

104 day cancer pathway harm reviews 3 December 2018

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Agenda Item No: 7.8

Trust Board Report

Meeting Date:	3rd December 2018
Title:	104 day cancer pathway harm reviews
Executive Summary:	<p>The presentation provides an overview of the harm review process associated with 104 day cancer pathway patients, outcomes and learning identified.</p> <p>The process of undertaking harm reviews was introduced in 2015 by NHS England to provide assurance to patients, staff and commissioners that whilst some long delays are unavoidable, and some are, that patients are not coming to harm as a result of delays in their pathway.</p>
Action Requested:	Receive and note,
For the attention of the Board	
Author + Contact Details:	<p>Dr Simon Grummet Lead Cancer Clinician Tel 01902 698309 Email simon.grumett@nhs.net</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None

CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Public or Private:	Public
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

104 Day Harm Reviews

Dr Simon Grumett PhD FRCP

Consultant Medical Oncologist

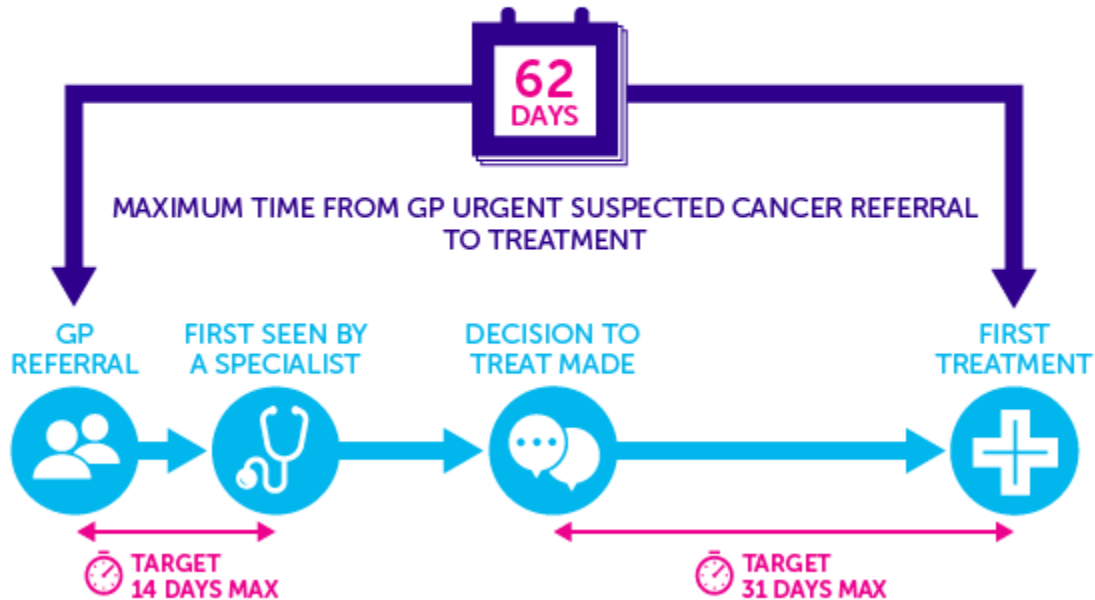
Trust Lead Cancer Clinician

What are they?

- All patients who wait longer than 104 days for their definitive cancer treatment are subject to an assessment of clinical harm
- This is mandated by NHS England (2015) and is standard practice in all Trusts

Why 104 days?

THE 62 DAY WAITING TARGET





Gateway reference: 04237

Managing long waiting cancer patients – policy on “backstop” measures

Summary

This document explains the process for managing “long waiting” cancer patients on 62 day pathways and describes the ‘backstop’ waiting time beyond which patients should be specifically reviewed for potential harm. It advises that any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed in accordance with the process outlined below. The selection of 104 days is to align with the reporting capabilities of the Open Exeter data collection system.

This process should be viewed in conjunction with the *Eight Key Priorities* for improving cancer waiting times (recognising these are short term measures), the NHS Interim Management and Support publication, “*Delivering Cancer Waiting Times – A Good Practice Guide*” and the NHS England publication “*Building the NHS of the Five Year Forward View England - The NHS England Business Plan 2015-2016*”

Background

The NHS has set maximum waiting time standards for access to healthcare. In England, waiting time standards for cancer care come under two headings:

- The individual patient right (as per the NHS Constitution);

What is clinical harm?

- This is precisely defined
 - Was a tumour thought to be operable now inoperable as a result of the delay
 - Has a delay meant that patient has had to have more radical surgery than first anticipated
 - Has a delay meant that disease progression has precluded some treatment options that would have been applicable
 - Has a delay in treatment meant that a patient has loss of functionality that is greater than anticipated, commensurate with their disease
 - Has there been any prolonged psychological harm

Why do we do them?

- To provide assurance to patients, staff and commissioners that whilst some long delays are unavoidable, and some are, that patients are not coming to harm as a result of this
- And because it is the correct thing to do, in order to improve our services
- And because everybody has to

How do we do them?

- Monthly list of patients
- Pathway review
 - Cancer Services, Lead Cancer Nurse, CCG
- Harm review
 - Lead Cancer Clinician, MDT leads, CCG
- Monthly governance reporting
 - Harm panel, QSIG, Cancer Board, Trust Board

What have we found?

- The long waits are due to a number of factors
 - Patient choice
 - Complex pathways
 - Delays in pathways
- Over the last 5 months 63 patients have been treated beyond 104 days but we have discovered no evidence of harm

What are we doing about it?

- Review of trends and causes
- PTL meeting review
- IST review
- Pathway redesign
- Liaison with tertiary referrers and CCG

Questions?

