

## Board of Directors (in Public)

### Item 4.3

**Subject:** Cancer 28 Day Faster Diagnosis Standard  
**Date of Meeting:** Tuesday 31<sup>st</sup> March 2020  
**Prepared by:** Lucy Kilgallon, Deputy Divisional Head of Operations, Surgery  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose of report:** To note

BAF Ref	Impact on BAF
3	No impact

#### 1. Executive Summary

This report has been produced to summarise the implementation of the 28 Faster Diagnosis Standard (FDS) at Liverpool Heart and Chest Hospital (LHCH) following one year of shadow monitoring.

The report will provide an overview of the implementation of 28 FDS and the rigorous actions taken to successfully implement a service providing patients with either a cancer diagnosis, or confirming that cancer has been excluded. The actions taken and implemented contribute to the organisation's strategic alignment and vision. *"To be the best – leading and delivering outstanding heart and chest care and research."*

The Board of Directors is asked to note the content of the paper and receive monthly updates via the performance reporting mechanisms.

#### 2. Background

The national strategy; Achieving World Class Cancer Outcomes: A strategy for England 2015-2020 set an exciting vision for the transformation of cancer services to radically improve outcomes and ensure patients benefit from high quality modern services.

As part of this, in line with the National Optimal Lung Cancer Pathway, the 28 FDS will ensure patients are told they have cancer, or that cancer is excluded, within a maximum of 28 days from referral. This will apply to LHCH patients who are:

- Referred by their GP on a suspected cancer pathway.
- Referred by a National Screening Service with an abnormal screening result.

Provider level performance will be allocated to the trust that is communicating the diagnosis to the patient, the only waiting time adjustment which can be recorded for the 28 FDS are those applicable to the 1<sup>st</sup> seen date where a patient does not attend the first appointment.

### 3. Cancer Services at LHCH

Cancer Services at LHCH are provided across the divisions and Liverpool Clinical Labs for pathology. Each division manages key features of the diagnosis to treatment pathway and following the implementation of the optimal lung pathway, the decision was made to form a Cancer Services Committee. The remit of the committee which is clinically led and supported by Heads of Nursing is to ensure all quality and governance standards are met. It is also to develop, monitor and implement systems for the effective management of the risks associated with achieving cancer waiting times nationally and regionally.

#### 3.1 Liverpool Lung Cancer Unit (LLCU)

The LLCU team is working across LHCH and the former Royal Liverpool Hospital to drive forward the National Optimal Pathway and improvements to achieve 28 FDS. The team has supported the phasing of the implementation and provided support for any local barriers which needed to be addressed.

The LLCU pathway works in line with the National Optimal Lung pathway where day 0 is recorded at the point of the CT scan being triaged and the patient accepted into the service for suspected cancer by a lung cancer physician. Only patients that are accepted at this point will be included within the denominator for reporting.

LLCU consists of two separate distinct arms:

- Inpatient – patients based at the former Royal Liverpool, for patients with suspected lung cancer who require inpatient services.
- Outpatient – Rapid Access Clinic held at LHCH.

LLCU patient level detail is currently held on the RLBH Somerset Cancer Register (SCR) as the team provides all diagnostic lung cancer services to both organisations. Under a service level agreement it is the responsibility of LHCH to submit all cancer performance data.

#### 3.2 Radiology – CT Guided Biopsy

CT guided biopsy is a key diagnostic function for patients with suspected lung cancer. Prior to January 2019, LHCH and the former Royal Liverpool provided CT biopsy capacity. LHCH has three operators for CT guided biopsy and the former Royal Liverpool had one operator who left the trust and subsequently has not been replaced. Due to the vacant post the former Royal Liverpool, demand on the service at LHCH became gridlocked and waiting times increased. With the support of the radiology clinical team at LHCH, the vacant biopsy capacity at the former Royal Liverpool since May 2019 has been supported by Dr. McCann providing cover for these sessions.

