Cardiff and Vale University Health Board

CANCER ANNUAL REPORT

2015 – 2016

October 2016
1.0 Executive Summary

Cardiff and Vale University Health Board is strongly committed to the Welsh Government Cancer Deliver Plan. This report sets out progress made within the UHB over the past 12 months in the delivery of cancer services and the challenges that still remain.

The Together for Health - Cancer Delivery Plan was published in 2012 and is designed to meet the needs of people at risk of cancer or affected by cancer. The plan’s vision is as follows:

- People of all ages to have minimised risk of developing cancer and where it occurs, an excellent chance of surviving wherever they live in Wales.
- Wales to have cancer incidence, mortality and survival rates comparable with the best in Europe.

This report sets out progress made by the Cardiff and Vale UHB against this plan and identifies the challenges that still remain.

Highlights of the Report

The Cardiff and Vale Public Health Team continue to run successful public awareness campaigns on smoking, obesity and alcohol with some real achievements including a further reduction in smoking prevalence to 18%. The ongoing Tobacco 20 Challenge aims to reduce smoking prevalence to 16% by 2020.

Although the uptake for the national cancer screening campaigns in breast and bowel have improved since the last report; cervical screening has decreased. A particular problem is the poor uptake of screening in socially deprived areas and improving access to screening in these areas remains a priority.

The Health Board is working to improve communication in cancer services and delivery across primary, secondary and tertiary care boundaries. With the Macmillan GPs and clinical directors in primary care, the cancer services team in the Health Board are working to improve the experience and outcomes for patients with cancer, wherever that care is delivered.

The Health Board appointed a Cancer Lead Nurse in June 2016. Initial funding of three years for this post has been provided by Macmillan Cancer Support. This is a key post and working with cancer services and the wider nursing workforce, lead nurse will ensure equity and standardisation in the provision of core agreed priorities for the cancer service. We have also appointed a Macmillan Person Centred Care Project Manager, a two-year fixed term post to work alongside the Lead Nurse to deliver the Person Centred Care Project.
Improving *cancer access times* is also a top priority for the Health Board. A reduction of the backlog of patients waiting past their target times has been reported both externally and internally on a weekly basis this year. This has been a key area for success for the Health Board. However, the Health Board has not met the 62 and 31 day targets for cancer treatment this year, although performance against these targets is improving month by month. There are challenges in access to and reporting of CT and MRI for patients with suspected cancer and a wide variability in turnaround time for pathology diagnostics. These issues are being addressed and are an immediate priority for the Health Board.

A highlight is that the Cardiff and Vale *UHB Urology Project*, to decrease the waiting time from referral to treatment for patients with urgent suspected prostate cancer, won the Improving Patient Safety category in the NHS Wales Awards 2016.

The formal launch of the UHB *Acute Oncology Service* was in November 2015, this is currently supported by Macmillan funding. The service has led to a significant improvement in the care pathway for patients. There has been a reduction in the length of stay and a new a “cancer flagging” system has been implemented to ensure that the team are alerted to all cancer patients. In partnership with Macmillan, an *Acute Oncology Service Co-ordinator* was also appointed this year. The post holder is contributing to service delivery and improvement, and collecting and analysing data.

An important highlight this year has been the establishment of a new *Hospice at Home Service* developed in co-production with Marie Curie and Cardiff and Vale UHB. This commenced in January 2016 and has already enabled four to six patients over a three month period to remain or return to their preferred place of care death, receiving high quality end of life care.

Electronic prescribing is essential for the safe prescription of cytotoxic anticancer chemotherapy. The service has been funded and launched within Children’s Cancer Service and is due to be launched within haematology in 2016. However there is a need to roll this out to all areas e.g. lung cancer.
2.0 Introduction

We are pleased to present the Cardiff and Vale University Health Board Annual Report for Cancer Services for 2015/16. This report provides an opportunity to reflect upon the achievements of the last year within Cancer Services and to outline the opportunities and challenges ahead.

It outlines what we have achieved in the past twelve months and what our future challenges are to improve outcomes in the following key areas between now and 2017:

- Preventing cancer
- Detecting cancer quickly
- Delivering fast, effective treatment and care
- Meeting people’s needs
- Caring at the end of life
- Improving Information
- Targeting research

Through the Shaping the Future Wellbeing Strategy, the Health Board is working with the Transforming Cancer Service Programme to deliver a clinical model for cancer services for patients within Cardiff and Vale UHB and as part of the tertiary cancer work, undertaken by the Health Board, delivering Cancer Services across South East Wales.

This year, the Cancer Implementation Group has made money available to improve cancer services within Health Boards. Cardiff and Vale UHB secured funding as part of this initiative in the following areas:

**Skin.**
Skin cancer is the most common cancer and second most common cause of death in young adults. Demand for the service had increased by 25% within the Health Board. We are now receiving on average 160 USC referrals a month (compared to 127 in the previous year). Funding was secured for waiting list initiatives (£22,350) to reduce the waiting time for patients with suspected skin cancer and to support the cell pathology (diagnostic) work (£7,800 (reporting of biopsies)).

**Gastrointestinal Endoscopy.**
The endoscopy service at Cardiff and Vale has struggled to keep pace with rising demands over recent years. This has led to lengthening waiting times for patients with urgent suspected cancer. The Health Board saw a 19% increase in demand for lower GI services and 11% increase for upper GI services within the past 12 months. To address this increase in demand, additional short term funding was requested through the CIG initiative. £18,888 was secured to provide additional endoscopy sessions (weekend working).
Clinical Diagnostics
The Health Board recognise the huge overarching challenge within clinical diagnostics to ensure that patients on the cancer pathway, who are referred with urgent suspected cancer, are correctly identified and managed effectively through the pathway. £50,000 has been secured to support a one year, fixed term project manager (band 7) to address several issues for patients referred with urgent suspected cancer.

This post will address the following areas:

- To improve the patient journey for those patients diagnosed with USC requiring a radiological intervention.
- To implement a system to correctly identify those patients referred on are on cancer pathway.
- Flag patients who are going to breach the cancer waiting time targets and investigate why this happens to ensure improvement follows.
- To enable timely and proper referrals to the radiologists and facilitate the timely commencement of diagnostics in keeping with the 31 and the 62 day cancer targets and to ensure the timely reporting of these diagnostics to avoid unnecessary delays.
- To ensure that accuracy and completeness of all radiology waiting lists (outpatient and inpatient) related to USC are maintained and that patient activity is planned to guarantee utilisation of all available sessions to ensure that patient waiting times are minimised.

3.0 Why is cancer a priority for Cardiff and Vale University Health Board

Cancer is a key service priority within the Health Board’s strategy, identified as an area where service change could have a significant impact on our future population health.

1. Our mission statement is Caring for People; Keeping People Well, with a vision that a person’s chance of leading a healthy life is the same wherever they live and whoever they are. At its heart, our strategy has the desire to achieve joined up care based on ‘home, first’, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. These principles ensure sustainable, cost effective, integrated services that are centred around the person.

2. Shaping Our Future Wellbeing Strategy outlines the Health Board’s 10 year strategy and was developed in collaboration with people who use our services, staff and partner organisations.

3. Cancer is one of the six key priorities within the Health Board and is a key work stream within the Shaping our Future Wellbeing Strategy
Further information on **Shaping Our Future Wellbeing Strategy** can be accessed on:

Through the Shaping the Future Wellbeing Programme, there will be development of locality hubs which will provide supportive care, third sector input and local authority support for patients with cancer. The aim is also to improve the delivery of systemic anti-cancer therapy locally for patients. For patients who present acutely to the Health Board, there is an urgent need to improve Acute Oncology Services and the development of an Acute Oncology Facility for these patients.

**Cancer Targets**
A priority within the Health Board is to treat patients as efficiently and effectively as possible. Access and cancer waiting times are important in delivering high quality services and it is essential that improvement in both these areas is achieved.

**Meeting People’s Needs**
Within Cardiff and Vale University Health Board, we are committed to ensuring that all people affected by cancer are cared for with dignity and respect. We will ensure that our services are planned and delivered around the person and their individual needs.
4.0 Our Achievements

Over the past 12 months, Cardiff and Vale University Health Board has made progress in many areas as summarised below. Further details are given elsewhere in the report.

