre Cancer Centre
# Action Plan to Comply with National Cancer Standards

| No | Standard Required | Current position | Actions | Lead Person | Action deadline | Funding required |
|---|---|---|---|---|---|---|
| Service Provision Actions | | | | | | |
| 1. | Provision of radiotherapy within RCR guidelines | Radiotherapy waiting times are monitored on a monthly basis and January's assessment has shown some improvement in waiting times. A detailed action plan has been discussed with Regional Office and WAG in order to secure physical (linacs) and staff resources. Business cases will be developed in line with action plan. Many improvements and extended hour initiatives have been implemented. | 1. Monthly monitoring to continue.<br>2. Business case for additional capacity currently in WAG process for comments. Negotiations begun with UHB's about revenue implications.<br>3. Business case for additional radiotherapy provision to be submitted in 12 machines by 2017/18<br>4. Extended day initiatives funded by WAG to continue.<br>5. Extended day initiatives funded internally have been submitted to LHB's via AOF for continued financial support (until Nov 2010) | Dir of CS, VCC | Ongoing<br>End of March 2010<br>Ongoing<br>Achieved<br>Submitted | <br>Capital =£18-22m Revenue = £5m<br>Yes but uncertain at this stage<br>-<br>£459,000 |

| No | Standard Required | Current position | Actions | Lead Person | Action deadline | Funding required |
|---|---|---|---|---|---|---|
| 2. | Provision of specialist psychological care | This action is to be taken forward by South East Wales Cancer Network. Progress is unknown. | Formal feedback to Trusts and LHB's over current status of funding and service provision. | Network Director | Sept 2010 | Yes |
| MDT Actions | | | | | | |
| 3. | Consultant Oncologist attendance at all MDT's including cross cover if absences | **Consultant** cover at all MDT's. In times of leave etc MDT not covered by Consultant by SpR. | Work with UHB's to identify gaps. | Clinical Director | Sept 2010 | £256,000 |
| 4. | Development of MDT specific communication policies | The Trust currently operates 3 MDT's on behalf of the Network (Upper GI, Urological and HbP). | MDT leads to develop communication policies to reflect MDT processes. | Oncologists/ MDT Lead | Sept 2010 | - |
| 5. | Establishment of Network MDT's such as anal and head and neck cancers | This action is attributable to the Cancer Network. Bids and support to organize these MDT's have been made by the Trust. | **Anal MDT** - fully costed proposal submitted to Network during 2009 but remains unfunded.<br>**Head & Neck MDT** - project manager to be appointed to develop Network wide MDT. Oncologist support provided to support establishment of MDT and associated funding requirements submitted to Network during 2009. | Network Director<br>Network Director | Sept 2010<br>Sept 2010 | 2008/09 bid = £100,000<br>VCC element = £tbc |

| No | Standard Required | Current position | Actions | Lead Person | Action deadline | Funding required |
|---|---|---|---|---|---|---|
| 6. | Provision of Radiology cover for MDT's | Consultant Radiology support not available to all MDT's Current job plans do not allow for consistent attendance and cover during leave periods. | Bid placed as part of AoF process to increase Radiologist sessions. | Clinical Director, VCC | | £52,000 |
| 7. | Clinical Nurse Specialist attendance at all MDT's | CNS provision at all MDT's has suffered since dissolution of Cancer Care Cymru charity. Also, charitable funds are only available until end of March 2010 for those CNS's formerly employed by Tenovus charity who removed funding in 2009 (?). Internal funding has been used for breast and head and neck CNS and bids are being placed with other cancer charities for CNS roles. Bid also placed as part of AoF to LHB's. | 1. Await outcome of AoF process and discussions.<br>2. Maximise use of current CNS's.<br>3. Seek all possible funding opportunities to develop and reinstate the CCC roles.<br>4. Develop CNS strategy to ensure equity across all cancer sites.<br>5. Work with South East Wales Network on their review of CNS provision. | Director, VCC | | £200,000 |

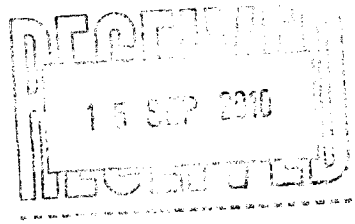
| No | Standard Required | Current position | Actions | Lead Person | Action deadline | Funding required |
|---|---|---|---|---|---|---|
| Audits | | | | | | |
| 8. | Approved definition of radiotherapy related morbidity | Clinical Oncology Sub-Committee (CoSC) should be requested by Welsh Cancer Networks to develop and agree definitions that are applicable across Wales. | | Network Director | Asap | - |
| 9. | Audit of radiotherapy related morbidity | | 1. Once definitions have been agreed the 3 Welsh Centres can audit in line with standards.<br>2. Results to be shared with Network Director. | Radiotherapy Services Manager<br><br>Radiotherapy Services Manager | Sept 2010 | - |
| 10. | Auditing of Trust communication policy | The Trust's Equality & Diversity Manager is currently reviewing Trust policy. | Once in place the Information Manager at VCC will ensure in line with Cancer Standards and audit performance against the approved policy. | Director of Nursing | Sept 2010 | - |