The increased number of referrals identified a number of pathway issues within the CT guided biopsy process, leading to delays for patients with suspected cancer and contributing to a number of breached pathways in July 2019. A task and finish group was subsequently set up with full engagement from the radiology clinical team, management team and admin function. A full pathway review was completed including clinical and non-clinical processes, referral proforma redesigned, triaging and admission processes fine-tuned.

The national optimal lung pathway states a three day waiting time for diagnostic tests, this however is not always possible due to patients taking medications. An internal agreement was made for patients waiting a CT guided BX to be booked within 3-7 days of being accepted for the test. Significant improvements are evident with waiting time reported into weekly performance.

### 3.3 EBUS Service

The EBUS service very much remains a concern for the 28 FDS with variable waiting times from request to test. As with all diagnostic tests within the optimal lung pathway a 3 day turnaround time is gold standard practice. LHCH is the only provider who has the facility and expertise to carry out EBUS under general anesthetic and provides secondary care providers with tissue samples following unsuccessful samples taken locally. This specific service is carried out by Dr. Mohan and outcomes to note are remarkable for diagnosis of lung cancer; the variable waiting time for EBUS is often due to this single point of failure for EBUS under general anaesthetic.

### 3.4 Thoracic Surgery

Thoracic Surgery provides a complete tertiary service to the surrounding region with respect to all types of lung cancer surgery including diagnostic surgical procedures. From referral Thoracic Surgery aims to complete diagnostic tests e.g. surgical biopsy within 5 days of referral.

### 3.5 Pathology Service

Pathology services provided by Liverpool Clinical Labs (LCL) remain the greatest risk to cancer performance and overall quality of patient care. Two serious incidents are currently being investigated whereby tissue samples were processed by the wrong department and as a consequence were not suitable for correct cytology testing. The following actions have been taken by LHCH to ensure robust processes are in place to prevent harm and provide timely cancer pathways.

- Whiston EBUS referrals – pathology returned directly to Whiston for processing. This pathway process is currently working well between both trusts.
- Engagement meetings between LHCH and LCL to identify 'quick wins' – e.g. number of deliveries from LHCH to LCL increased.
- NHS Improvement Pathway Analysis audit currently underway.

Detail of LCL's January performance is as below:

#### Histology

- 91.03% of cases reported within 10 calendar days from date of collection
- 76.52% of cases reported within 7 calendar days from date of collection.

January saw a significant improvement in turnaround times with the national 10 day target being met for the first time in a 12 month period. Please note this improvement is within the same month of all lung cancer specimens being audited.

#### Cytology

- 90.3% of cases reported within 10 calendar days from date of collection.
- 78.15% of cases reported within 7 calendar days from date of collection.

## **4. Performance**

### 4.1 Shadow Monitoring

The below performance illustrates shadow monitoring against the 28 FDS for LHCH. The planned trajectory for 2020 is 70%; LHCH is currently performing at 74.1% YTD.

It should be noted the information below includes patients who have delayed their diagnosis for patient choice, from April 2020 no waiting time adjustments can be made.