Prevention
The Cardiff and Vale Public Health Team continue to run successful public awareness campaigns on smoking, obesity and alcohol. Initiatives include:

- GP practice TV screens displaying cancer recognition symptoms and public health messages.

- Smoking prevalence continues to fall and is now at 18%. The ongoing Tobacco 20 Challenge – this aims to reduce smoking prevalence overall to 16% by 2020.

- Three clinical director sessions have been identified within primary care to focus on improved outcomes for three identified cancer pathways (urology, gastroenterology and dermatology). These posts continue to significantly improve the pathway working between primary and secondary care. There has been a reduction in the number of backlog cases, which is in part due to the improved work at the primary care/secondary care interface.

- Two Macmillan GPs have been appointed within the Health Board and are working closely with Macmillan and the Cancer Network within the primary care project.

- As part of the ovarian cancer awareness, there was a campaign within the University Hospital of Wales to increase awareness for patients with possible ovarian cancer in September 2015.

- The Gynae-oncology team is developing an aid for primary care with regards to symptoms of ovarian cancer.

In delivering cancer services there are a number of service improvements that we have implemented locally that have had a real impact on patient care. Examples include:

Cancer pathway

Improving patient experience and Cancer access times remain a top priority for the Health Board reduction of the backlog of patients waiting past their target times is reported both externally and internally on a weekly basis. This has been a key area for success for the Health Board and further details can be found in section 9.

There continues to be a focus on a number of cancer sites, for example:
Urology: A multi-disciplinary urology cancer improvement team has reduced component waiting times for patients with USC and are now within pathway targets for outpatients, TRUS biopsies and treatment for bladder cancer.

We are delighted that the Cardiff and Vale UHB Urology Project, to decrease the waiting time from referral to treatment for patients with urgent suspected prostate cancer, won the Improving Patient Safety category in the NHS Wales Awards 2016. The resulting changes in the pathway have led to a decrease in waiting times, as well as avoiding unnecessary biopsies and scans.

NHS Wales Award Winners
Improving Patient Safety

Cardiff and Vale UHB – for a project to decrease the waiting time from referral to treatment for patients with urgent suspected prostate cancer

A new, one stop clinic has been launched for patients requiring flexible cystoscopy. This has been extremely well received by the patients.

The Robotic Assisted Laparoscopic Prostatectomy (RALP) service continues to strengthen. There is an in-reach programme whereby surgeons from ABMU and ABUHB undertake robotic procedures for their patients. This procedure provides significant benefits over traditional open procedures.

The Health Board is working with other Health Boards and WHSSC to determine more areas where robot assisted laparoscopic surgery may provide further benefit for patients with cancer.

Lung cancer: This year the UHB has participated in a number of initiatives for patients with lung cancer: to improve the pathway for patients with suspected cancer (in partnership with Novartis); the national lung cancer awareness
campaign; and the lung cancer initiative pre-habilitation and optimisation program. In addition the UHB is working with WHSSC to improve the surgical resection rate for patients with lung cancer.

The Enhanced Recovery After Surgery (ERAS) program continues to be actively implemented across cancer sites. There has been very positive feedback from patients and very encouraging results, both in terms of clinical outcomes and patient experience.

Members of the lung cancer multidisciplinary team and others in relevant departments have been working as part of an outcomes focused joint working project with Novartis. The aim of the project has been to improve outcomes for patients diagnosed with lung cancer by making the diagnostic pathway more efficient and effective. Much has already been achieved, including improving the efficiency of sample processing in histopathology, earlier CT scans and CT guided biopsies and making better use of existing IT. Early indications are that the diagnostic process has been speeded up and that treatment decisions can be made earlier. Of particular importance has been the fact that the project has secured Welsh Government funding for the introduction of routine genetic testing, using next generation sequencing, as part of the lung cancer diagnostic process, to ensure that more patients can get the most appropriate treatment and also be potentially identified for participation in clinical trials. Work is ongoing and it is hoped that specific improvements in performance will be able to be reported in next year’s report.

Endobronchial ultrasound services (EBUS) supporting S E Wales runs on a twice weekly basis. The EBUS service is evaluated annually. There is a risk of regarding the scope equipment relating to its age and ability to maintain the throughput of patients. A capital bid will be developed to replace this equipment.

The Cardiff and Vale UHB undertake educational and training programmes to support the learning of others e.g. EBUS training, Pleural Courses, GP education sessions re NICE pathways

The new Hepatobiliary MDT is hosted at C&V and is working well to improve pathways across South Wales for patients with complex tumours.

The Acute Oncology Service (AOS). The formal launch of the UHB AOS was in November 2015 and is supported by Macmillan funding. The service has led to a significant improvement in the care pathway for patients. There has been a reduction in the length of stay and a new a “cancer flagging” system has been implemented to ensure that the team are alerted to all cancer patients. There has been important improvement in patient experience which has been influenced by the following initiatives:

- Monthly sessions with A&E/MAU nurses
- Session on Junior Doctor induction
- Session with ACP and team
- Deputy Ward Manager training in
- Nurse Foundation Program Symptom Management Day (Palliative Care)
- UHB Sepsis meetings continue
- World Sepsis Day
- New chemotherapy patient alert cards launched
- New guidelines from South Wales Cancer Network project
- Introduction of Cancer Flag (6523 referrals were received between May 2015 – July 2016. Cancer Flag went live July 2015

*Development of shared care services for children’s cancer.* A new service for patients in Swansea was launched in June 2016 focussed to improve safety and patient experience for a large number of children across south west Wales.

The South East Wales Cancer Collaborative is a collaborative involving representatives from Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf Health Board, Velindre NHS Trust, Wales Cancer Network and Welsh Health Specialised Services Committee. It has been established as a forum to support the planning and delivery of cancer services across the South East Wales region.

Through the work of the collaborative we aim to identify, prioritise and progress areas of work requiring a regional approach, review and agree clinically agreed tumour site specific pathways (to improve outcomes) and identify and share best / good practice.

**Meeting people’s needs**

*Patient Information*

The Macmillan Information and Support Centre, in the University Hospital of Wales, continues to provide excellent information, support and signposting. This centre was again awarded the Macmillan Quality Environment Award for Wales in February 2016. Two further Information and Support Centres now compliment this, being sited in University Hospital Llandough and Barry Community Hospital. The Health Board has secured permanent funding for the Macmillan Patient Information and Support Facilitator.

The Health Board appointed a Cancer Lead Nurse in June 2016. Initial funding of three years for this post has been provided by Macmillan Cancer Support. Working with cancer services and the wider nursing workforce, the Macmillan Cancer Lead Nurse will ensure equity and standardisation in the provision of core agreed priorities and nursing contributions which fit with MDT, Health Board and National priorities for cancer. An important priority will be to ensure all services are person centred, to identity and meet the needs of people affected by cancer and their significant others.

We have also appointed a Macmillan Person Centred Care Project Manager, a two-year fixed term post to work alongside the Macmillan Cancer Lead Nurse to deliver the Person Centred Care Project. This will make an important contribution to the patient experience of cancer within Cardiff and Vale University Health Board.
In partnership with Macmillan, an Acute Oncology Service Co-ordinator was also appointed this year. The post holder is contributing to service delivery and improvement, and collecting and analysing data. A Macmillan advanced nurse practitioner will further augment the acute oncology service. This post is important in providing advanced nursing skills and knowledge to ensure patients presenting with acute needs relating to cancer receive efficient and effective care.

A Macmillan myeloma clinical nurse specialist has been appointed and Macmillan funding has been secured for a second skin clinical nurse specialist. These clinical nurse specialists will be responsible for providing specialist nursing care for people affected by cancer, and their families, from the point of diagnosis and throughout the patient pathway, and will identified as key workers.

Pelvic Radiation Disease (PRD)
This important work is collaboration between Cardiff and Vale UHB and Velindre Cancer Centre to improve the care for patients with chronic gastrointestinal symptoms that have developed as a consequence of their treatment for cancer. Through funding from Macmillan and Prostate Cancer UK, a Clinical Nurse Specialist has been employed to support and coordinate the care of these patients. A simple screening tool has been developed and this is leading to effect medical and dietary treatments for patients. Cardiff is recognised throughout the UK for this important clinical and research work.

Caring at end of life
An important highlight this year has been the establishment of a new Hospice at Home Service developed in co-production with Marie Curie and Cardiff and Vale UHB. This commenced in January 2016 and has already enabled four to six patients over a three month period to remain or return to their preferred place of care death, receiving high quality end of life care.