| No | Standard Required | Current position | Actions | Lead Person | Action deadline | Funding required |
|---|---|---|---|---|---|---|
| 11. | Major morbidity following Chemotherapy in patients treated with curative intent should be monitored | An audit proposal to review performance against Trust's Neutropaenia policy has been approved. Further work required to achieve audit. | 1. Chemotherapy Navigator/Specialist Lead to be released in order to undertake audit<br>2. Results to be shared with Network Director | Dir of Ops, VCC<br>Dir of Ops, VCC | Sept 2010 | - |
| 12. | Development of mechanism between VCC and South East Wales Network for sharing audit information and results | Joint meetings with Cancer Managers & clinicians and Network Director reinstated in January 2010. A mechanism for sharing of information will need developing to inform Trusts and LHB's. | Continue to share Annual Audit Report with Network Director. | Network Director and Cancer Managers | Sept 2010 | - |

GIG NHS
Bwrdd Iechyd Cwm Taf Health Board

Your ref/eich cyf: PMW/CWHITE/BS
Our ref/ein cyf: SS/MSF/DD.405
Date/dyddiad: 6 September 2010
Tel/ffôn: 01443 744803
Fax/ffacs: 01443 744888
Email/ebost: margaret.foster@wales.nhs.uk
Dept/adran: Chief Executive's Office

Christine Chapman AM
Chair, Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA




Dear Christine

**Re: Delivering Compliance with the National Cancer Standards**

Thank you for your letter dated 27 August 2010.

I am able to confirm that Cwm Taf continues to make significant progress towards full compliance with the Cancer Standards but that this will not be fully achieved by the end of September 2010.

Cwm Taf is fully engaged with Network Solutions to achieve compliance in upper GI, Head & Neck and Urology. To achieve compliance these require major patient pathway re-design and are at varying stages of the implementation process, but are all proceeding well.

Cwm Taf has made very significant progress towards compliance for those areas which fall within its own span of control. The outstanding issues involve implementation of guidelines, protocols and audit programmes, most of which will be in place by the end of September.

To achieve full compliance for all Standards within its own span of control, the Health Board must implement structural changes which cannot be implemented prior to the end of September 2010. The organisation has been actively working towards compliance since 2008. A notable example of success in this category is in Breast Cancer. The Health Board continues to work actively with cancer and other clinical teams to maximise usage of human and physical resources including the use of technology to combine MDTs where possible, re-design of pathology, radiology and specialist palliative care services to improve core attendance at MDTs.

The rate of improved compliance for Cwm Taf in both generic and cancer site, specific standards have improved significantly since 2008. By the end of September 2010 compliance levels will be improved further but plans to achieve full compliance will not be fully implemented.

Yours sincerely

Margaret

**Mrs M S Foster**
**Chief Executive**

**Return Address:**
Chief Executive's Office, Ynysmeurig House,
Navigation Park, Abercynon, Mountain Ash. CF45 4SN

GIG NHS | Bwrdd Iechyd Hywel Dda Health Board

| | |
|---|---|
| Dydd a'c/Date: | 5th July 2010 |
| Ein cyf/Our ref: | PCMH 0701_10 |
| Gofynnwch am/Please ask for: | Mrs Bernardine Rees |
| Rhif Ffôn /Telephone: | 01437 771225 |
| E-bost/E-mail: | bernardine.rees@wales.nhs.uk |

Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF CF99 1NA

Dear Ms. Chapman

**PETITIONS COMMITTEE: P-03-150 NATIONAL CANCER STANDARDS**

Thank you for your letter of 21 June 2010 regarding the Health Board's compliance with meeting the cancer standards.

We are confident that we will meet the standards which are related to the quality of the service we deliver within the Hywel Dda health community, those relating to communication, information, access to services and the structure and format of the multi-disciplinary meetings.

However, we are currently experiencing significant difficulty in appointing to vacant consultant posts, particularly in key support services such as pathology, which will affect our ability to deliver 100% of the standards.

At this time, we are exploring options for consolidating services and our future clinical strategy where we aim to create a larger mass of service to improve stability and sustainability. This will not be without impact upon patients, some of whom will need to travel further to receive services currently provided locally to them, but if a change is not made, the Health Board will not be in a position to deliver high quality and safe services to its residents.

*Cont'd ...*

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlffordd,
Sir Benfro, SA61 1SB
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Rhif Ffacs: (01437) 771222

Hywel Dda Health Board Headquarters
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Fax No: (01437) 771222

Cadeirydd / Chairman
**Mr Christopher Martin**

Prif Weithredwr / Chief Executive
**Mr Trevor Purt**

Service reconfiguration will take time and the appointment of clinical staff is not guaranteed, but we will be seeking opportunities to work in partnership with neighbouring health boards to address these areas on a case-by-case basis and the timescale for delivering these solutions will be dependant upon the specific service, the supply of available consultants and the available capacity in neighbouring Health Boards.