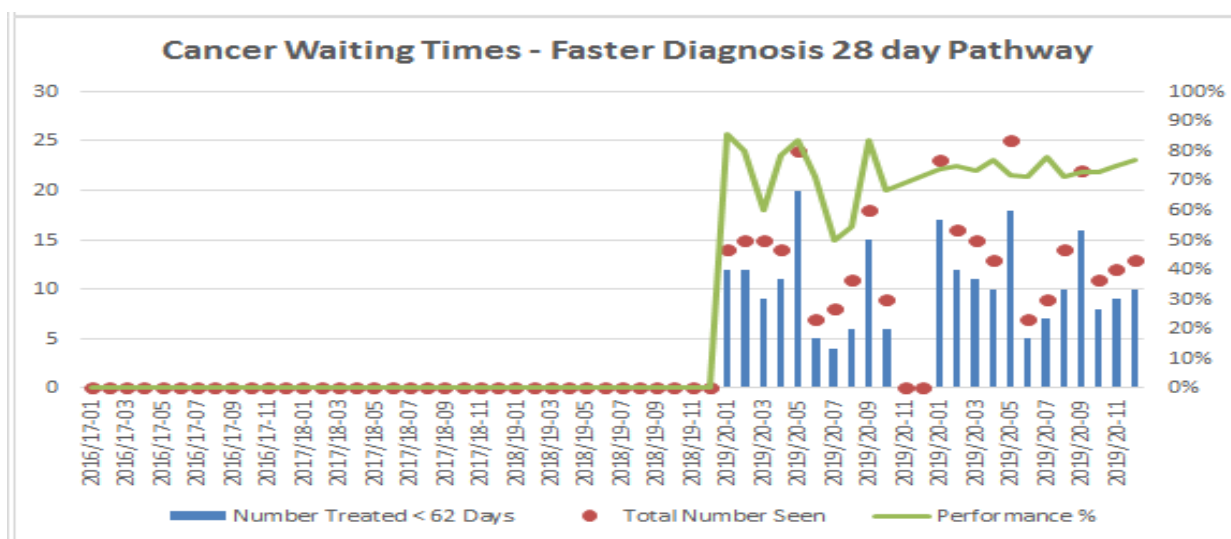
FD End▼	1-28	29-56	57-84	1-28	29-56	57-84
Apr	12	2		85.7%	14.3%	0.0%
May	12	3		80.0%	20.0%	0.0%
Jun	9	4	2	60.0%	26.7%	13.3%
Jul	11	3		78.6%	21.4%	0.0%
Aug	20	4		83.3%	16.7%	0.0%
Sep	5	2		71.4%	28.6%	0.0%
Oct	4	4		50.0%	50.0%	0.0%
Nov	6	5		54.5%	45.5%	0.0%
Dec	15	3		83.3%	16.7%	0.0%
Jan	6	3		66.7%	33.3%	0.0%
<b>Total</b>	<b>100</b>	<b>33</b>	<b>2</b>	<b>74.1%</b>	<b>24.4%</b>	<b>1.5%</b>

A number of actions will be in place for April 2020 to support the 28 FDS and improve the quality of patient experience.

- Cancer Nurse Specialists (CNS) improving communication and understanding of the potential pathway ahead of the patient, with the patient and their families.
- Clinically led weekly PTL meetings - all patients reviewed and monitored against 28 days in addition to 38 and 62 days.
- Cancer performance dashboard to include 28 FDS for weekly reporting.

#### 4.2 Trajectory 2020/21

The below trajectory is benchmarked against one year of shadow monitoring and illustrates the expected performance for 2020/21 28 FDS.



#### 4.3 Challenges & Risks

Following a compliant year of shadow monitoring against a 70% target, there are still a number of challenges and risks evident in the delivery of the 28 FDS performance:

- Patients requiring multiple diagnostic tests and time waiting for pathology on each tissue sample.
- Pathology turnaround times.
- EBUS consultant provision for general anaesthetic patients.

- NICE Guidance – Tissue sample required for treatment decision making.
- Patients referred from one tumour site to another will continue on FDS clock until all cancer ruled out. No adjustment can be made.
- National reporting – currently on the risk register. Issues identified at the national outcomes roadshow where providers have not uploaded all FDS stops, this naturally defaults to the treating provider.

## **5. Conclusion**

The initial implementation for 28 FDS during the shadow monitoring phase has been successful which can be noted from the contents of the paper. All staff involved have shown a true commitment to the safe delivery in implementing 28 FDS at LHCH for the benefit of our patients. All aspects of the 28 FDS implementation have been considered across the wider multi-disciplinary team. It is due to this approach that implementation year to date has been a success. The LHCH Cancer Committee will continue to lead and develop the standard, recognise environmental change in line with the trust's strategic alignment and move forward to disseminate learning to the wider supporting teams.

## **6. Recommendations**

The Board of Directors is asked to consider the contents of the paper and note the excellent progress that has been made in implementing 28 FDS at LHCH and receive monthly updates on performance through the routine performance monitoring mechanisms.