Electronic prescribing
Electronic prescribing has been funded and launched within Children’s Cancer Service and is due to be launched within haematology in 2016. There is a need to roll this out to all areas of SACT prescribing across the Health Board.

Research
Cardiff and Vale continues to be highly committed to clinical research in cancer. The Health Board receives Cancer Research UK funding for the All Wales Molecular Genetics Laboratory, CRUK Stratified Medicine Technology Hub and is in partnership with VCC and Cardiff University in a wide range of research activity.

The Clinical Research Facility (CRF) sited in Cardiff and Vale UHB continues to support trials in cancers and increase its portfolio to early phase work.
5.0 Areas to improve

Prevention and screening
Overweight or obese prevalence for adults remains static at 54 per cent over the last two reporting periods. Despite the implementation of food and physical activity plans, this remains an area requiring multi-component interventions. However, in contrast, childhood surveillance figures show a year on year decrease in overweight or obesity levels for reception year children.

Although the uptake for the national cancer screening campaigns in breast and bowel have improved since the last report; cervical screening has decreased. A particular problem is the poor uptake of screening in socially deprived areas (see data below).

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Fast and effective treatment
The IT systems for tracking patients and Canisc are in need of improvement. There are a number of separate systems that are unable to communicate. The HB has developed a tracking system (Tentacle) to provide administrative overview, to identify where patients are on the pathway and to optimise their appointments for imaging and definitive care. However there will be significant challenges with the new interface required with Tracker 7 and working towards full tracking for the new suspected single cancer pathway.

Diagnostic services
There are delays in access to and reporting of CT and MRI for patients with suspected cancer and a wide variability in turnaround time for pathology diagnostics. There are particular pressures within neuropathology and molecular diagnostics

Acute Oncology Service
Despite the significant improvement for patients with the appointment of the Acute Oncology Team, there is no acute oncology service at Llandough and there is a need to continue to work with primary care teams to further develop the service in primary care.
Meeting People’s Needs

Patient Experience
The C&V UHB is working to address the areas identified for improvement within Cancer Delivery Plan and National Cancer Standards, by ensuring all patients have, and are aware, that they have a Key Worker. One aim is to ensure all patients have the opportunity of having their holistic needs assessed, and together with their healthcare professional, co-produce a care plan. We also aim to provide patients with end of treatment summaries that can be shared with primary care. These measures will be addressed through the Person Centred Care Project, which commenced in September 2016.

6.0 How well are we doing in Cardiff and Vale University Health Board.

We are using three outcome indicators to measure and track how well cancer services are doing over time. These are:

- Cancer incidence rate
- Cancer mortality rate
- One and five year survival rate

Outcome One – Cancer incidence rate

This measures how many new cases of cancer are found each year and tells us how well we are doing at preventing cancer in Wales. If we are achieving our objectives, we would expect to see over time:

- A slower rise in the rate of increase compared with what might be expected to happen in line with past experience.
- A reduced gap between the most and least deprived areas of our region.
- Incidence rates comparable with the best in Europe¹.

Figure 1: Cancer incidence rate (European age-standardised)

Source: Welsh Cancer Intelligence and Surveillance Unit, 2016

¹ Those countries with cancer registration and mortality covering the whole population
Cancer incidence rates in Cardiff and Vale show an undulating pattern, and in 2014, it was higher than the Welsh average, being the second highest of Health Boards in Wales. In 2014, in Cardiff and Vale, the highest cancer incidence was in prostate cancer for men and breast cancer for women. However, for persons, the highest incidence was for prostate cancer.

Outcome Two – Cancer mortality rate

This tells us how many people die from cancer each year\(^2\). If our strategy is successful, over time we would expect to see:

- A continued fall in the rate of deaths from cancer.
- A reduced gap between the most and least deprived areas of our region.
- Mortality rates comparable with the best in Europe.\(^4\)

Figure 2: Cancer mortality rate, under 75s, age-standardised.

![Graph showing cancer mortality rate from 1995 to 2014 for Wales and Cardiff and Vale LHB.](image.png)

Source: Welsh Cancer Intelligence and Surveillance Unit, 2016

The cancer mortality rate in Cardiff and Vale has shown a gradual downward trend since 1995. This mirrors the Welsh picture. In 2014, the Cardiff and Vale rate was slightly above the Welsh average, and was the second highest of Health Boards in Wales. The highest mortality rate by cancer site in 2014 was in lung cancer.

Outcome Three – One and five year survival rate

This measure shows us how many people are alive one and five years after they have been diagnosed with cancer. Survival is likely to be longer if the disease is detected early, the person is in relatively good health and the treatment is effective. If our strategy is successful, over time, we would expect to see:

- An increase in 1 and 5 year survival rates.
- A reduced gap between the most and least deprived areas of our region.

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\(^2\) Expressed as an age standardised rate to allow comparisons between years and countries
• 1 and 5 year survival rates comparable with the best in Europe.\textsuperscript{4}

Figure 3: One year relative cancer survival, ages 15-99, percentage

Source: Welsh Cancer Intelligence and Surveillance Unit, 2016
One year survival rates in Cardiff and Vale have shown a general increase since 1995. In the most recent reporting period (2009-2013), the survival rate was the second highest of all Health Boards in Wales, and therefore above the Welsh average. For this time period, the worst one year survival in men was for pancreatic cancer; for women it was for liver cancer; and for persons it was pancreatic cancer.

Figure 4: Five year relative cancer survival rate, ages 15-99, percentage

Source: Welsh Cancer Intelligence and Surveillance Unit, 2016
Five year survival rates in Cardiff and Vale have shown a general increase since 1995. In the most recent reporting period (2005-2009), it was the second highest of Health Boards in Wales. For the same time period, the worst five year survival in men was for pancreatic cancer; for women it was liver cancer; and for persons it was pancreatic cancer (where calculated by site).
7.0 Preventing Cancer

Overall health is improving and our population is getting older. However, far too many people in our region suffer from poor health. Many of the causes of poor health are difficult to tackle. Obesity is widespread across Wales and rates of smoking, drinking and substance misuse continue to cause concern. Cancer Research UK suggests that these root causes of poor health may be responsible for 40% of all cancer cases.

Figure 5: Percentage of adults who reported smoking daily or occasionally (age standardised)

Source: Welsh Health Survey

Cardiff and Vale of Glamorgan smoking prevalence is 18 per cent - lower than the Welsh average (20 per cent) and reflecting a continual decline since 2005 where smoking prevalence was 27 per cent.

Figure 6: Percentage of adults who reported being physically active on 5 or more days a week (age standardised)

Source: Welsh Health Survey

The proportion of adults who are physically active on 5 or more days a week increased to 27 per cent during 2014-15, in Cardiff and Vale of Glamorgan. This is below the Welsh average of 31 per cent.
Figure 7: Percentage of adults who are obese (age standardised)

Source: Welsh Health Survey

Obesity in Cardiff and Vale decreased to 19 per cent during 2014-15. This is below the Welsh average of 23 per cent.

Figure 8: Percentage of adults who drink more than the weekly recommended Government guidelines (age standardised)

Source: Welsh Health Survey

Drinking above guidelines has decreased to 42 per cent during 2014-15, as compared to 47 percent in 2008-09. However, this is still above the Welsh average of 40 percent.

We are working closely with local government, Public Health Wales NHS Trust, GPs, pharmacists, dentists, opticians, the Third Sector to tackle these root causes of poor health.

Over the past 12 months we have:

Promoted better public awareness of cancer risk factors
• GP practice TV screens in the South West and West Clusters display cancer recognition symptoms and public health messages.

Reduced smoking, obesity and excess alcohol intake
• The Tobacco 20 Challenge was launched across the UHB to ensure that the Cardiff and Vale of Glamorgan smoking prevalence will be reduced to 16 per cent by 2020. There was a focus on promoting the UHB’s No Smoking Policy, to reduce the number of smokers on hospital sites.
• Thirty seven per cent of smokers (who set a firm quit date) quit smoking at 4 weeks during 2015-2016.
• The Eating Well and Physical Activity plans were implemented with partners. These included the delivery of the physical activity and primary care pilot project, the inclusion of health and healthy living policies in the adopted Cardiff Local Development Plan (to 2026) and the delivery of Making Every Contact Count training that included food and physical activity as key elements.

