The Elective Improvement Support Team (IST) was asked by Sherwood Forest Hospitals NHS Foundation Trust to undertake a further review of their cancer pathways, processes, reports and systems designed to manage and sustain the national cancer waiting times standards.

An onsite review was undertaken by the elective care improvement support team on 5th November 2019, 4th February and 13th February 2020.

Findings from the review and recommendations for improvement are detailed in the summary below and are based upon the observations and discussions with Trust staff as well as information supplied by the Trust.

Leadership and accountability

- the trust now has a process in place for documenting RCA's but the reasons for breaches being grouped into themes and fed back into the divisions to support the development of individual tumour site improvement plans is not currently in place. It is recommended that the documented process for RCA's is reviewed to include the additional process of grouping breach reasons into themes and providing this information back to the divisions to support action plans for improvement.
- It is also recommended that a bar chart graph can be used to visually demonstrate the reasons for cancer breaches which shows a clear summary of both avoidable and unavoidable breaches so the trust can focus on making improvements to mitigate avoidable breaches whilst working through medium to longer term improvements that help to reduce unavoidable breaches.

Access Policy

- this has been revised and it is recommended the Trust make any further necessary changes as and when the clinical standards change e.g. RTT and cancer standards

Operational management

- The weekly cancer PTL meeting is running well and it was noted that the screen view in the meeting has been further developed to show compliance against all key milestones for each tumour site.
- There is a new cancer taskforce group in place to help strengthen the operational management of cancer pathways and performance. It was previously chaired by the Head of Cancer but is now chaired by the deputy COO. It is recommended that the terms of reference are updated clearly setting out the purpose of the meeting and what is expected of the service managers who attend this.

- At the time of the onsite visits the Trust reported that both urology and lower GI were the main problematic areas contributing to the recent decline in the trust's cancer performance. It is recommended that the deputy COO with support from the cancer services lead establish separate triumvirate meetings for both of these areas with the service manager, the cancer clinical lead for the tumour site and the lead cancer nurse to provide more focused discussion and decision making on the areas for improvement.

Training and expertise

- The Trust's cancer training strategy is in place and the use of the cancer e-learning modules is happening.

Pathway design

- The elective care improvement support team pathway analyser tool has not been rolled out to all other tumour sites but has been completed for prostate pathways. It is recommended that the analyser tool is used to evaluate the trust's current compliance against the optimal pathways e.g. lung, upper GI as well as in the problematic tumour site specialties urology and lower GI. The outputs of this analysis will support further development of individual tumour site specialty action plans.

Reports

- There are still a range of operational reports being produced but it was not clear on how the operational managers use the reports and whether they are all fit for purpose. The dashboards presented in the cancer taskforce group meetings can be further improved through the use of SPC charts for example. It is recommended that the full suite of operational reports is reviewed and recommendations made for improvement working with the Trust's newly appointed cancer information analyst and the operational managers.

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NHS England and NHS Improvement

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