If I can assist further, please do not hesitate to contact me.

Yours sincerely

**TREVOR PURT**
**Chief Executive**

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

**Cyfarwyddiaeth Nyrsio**
Ffôn: 01874 712652
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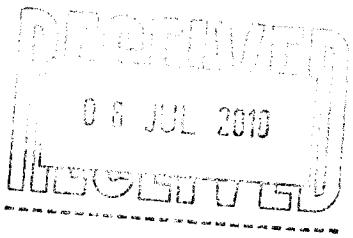
e-bost/email:: carol.shillabeer@powyslhb.wales.nhs.uk

Our ref: CS/CP/FOI/10.R.106

1 July 2010

Your ref: P-03-150




Christine Chapman AM
Chair Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Dear Ms Chapman

**Request under Freedom of Information Act 2000**

Further to your previous correspondence in respect of your request for information which we originally received on 25 June 2010, I can confirm in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Health Board holds the information you asked for.

I am therefore pleased to enclose the information held by the Board and we will be working with all our providers to ensure the actions within the plan will be achieved.

If you need any further assistance, please do not hesitate to contact us at the address below.

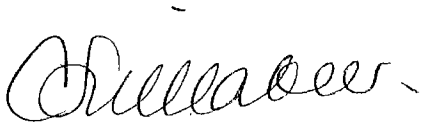
I trust this information is helpful to you. If you are dissatisfied, with the way your request has been dealt with by the teaching Health Board (tHB), you have the right to request a review in which case you should write to:

Andrew Cottom
Chief Executive
Powys Teaching Health Board
Mansion House
Bronllys
Powys
Brecon
LD3 0LS

If you are still dissatisfied at the end of the review, you may complain to the Information Commissioner, who can be contacted at the following address:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SH9 5AF

Yours sincerely



**Carol Shillabeer**
**Director of Nursing**

Encs

| Powys tLHB Achieving National Cancer Standards : Action Plan May 2010 | | | | |
|---|---|---|---|---|
| **Standard Non Compliance** | **Current Position** | **Action required** | **Powys Lead** | **Deadline partner leads** |
| **Non Surgical Oncology:** | | | **VS SC** | |
| 1. Radiotherapy Provision | Radiotherapy waiting times are monitored and reported on by all providers | 1. Working with Cancer Networks to continue to monitor waiting times.<br>2. Agreed in principle support for Radiotherapy unit at Hereford Hospital<br>3. Received and support in principle Velindre Cancer Centre Business Case to increase Lineacs | | 1.Ongoing<br>2.Awaiting DOH funding agreement to commence build<br>3.Ongoing |
| 2. Chemotherapy redesign | Outreach Chemotherapy available in one area only | Audit in progress to assess number of treatments given to Powys residents by post code, the toxicity of the treatments and the feasibility of outreach clinics and their most accessible location determined in partnership with Velindre, ABMU, Bronglais Hospital, SWWCN and the English Cancer Networks. | **VS SC** | July 2010 |

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| Service Redesign to achieve 'IOG' for certain cancers | Reconfiguration underway in all Cancer Network areas | 1. Support the configuration where appropriate to ensure delivery of care is provided within 'IOG '.<br><br>2. Powys tLHB Lead Cancer Clinician to meet all providers to define pathway | **VS SC** | 3 CCN area: Head & Neck in consultation Haemo- Oncology: awaiting strategic HA directive<br><br>GMCN area: agreements in place following outstanding 'IOG' review Nov 2009 Project manager appointed: work ongoing<br><br>South Wales Cancer Networks: Ongoing |
| Radiology, Histopathology CNS input to MDTs AHP requirements | Compliance varies widely between Health Board and Cancer site Specific Groups | Powys tLHB Lead Cancer Clinician to meet all providers and will review compliance and discuss barriers to achieving these standards. | **VS SC** | July 2010 |

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| Psychology services | Compliance not achieved in all areas | Powys tLHB Lead Cancer Clinician to meet all providers to discuss. Potential for referral to Powys Community Based services where appropriate | **VS SC** | July 2010 |
| GP receipt of patient diagnosis in 24hours | Compliance not reported/ achieved in all areas | Primary Care audit of receipt of information on cancer patients within 24hours of diagnosis to compliment secondary care internal audit of compliance | **VS SC** | July 2010 |
| Improved Audit | Audits are in place but more required to achieve compliance in all areas | Work through the Cancer Network and Health Boards to ensure improved audit activity | **VS SC** | July 2010 |
| Communication policies | Majority of providers have these in place | Powys tLHB Lead Cancer Clinician to meet all providers and will review compliance | **VS SC** | July 2010 |

**Dr Susan Closs MA FRCP FRCPath**
**Locum Consultant in Palliative Medicine and Cancer Lead Clinician, Powys**
**Veronica Snow Cancer Network Liaison Manager Powys tLHB**