The Level 3 Obesity service was implemented.
• The UHB introduced the Hospital and Restaurant Retail Outlet Food Standards to ensure a 75% split in favour of healthy options in all outlets. Compliance is currently being audited and monitored.
• There are 39 food businesses which hold the Healthy Options Award in Cardiff, and 2 in the Vale of Glamorgan.
• Two hundred and eighty two people received Alcohol Brief Intervention training in 2015/16, with 30 training sessions delivered, including 11 GP practices (6 in areas of deprivation)
• The Switched On team (substance misuse specialists) delivered a total of 237 substance misuse education sessions which include alcohol awareness as part of a wider programme, to young people in a variety of settings, including Amelia Trust, Cardiff City Foundation, schools, ACT training, and Pupil Referral Units
• Sixteen organisations ordered resources to promote Alcohol Awareness Week (2 based in areas of high deprivation), and 28 organisations ordered resources for Dry January (workplace challenge)

Reduced the gap in inequalities in incidence and mortality rates for cancer
• Cancer prevention work remains ongoing within Communities First areas, targeting areas of deprivation.
• Fifteen Community Pharmacies across areas of high deprivation offer a Smoking Cessation Service with quit rates routinely achieving over 60%
• All Stop Smoking Wales community based support services are located in areas of high deprivation
• The School Holiday Enrichment Programme initiative is a multi-agency programme, developed by the Food Cardiff partnership, to provide healthy meals, nutrition education and physical activity sessions to children in
areas of deprivation during the school holidays and is now in its 2nd year, with 10 schools in Cardiff and 2 schools in the Vale participating.

- Practitioners working with vulnerable young people and those living in deprived areas have received training in ABI and substance misuse awareness, organisations include Flying Start, Salvation Army (Northlands Hostel) and Vale Youth Service

Encouraged participation in the programme of health checks for people aged over 50 to facilitate access to personally relevant, clear and consistent health advice.

- Between 1 July 2015 and 31 July 2016, 608 users in Cardiff completed an Add to Your Life assessment (12.3% of the total who completed the assessment across Wales); and 227 users in the Vale of Glamorgan completed an assessment (4.6% of the total across Wales).

Prevent cervical screening through the HPV vaccination programme.

Figure 9: Uptake of HPV

![Uptake of HPV](image)

**Source:** Public Health Wales (COVER data)

- Uptake of HPV vaccine continues to be lower than required in Cardiff and Vale. Historically, school nurse time to offer catch-up vaccination if girls are not present for a school-based immunisation session, has been limited. For 2016/17 we will be trialling locally developed school-level immunisation profiles, which are a one page summary of each secondary school's uptake, why immunisation is important, and how schools and staff can help increase uptake. This approach has been very useful in raising immunisation as an issue in primary care. In addition we are scoping the costs and feasibility of developing a dedicated school immunisation team,

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3 From September 2014, the HPV vaccination programme changed for School Year 8 girls from a three dose to a two dose schedule following a Joint Committee on Vaccination and Immunisation (JCVI) recommendation. In the revised schedule, the first dose of HPV should be given to girls during School Year 8 with JCVI recommending a gap of 12 months before the second dose of HPV is received. Data presented for 2014-15 are for completed 1st doses in the 2014-15 school year 8 group. Figures for all previous years represent uptake of the complete 3 dose course in school year 8 girls.
with dedicated immunisation capacity over and above school nursing capacity. This would increase the ability to deliver catch up programmes and innovate how the programme is delivered.

8.0 Detecting cancer quickly

Rapid diagnosis and treatment of cancer improves not only survival, but also the quality of life of survivors and lessens their longer-term care needs.

8.1 Screening

Reduce inequities in uptake of national cancer screening programmes.

- Overall, the Cardiff and Vale average uptake for the national cancer screening campaigns in breast and bowel have increased since the last report; whereas cervical screening has decreased, see below:

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<th>Screening Uptake for C&amp;V 2014/15</th>
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<td>Wales</td>
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<tr>
<td><strong>Breast Screening Uptake</strong> - min. standard 70%</td>
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<tr>
<td><strong>Bowel Screening Uptake</strong> - Target 60%</td>
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<tr>
<td><strong>Cervical Screening Coverage</strong> - Target 80%</td>
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- During the previous year (2014/15), the following deprivation trends in uptake/coverage were noted:

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There is a need to promote better take up of screening programmes to meet the best practice uptake targets – particularly targeting those less likely to take up screening.

- Statistics show that uptake is lowest (across all programmes) within our most deprived communities so work and initiatives are targeted to address health inequalities and to improve awareness and access to services.
Within BME communities, we are working with the local Muslim community, in collaboration with local Mosques and GPs from South West Primary Care Cluster to deliver health awareness raising events in local Mosques. The current focus is bowel screening with a view to broaden across programmes.

We are currently working in collaboration with Cardiff and Vale College, Velindre Cancer Centre, Cardiff and Vale Public Health Team and Screening Division to look to develop cancer/screening awareness health education resource to be delivered through ESOL classes to improve access to services by BME communities.

We are recruiting and training Screening Champions to help improve awareness within the following groups/communities:

- Learning disability – Cardiff People First
  - BME – Welsh Gymnastics Club – Mum’s from BME gymnastics project in Butetown
  - Workplace
  - Deaf – hopefully to be planned for the Autumn
- Screening leaflets have been produced in Easy Read, BSL and audio format to help overcome communication and literacy barriers.
- New Wellbeing coordinators based in Primary Care have screening as one of their priority areas.
- The Screening for Life campaign is an annual national campaign that runs throughout July to raise awareness of screening run by the Screening Engagement Team.
- The team carries out a mass mail out to stakeholders across Wales, social media campaign and community and workplace engagement activity.
- Cardiff and Vale Macmillan GP has been appointed, and commenced her post.

8.2 Early Diagnosis

Performance Measure – The percentage of people whose cancer is diagnosed at each stage

<table>
<thead>
<tr>
<th></th>
<th>NR</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>41.66%</td>
<td>11.51%</td>
<td>14.56%</td>
<td>13.80%</td>
<td>18.47%</td>
</tr>
<tr>
<td>2012</td>
<td>26.23%</td>
<td>15.71%</td>
<td>19.54%</td>
<td>17.55%</td>
<td>20.98%</td>
</tr>
<tr>
<td>2013</td>
<td>25.29%</td>
<td>17.46%</td>
<td>20.29%</td>
<td>16.63%</td>
<td>20.33%</td>
</tr>
<tr>
<td>2014</td>
<td>25.61%</td>
<td>18.44%</td>
<td>20.03%</td>
<td>16.17%</td>
<td>19.75%</td>
</tr>
<tr>
<td>2015</td>
<td>23.45%</td>
<td>18.62%</td>
<td>20.55%</td>
<td>16.39%</td>
<td>20.99%</td>
</tr>
</tbody>
</table>
### Stage Grouping new diagnosed patients Year 2015 LHB of Residence

<table>
<thead>
<tr>
<th></th>
<th>NR</th>
<th>Stage I</th>
<th>Stage II</th>
<th>Stage III</th>
<th>Stage IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsi Cadwaladr</td>
<td>33.80%</td>
<td>15.62%</td>
<td>16.99%</td>
<td>13.65%</td>
<td>19.94%</td>
</tr>
<tr>
<td>Hywel Dda Local</td>
<td>24.37%</td>
<td>17.13%</td>
<td>20.22%</td>
<td>18.44%</td>
<td>19.84%</td>
</tr>
<tr>
<td>Abertawe Bro Morgannwg</td>
<td>18.25%</td>
<td>19.07%</td>
<td>21.21%</td>
<td>19.29%</td>
<td>22.17%</td>
</tr>
<tr>
<td>Cardiff &amp; Vale</td>
<td>19.66%</td>
<td>21.23%</td>
<td>22.11%</td>
<td>14.20%</td>
<td>22.80%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>21.82%</td>
<td>20.39%</td>
<td>20.33%</td>
<td>16.35%</td>
<td>21.11%</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>17.85%</td>
<td>20.10%</td>
<td>23.48%</td>
<td>17.26%</td>
<td>21.32%</td>
</tr>
<tr>
<td>Powys</td>
<td>24.84%</td>
<td>21.02%</td>
<td>22.93%</td>
<td>15.61%</td>
<td>15.61%</td>
</tr>
<tr>
<td><strong>All Wales</strong></td>
<td><strong>23.45%</strong></td>
<td><strong>18.62%</strong></td>
<td><strong>20.55%</strong></td>
<td><strong>16.39%</strong></td>
<td><strong>20.99%</strong></td>
</tr>
</tbody>
</table>

The tables above show that the percentage of patients who did not have cancer staging recorded in Cardiff and Vale UHB has continued to fall from a high of 41.66% in 2011 to 19.66% in 2015. The most recent figure compares very favourably with the 2015 all Wales figure of 23.45% of patients with cancer staging unrecorded.

Patients with cancer who are diagnosed early (stages 1 and 2) continue to rise, from 11.5% and 14.56% respectively in 2011 to 21.23% and 22.11% in 2015. The UHB compares well with the all Wales data of 18.6% and 20.5% in 2015.

Late diagnosis figures for the UHB (Stage 3 and 4) are 14.2% and 22.8% respectively with little change from the 2014 figure of 16.17% and 19.75% respectively.

Within Cardiff and the Vale of Glamorgan, lung cancer has the highest mortality for men, women and persons. During July/August 2016, Cardiff and Vale UHB actively participated in the national lung cancer awareness campaign using a local cancer survivor and our local MacMillan GP. There were interviews by Made in Cardiff (a local TV channel), plus newspaper coverage, see below.
Raise public awareness of cancer symptoms needing prompt GP assessment
- TV screens in Cardiff West and South West GP clusters practices were used to raise awareness of cancer symptoms requiring urgent GP attention.

Raise GP awareness of symptoms to promote prompt referrals in line with national guidance, local pathways and waiting time’s standards

Cardiff and Vale have assigned three community directors (GPs) to provide medical and leadership advice and direction in the development of clinical pathways for each of the national clinical priority areas (gastrointestinal, lung and skin cancer) and services to all GPs. Their role is to inform intentions regarding the service model (how referrals are received, signposted, access to tests / diagnostics, follow up arrangements etc) including how advice can be given to GPs. They also facilitate team access to the Primary Community and Intermediate Care Clinical Board Clinical Director sessions, locality or Cardiff and Vale wide CPD sessions.

Work with GPs to introduce evidence based Risk Assessment Tools to help identify those at most risk

As indicated above the three Community Directors have been working closely with colleagues in secondary care in developing clinical pathways. The aim /
purpose of the pathways is to reduce variability in clinical practice and improve patient outcomes.

As these events become part of a standardised process early detection will improve.

**Audit the pathway for each person diagnosed with advanced cancer and act on findings to improve services for early diagnosis**

To enable primary care clinicians to explore these complex issues and to use their knowledge of local systems and setting to identify appropriate improvement actions, the prevention and early diagnosis of cancers was identified as a National Clinical Priority (NCP) in the GP contract for 2014/15 and 2015/16.

Early success has been seen in Cardiff and Vale UHB on pathway redesign with good feedback from the clusters on the use of similar pathways. The SEA analysis identified delays to investigations, delays to referrals, downgrading of referrals, incorrect investigations and late presentation. The identification of these common themes has facilitated liaison with secondary care to improve referral information, better understanding of the reasons for upgrading / downgrading referrals. The development of a model to support enhanced data capture will promote the prevention, earlier diagnosis and identification of clear clinical pathways. This will build on previous work and enable the clusters to take forward issues as identified via the cluster plans as a way of empowering clusters in a planning and commissioning role.

C&V UHB are developing pilot programme, to review the clinical pathway for assessment to diagnosis informed by feedback from the significant event audit work. An IT solution such as ‘outcomes manager’ will enable GP clusters to monitor compliance and allow effective audit and evaluation prompting shared learning and informing local service improvement / planning for early diagnosis of cancer

Cardiff and Vale Cancer Decision Support Tool (Outcomes Manager) is a unique suite of components that provides the UHB with the ability to create, deploy, monitor and audit gold standard pathways across its whole community.

The support tool has the ability to analyse and present data stored within existing clinical systems that are pertinent to the pathway and then annotate the information that needs to be collected. It also provides the ability to supplement the pathway decision support tools to aid the clinical review process.

The pathways design tool gives the capability to design gold standard evidence based pathways for use within the UHB. The pathways can be used across different environments including:

- Clinical pathway
- Community pathway
- Referral pathway
• Prescribing pathway

The design tool is intuitive and provides a clinical design screen to scope the pathway prior to its initiation. This also includes the ability to link evidence based information where a decision has to be made at a section of the pathway. It is a risk stratification tool which facilitates the identification of patients at risk of cancer. This information could then be used as a basis for identifying future service and planning requirements.

9.0 Delivering fast, effective treatment and care

9.1 Access and cancer waiting times.

Timely cancer diagnosis and treatment remains an important priority for the Health Board. There are two cancer waiting time targets: A 62 day Urgent Suspected Cancer target for patients referred by their GP with symptoms suggestive of cancer and a 31 day Non-Urgent Suspected Cancer target from the date of decision to treat for patients referred by other means. Our aim is to improve on and consistently meet both of these targets.

2015/16 has been a challenging year for the Health board with respect to cancer performance against the 62 day target. The focus of our work in 2015-16 was on ensuring those patients who had waited longest for treatment were seen first but this approach was detrimental to our performance. Whilst the UHB did not achieve the USC 62 day target in 2015/16, the position was one of continuous improvement from December onwards. The Health Board generally performed close to target for 31 days in 2015-16.

Compared to 2014/15 the Health Board treated fewer overall cancer patients and of those more were treated out of target.
For the majority of the cancer sites, the number of breaches is low. However, as in 2014/15, the Health Board encountered some specific issues in 2015/16 in providing timely urology, gastrointestinal and skin cancer care.

The issue in dermatology for skin cancer arose as a result of a demand and capacity gap compounded by staff sickness issues. The short term recovery plan in 2015/16 focused on securing additional capacity, resulting in a reduction in the number of patients waiting greater than 62 days for diagnosis and / or treatment – from a peak of 143 in mid April 2015 to 0 by February 2016. As of August 2016 this remains at 0. In parallel, the Health Board also developed and implemented a number of solutions to put the service on a sustainable footing. This includes appointment of an additional consultant who commences in September 2016, appointment of a GP lead to work with the service regarding referral management and fully utilising tele-dermatology technology.

Further progress has been made in Urology in 2015/16, specifically as a result of the improvement actions agreed, implemented and monitored by a dedicated Urology cancer improvement project team. This includes: PSA pathway redesigned and implemented, translating into reduced waiting times, unnecessary test avoidance and an overall reduction in the number of patients waiting greater than 62 days for diagnosis and / or treatment; An additional consultant was appointed and commenced in April 2015; and building and commissioning of a separate cystoscopy facility (Suite 18).

As a result of demand increases, there remained significant pressure on the Gastrointestinal (GI) service. Further progress was made in 2015/16 and also since in implementing the plan to balance demand and capacity on a sustainable basis. This includes both increased operator and theatre capacity.
The Health Board recognises that although there has been improvement in 2015/16, there is further work to do and is, therefore, continuing to implement plans in 2016/17 to improve timeliness and compliance.

9.2 National cancer standards

National Cancer Standards

<table>
<thead>
<tr>
<th></th>
<th>Cancer Standards Compliance 2015</th>
<th>Cancer Standards Compliance 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care</td>
<td>97.67%</td>
<td>97.67%</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>97.94%</td>
<td>98.46%</td>
</tr>
<tr>
<td>Breast</td>
<td>96.43%</td>
<td>94.64%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Lung</td>
<td>98.46%</td>
<td>96.92%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>92.11%</td>
<td>92.11%</td>
</tr>
<tr>
<td>Haematology</td>
<td>98.41%</td>
<td>98.41%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>98.57%</td>
<td>98.57%</td>
</tr>
<tr>
<td>Upper GI</td>
<td>97.50%</td>
<td>98.75%</td>
</tr>
<tr>
<td>Generic</td>
<td>81.82%</td>
<td>90.91%</td>
</tr>
<tr>
<td>Skin</td>
<td>96.88%</td>
<td>96.88%</td>
</tr>
<tr>
<td>Urology</td>
<td>95.31%</td>
<td>96.88%</td>
</tr>
<tr>
<td>Overall</td>
<td>95.93%</td>
<td>96.68%</td>
</tr>
<tr>
<td>Overall minus Generic</td>
<td>97.21%</td>
<td>97.21%</td>
</tr>
</tbody>
</table>
The above table shows that C&V UHB continues to improve compliance against the Cancer Standards in most tumour sites.

Breast and Lung have a minimal drop in their compliance rates due to non compliance with the following standards:

**Breast**
- Surgeons with each seeing at least 50 new primary breast cancer cases per year (now resolved).
- Results of diagnostic tests communicated to patients within 1 week of the last diagnostic procedure (work in progress)

**Lung**
- Thoracic surgical capacity
- Patients with Small Cell Lung Cancer [SCLC] and referred for first-line chemotherapy not starting treatment within 2 weeks of date of diagnosis

Confirmation of the diagnosis of cancer should reach the GP within 24 hours of the patient being informed was identified at a number of tumour sites (breast, gynae, upper GI, skin) and this will be addressed.

**National audit**
There are five mandatory National Audits. Cardiff and Vale, along with all Welsh health boards, collects the required data in Canisc. There is a data quality and completeness exercise facilitated by the Cancer Network information specialists. The data is submitted from Canisc to the National Audit on behalf of the Welsh Health Boards, following clinical sign off by Health Board Tumour Site Leads.

The five National Audits are:
- DAHNO - Data for Head and Neck Oncology
- LUCADA - Lung Cancer Audit Dataset
- NBOCA - National Bowel Cancer Audit
- NOGCA - National Oesophagogastric Cancer Audit
- NPCA - National Prostate Cancer Audit (new)

For this latter audit, Cardiff and Vale has been praised for its completeness of data collection being the best in the UK.

**WBCCA** - Welsh Breast Cancer Clinical Audit. No audit published since 2014 (audit period 2009-11). This audit is currently on hold as HQIP is currently scoping a National Breast Audit.

MDTs continue to conduct local clinical audits to assess compliance with clinical guidelines and best practice and also to form an evidence base for service planning and service change. These audits are used to inform the specific tumour sites when undergoing the Peer Review process.
9.3 Peer Review

Peer review of cancer services began in 2012 and is delivered by the Cancer Networks in partnership with Health Inspectorate Wales (HIW). During 2015-2016 two further tumour site reviews were undertaken, skin and haematology. In addition to this Lung underwent a three year follow up review on 1st June 2016.

Overall, the reviews identified a number of excellent areas of practice. There were no immediate risks. Serious concerns and concerns were identified in all three tumour sites as follows:

Skin

Skin underwent peer review visit in September 2015. The service was commended on a number of areas of care including:
- Use of teledermatology was noted albeit with a number of IT issues and not 100% roll out.
- Weekly histopathology meetings were felt to be a useful adjunct to the MDT providing an opportunity to discuss patient between MDTs.
- There was recognition of the challenges within the MDT service and the new MDT leadership was recognised as a sign of this.
- It was noted that the CNS had a real aspiration for greater public awareness as part of her work.
- The annual academic meeting was noted and commended.
- The integration of clerical support into the MDT role outside cancer services worked and provided focused support.

Serious Concerns
- The MDT was monthly and this was felt to be insufficient for timely decision making and raised a specific issue around in adequate governance.
- The functionality of the MDT was felt to be confused with no clear parameters for patient discussion and analysis.
- There was lack of clarity between the local and specialist function of the MDT with the roles being confused. This was of importance to the MDT especially if they accepted tertiary referrals from other Health Boards.
- Whilst a lack of structure and pathways was recognised the impact on referring Health Boards was not and a joint solution was not readily considered.

Concerns
- Teledermatology not fully adopted and it was unclear as to whether this reflected a different level of support within the MDT.
- Different approaches within the MDT personnel. It was noted that the MDT leadership was new and that the more experienced team members were
absent from the review. There was a sense that this approach may have reflected some key differences in approach from within the team.

- CANISC not used at the MDT and not fully integrated into practice.
- No identified pathways – though it was recognised that these were required.
- Deficits in key MDT personnel, no radiologist support at the MDM, no cover for the CNS who was already at capacity; oncology, plastic surgery or maxillofacial surgery.

Actions

- Increased frequency of the MDT Meeting has increased from once monthly to twice monthly.
- Introduction of clear pathways for MM, SCC, BCC
- Full roll-out of Teledermatology i.e aim for all referrals to dermatology to be accompanied by a photograph. There has been Job planning agreement to incorporate teledermatology work into consultant job plans.
- Work is ongoing to secure a designated Radiologist and a named cover at the skin MDT
- Further discussions needed within Cardiff and Vale UHB and with the other Health Boards to secure adequate cross cover for several MDT members

Haematology

Haematology underwent peer review visit in January 2016. The service was commended on a number of areas of care including:

- Specialist nursing roles mirroring complexities of different haematological diseases and patient pathways
- MDT structure including regional MDT working and access to PET radiologists
- Approach to mortality review and audit
- Bone Marrow Transplant service of high repute and outcomes comparable to best in the UK

Serious Concerns

- The type of clinical practice requires a prescribing system that assures as best as possible safe practice. The repeated nature of prescriptions coupled with the varied access for patients makes paper based system potentially hazardous and labour intensive.

In addition the regional links and inter organisational exposure of patients during their clinical pathway makes availability of a cross organisational prescribing system increasingly essential.
Concerns

- The current inpatient and day case facilities coupled with the technology in support of infection control are inadequate both in terms of capacity and modernity. There is a clear need for an urgent understanding of what is required and how this might be delivered.
- The service needs to clarify its function particularly as a tertiary service and in doing so clearly establish its likely activity and the resource demand to match that activity. At this time referral routes and ongoing activities are to some extent historical and the team should be explicit in its geographical reach, place in a pathway and any shared care arrangements.
- Linked to the above the allocation of medical staffing between the sub specialties appears imbalanced and this may require review and adjustment in the short term.
- The focus of the team is rightly clinical in nature but its challenges are organisational. The team need to be more outward looking and strategic and with management and partners drive the debate around ongoing and future configuration.
- In light of issues regarding capacity the team are commended for exploiting opportunities at Llandough and a mobile service. However utilisation of these options seems limited and it is unclear how enthusiastic the support for these options is.
- It is noted that the formal operational relationship with oncology at Velindre is limited and maybe diminishing. Noting the development of Acute Oncology on the Cardiff site there is a question regarding how much this service should assist haematology or vice versa in terms of out of hours/immediate support.
- It was also noted that as a tertiary service a more strategic and integrated relationship with the TCS programme was required especially as it is understood that this programme intends to address wider cancer issues within SE Wales as part of its remit.

Actions

The UHB has identified funding to implement E-prescribing in haematology and paediatric oncology. The UHB is working on the development of a new Haematology and Acute Oncology facility, which will address concerns over the capacity and modernity of the current accommodation.

The mobile Chemotherapy unit will be further utilised, potentially to improve accommodation in the Haematology Day Unit.

Lung

Lung underwent a re-review visit in June 2016. The service was commended on a number of areas of care including:

- Team engagement with pathway development
- Setting up an Acute Oncology Service, supporting early identification and referral of lung cancer patients presenting as an emergency admission
- Management support for all Cancer MDTs, with a rolling programme of meetings established with the Executive Team. In addition the peer review reports are discussed at the Health Boards Quality and Safety Committee meetings
- Increase in the number of VATS lung cancer resections, leading to reduced patient length of stay
- Development of nurse led clinics in oncology and surgery

Serious concern
E-Prescribing - The issue of an e-prescribing system for the delivery of chemotherapy remains unresolved; chemotherapy continues to be prescribed and delivered using a paper-based system.
Concerns
- Analysis of Poor Outcomes in Lung Cancer
- Data quality for Chemotherapy and Radiotherapy
- EBUS Service
- Endobronchial ultrasound services (EBUS) supporting S E Wales run on a twice weekly basis. This service will be at risk in September as a result of the age of the equipment as it is out of warranty and will not be repaired if faulty.
- The EBUS service is evaluated annually. The risk of scope equipment relating to its age and ability to maintain the throughput of patients. A capital bid will be developed to replace this equipment.
- We undertake educational and training programmes to support the learning of others e.g. EBUS training, pleural courses, GP education sessions re NICE pathways

The Health Board has action plans in place to address all concerns raised through Peer Review. These are reviewed on an annual basis for all cancer sites that have undergone this process.

9.4 High Quality Clinical Research

Patients recruited to research clinical trials.

The total number of people recruited to trials in 2015/2016 is 810 compared to 920 in 2014/15.

The following portfolio activity is reported in 2015/16
- 56 studies open to recruitment
  - 38 Interventional (27 randomised controlled trials (RCTs)/11 Non randomised control trials(NRCT)
  - 18 observational (all NRCTs)
- Top 3 Recruiters
  - CONSCOP (171) - A feasibility (RCT) of contrast enhanced vs non-enhanced colonoscopy in index bowel cancer screening to reduce bowel cancer mortality
  - HART (77) - Hughes Abdominal Repair Trial
- CUlbs (75)- Collection of core biopsy breast tissue from female patients at the Cardiff and Vale Breast Centre for use in research at Cardiff University.

In addition there are also many non-portfolio cancer studies, usually commercial, undertaken at Cardiff and Vale.

The Clinical Research Facility (CRF) at the University Hospital of Wales in Cardiff and Vale UHB continues to support trials in cancers and continues to increase its portfolio to early phase work.

For patients with haematological malignancies this has enabled patients from throughout Wales who are referred to this tertiary centre for treatment of their haematological malignancy to be offered early phase therapy in clinical trials with agents that are not available as part of standard care. In addition the CRF is hosting studies in colorectal and urological cancers. The CRF continues to receive charitable funding as part of the national Treatment Accelerated Programme (TAP) funded by Bloodwise UK. This funding provides 1.0WTE nursing support for haematological trials and many patients have enrolled into early phase clinical trials from throughout Wales.

From August 2015, the CRF received funding from Health Care Research Wales for a 0.5WTE nurse post to support early phase trials in cancer (both haematological and solid tumour) as part of the Wales Cancer Research Centre. This funding has been matched by the UHB to enable a full time post to be appointed. In addition the Wales Cancer Research Centre has funded part of a pharmacy post in the CRF with matched funding from the R & D Office and the Pharmacy directorate.

There were 25 clinical trials in cancer open to patient recruitment in the CRF with 24 of those being in haematological cancer and one in colorectal cancer.

### Cancer Study Types in CRF April 2015 to March 2016

<table>
<thead>
<tr>
<th>Phase</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/II</td>
<td>19</td>
</tr>
<tr>
<td>III</td>
<td>5</td>
</tr>
<tr>
<td>Pilot</td>
<td>1</td>
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</tbody>
</table>
Performance Measure – The percentage of people diagnosed with cancer who consent to donate samples to the Wales Cancer Bank

9.5 Tissue donations to the Wales Cancer Bank

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td>88</td>
</tr>
<tr>
<td>2006-2007</td>
<td>110</td>
</tr>
<tr>
<td>2007-2008</td>
<td>156</td>
</tr>
<tr>
<td>2008-2009</td>
<td>214</td>
</tr>
<tr>
<td>2009-2010</td>
<td>183</td>
</tr>
<tr>
<td>2010-2011</td>
<td>167</td>
</tr>
<tr>
<td>2011-2012</td>
<td>383</td>
</tr>
<tr>
<td>2012-2013</td>
<td>976</td>
</tr>
<tr>
<td>2013-2014</td>
<td>789</td>
</tr>
<tr>
<td>2014-2015</td>
<td>445</td>
</tr>
<tr>
<td>2015-2016</td>
<td>154</td>
</tr>
</tbody>
</table>
Donations to the Welsh Cancer Bank are higher from this Health Board compared to others across Wales, although overall the numbers have fallen this year.
10.0 Meeting People’s Needs

We are committed to ensuring that all patients are cared for with dignity and respect and will ensure that services are planned and delivered around the patient and their individual needs.

The principle of Key Worker for cancer patients is embedded in cancer services across all Cardiff and Vale UHB site specific multi-disciplinary teams. The identified Key Worker at point of diagnosis within secondary care is the Cancer Nurse Specialist (CNS). At diagnosis, the person affected by cancer will be assigned a key worker who will give their contact information and will co-ordinate the care from this point. We recognise there is further work required to improve recoding of the key worker status on Canisc and also to identify the pathway and method by which the key worker role is passed on to other hospitals and primary care. The principle of Key Worker is an identified work stream within the Person Centred Care project and the outcomes from this strategic work are listed in the table below.

There are areas of good practice identified within the Health Board where holistic needs assessments are undertaken and end of treatment summaries shared with the patient and primary care. However, through the Person Centred Care Project, the aim will be that all people affected by cancer are offered the opportunity to undertake an HNA, from which a care plan will be produced and shared. End of treatment summaries will be an identified work stream for year 2 of the project.

The Macmillan Person Centred Care Project is a two year strategic piece of work with the aim of improving outcomes for people affected by cancer. The proposal is to develop a strategic project in partnership with professionals from across primary, secondary and tertiary care services and underpinned by the principles of co-production.

The project will support and enable delivery of the Wales Cancer Delivery Plan, Cardiff & Vale’s Shaping Our Future Wellbeing Strategy, contribute towards Peer Review and build upon the work of the Wales Cancer Patient Experience Survey whilst addressing health inequalities across the geographical region.

For the first year of the project, three priority areas have been identified:

<table>
<thead>
<tr>
<th>Work stream</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key worker</td>
<td>• All CAV cancer patients have an allocated cancer key worker.</td>
</tr>
<tr>
<td></td>
<td>• All CAV cancer patients receive information about the role of their</td>
</tr>
<tr>
<td></td>
<td>cancer key worker.</td>
</tr>
<tr>
<td></td>
<td>• Agreed transition points and processes are in place between</td>
</tr>
<tr>
<td>Information, support and advice</td>
<td>• All CAV cancer patients can access information, advice and support services from a trained</td>
</tr>
</tbody>
</table>
volunteer at the Information and Support Centres at UHW and UHL and in the community.

- All CAV cancer patients are given the opportunity to provide feedback on their experience of care, treatment and services at regular intervals after contact with the service, including seldom heard communities.

<table>
<thead>
<tr>
<th>Holistic Needs Assessment and Care Planning</th>
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<tr>
<td>• All CAV cancer patients are offered the opportunity to complete a Holistic Needs Assessment at designated pathway points.</td>
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<tr>
<td>• All CAV cancer patients will have their identified needs and concerns documented in a written care plan that is shared across the MDT.</td>
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The Project Board has now been established and a robust set of performance improvement measures identified to track delivery and progress against the identified outcomes. Project updates will be provided to the cancer exec leads via the fortnightly meeting and ongoing communication channels established across primary, secondary and tertiary care.

**Patient experience**

Cardiff and Vale UHB continues to work towards ensuring that all our cancer patients can access information, advice and support service via the Information and Support Centres at University Hospital of Wales, University Hospital Llandough, Barry Community Hospital and in the community close to their homes. A key objective over the next twelve months is to set up a cancer website and this will be achieved by working with people who use our services, staff and partner organisations.

It is our aim that all Cardiff and Vale cancer patients are given the opportunity to provide feedback on their experience of care, treatment and services at regular intervals after contact with the service, including seldom heard communities. These work streams are embedded in the Cardiff and Vale UHB’s Person Centred Care Project (2016-2018).

The Health Board performed well in the last Wales Cancer Patient Experience Survey 2013 (WCPES), with the responses to many questions being statistically significantly higher than the all-Wales figure. However there were a number of areas requiring improvement and steps have been taken to address the areas highlighted. We look forward to the results of the current Wales Cancer Patient Experience survey due to report early in 2017.
11.0 Caring at the end of life

We will ensure that access to health and social care, support and symptom control will be the same wherever a patient dies. We do this through the close coordination of services across primary, community, social and hospital care and between statutory and Third Sector organisations.

Highlights / Key Achievements

- The new Hospice at Home Service developed in co-production with Marie Curie and CVUHB was commenced in Jan 2016 and has already enabled 46 patients over a 3 month period to remain or return to their preferred place of care/death and receive high quality end of life care.
- All the Care Home Matrons / Clinical leads in Cardiff & Vale Care Homes have successfully completed the Degree Module in End of Life Care in order to support them leading on End of Life care in their areas.
- Community Palliative Care teams have further developed Palliative care community outreach clinics
- The development of joint Heart Failure Clinics with cardiology and Palliative Care improving outcomes for patients
- The ongoing delivery of a comprehensive education and teaching plan for the new All Wales Care Decisions in End Of Life care throughout the organisation
- Developed a collaborative improvement programme for specialist Palliative Services across the area. This includes, Single assessment, Single point of referral, Enhancing medicines management, Maximising resources, Improving Information/communication

Corrective Actions Planned

- Monitoring progress on the Care Decisions Tool and reporting back to the Health Board
- Monitoring the priorities in the End Of Life Delivery Plan and providing feedback to Clinical Boards

Priorities for Next Year 2017

- Embedding outcomes from the Specialist Palliative Care Improvement Programme
- Develop a local research programme
- Participating in Peer Review for our service
- Build on the education of Care Home staff in Cardiff & Vale area in End Of Life Care 2016/17
- Following the success of the new Hospice at Home service there is a need to continue to review improve and expand the service in line with outcomes
• Scoping bereavement services to identify areas of good practice and need across the local area
• Develop further work around patient and family feedback between the specialist services

12.0 Improving Information

People affected by cancer have significant information needs, not just in terms of their treatment but in terms of their financial and emotional needs. They consistently highlight the need to improve communications between themselves and all relevant agencies.

Cardiff and Vale continues to strive to improve access to patients affected by cancer, their families, carers and other healthcare professionals. The Macmillan Information and Support Centre is an extremely important focus for information. Within the centre, there is good collaboration with cancer charities such as Macmillan and Tenovus, who offer welfare rights advice, written and verbal information, emotional, psychological support and counselling.

We are pleased to report that the Macmillan Information and Support Centre was awarded the Macmillan Quality Environment Award (MQEM) in 2016. Achieving an overall score of 5, which is rated excellent, the centre exceeded the requirement level needed to attain the MQEM. This centre continues to provide excellent information, support and signposting. Over 34,975 Macmillan books have been taken from the Macmillan Information Centre, including UHW pharmacist waiting area, Heathfields Restaurant and outreach work over the last 5 years.

Patients continue to benefit from support through Tenovus who run a support line for patients and their carers living in Cardiff and Vale, who are looking for additional information and advice on living with and beyond cancer. Further support groups are offered to the Health Board and Tenovus also runs ‘sing with us’ choirs in the area. These have shown to provide clear evidence of benefit to patients.

The Tenovus mobile chemotherapy units enable easier treatment access to patients nearer their place of residence and improving their patient experience.
13.0 Conclusion and focus for the next 12 months and beyond

We know there is much more to do to improve care for people with cancer within Cardiff and Vale University Health Board

The priorities for next year can be summarised as follows:

- Patient pathway development - working towards Wales Single Cancer (SC) pathway.

- Further develop of the Acute Oncology Service to include provision for University Hospital Llandough. This will include expansion of the AOS workforce – in partnership with Macmillan, we will be imminently advertising for an advanced nurse practitioner.

- Ensure all patients with cancer are provided with a cancer key worker at diagnosis and throughout their cancer care pathway.

- To offer all patients with a cancer diagnosis the opportunity to undertake an holistic needs assessment and have a care plan based on their individual needs.

- Improve compliance against waiting list targets.

- Ensure electronic prescribing for SACT across the C&V Health Board for all cancer sites.

- Ensure access to information and support both via the information centres at UHW, UHL and Barry hospital sites. The development of online information via the cancer services website is also a priority.

- Increase service user involvement and feedback to inform and improve service planning and delivery.

- To improve communication and engagement with primary care and third sector partners.

- Whilst many areas are trained there is an ongoing need to engage professionals in implementing the care decisions for the last days of life throughout the organisation especially in the community setting.

- The recent cross-cutting workshop also looked to improve cross clinical board working there is need to continue to strengthen links between all clinical boards in relation to EOL care and the End of Life Delivery Plan.

- Implementing the outcomes of the Improvement Programme. Although some improvements such as issues around medicine management and improving communication have already been made there is need to implement all of the improvement goals in a timely way.
Progress against Together for Health – Cancer Delivery Plan – A delivery plan up to 2016 for NHS Wales and its partners

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<tr>
<th>Specific Priority</th>
<th>Health Board Update</th>
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<td>Preventing Cancer</td>
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<td>Engage effectively on Local Service Boards to ensure appropriate local population outcomes are identified within Single Integrated Plans and the actions of all partners are clearly set out, monitored and measured.</td>
<td>C&amp;V are developing a pilot programme, to review the clinical pathway for assessment to diagnosis informed by feedback from the significant event audit work. An IT solution such as ‘outcomes manager’ will enable GP clusters to monitor compliance and allow effective audit and evaluation prompting shared learning and informing local service improvement / planning for early diagnosis of cancer. Cardiff and Vale Cancer Decision Support Tool (Outcomes Manager) is a unique suite of components that provides the UHB with the ability to create, deploy, monitor and audit gold standard pathways across its whole community. The support tool has the ability to analyse and present data stored within existing clinical systems that are pertinent to the pathway and then annotate the information that needs to be collected. It also provides the ability to supplement the pathway decision support tools to aid the clinical review process. The pathways design tool gives the capability to design gold standard evidence based pathways for use within the UHB. The pathways can be used across different environments including:  - Clinical pathway  - Community pathway  - Referral pathway  - Prescribing pathway</td>
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The design tool is intuitive and provides a clinical design screen to scope the pathway prior to its initiation. This also includes the ability to link evidence based information where a decision has to be made at a section of the pathway.

| Work with local government, public health Wales NHS Trust, GPs, pharmacists, dentists, opticians, the third sector and others to use data on cancer incidence and mortality to identify, implement and audit local strategies, clearly stated population outcomes and performance measures and targets to prevent cancer. |
|---|---|
| In particular, to: | We are working closely with local government, Public Health Wales NHS Trust, GPs, pharmacists, dentists, opticians, the Third Sector to tackle these root causes of poor health. |
| • promote better public awareness of cancer risk factors; | The Cardiff and Vale Public Health Team continue to run successful public awareness campaigns on smoking, obesity and alcohol. |
| • reduce smoking, obesity and excess alcohol intake; | Over the past 12 months we have: Promoted better public awareness of cancer risk factors GP practice TV screens in the South West and West Clusters display cancer recognition symptoms and public health messages. |

The Tobacco 20 Challenge was launched across the UHB to ensure that the Cardiff and Vale of Glamorgan smoking prevalence will be reduced to 16 per cent by 2020. There was a focus on promoting the UHB’s No Smoking Policy, to reduce the number of smokers on hospital sites. The Eating Well and Physical Activity plans were implemented with partners including, delivery of the physical activity and primary care pilot project, inclusion of healthy living policies, Making Every Contact Count training.

The Level 3 Obesity service was implemented.

The UHB introduced the Hospital and Restaurant Retail Outlet

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<td>• reduce the gap in inequalities in incidence and mortality rates for cancer;</td>
<td>Food Standards to ensure a 75% split in favour of healthy options in all outlets. Compliance is currently being audited and monitored.</td>
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<td>• Work collaboratively through the Cancer Networks;</td>
<td>The Switched On team (substance misuse specialists)</td>
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<td>• encourage participation in the programme of health checks for people aged over 50 facilitate access to personally relevant, clear and consistent health advice</td>
<td>Cancer prevention work remains ongoing within Communities First areas, targeting areas of deprivation. Initiatives include,</td>
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<td>- Fifteen Community Pharmacies across areas of high deprivation offer a Smoking Cessation Service with quit rates routinely achieving over 60%. All Stop Smoking Wales community based support services are located in areas of high deprivation.</td>
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<td>- The School Holiday Enrichment Programme developed by the Food Cardiff partnership provides healthy meals, nutrition education and physical activity sessions to children in areas of deprivation during the school holidays.</td>
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<td>Practitioners working with vulnerable young people and those living in deprived areas have received training in ABI and substance misuse awareness, organisations include Flying Start, Salvation Army (Northlands Hostel) and Vale Youth Service</td>
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<td>Two Macmillan GPs have been appointed within the Health Board and are working closely with Macmillan and the Cancer Network within the primary care project.</td>
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<td>• Between 1 July 2015 and 31 July 2016, 608 users in Cardiff completed an Add to Your Life.</td>
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### Detecting cancer quickly

Local Health Boards working with Public Health Wales NHS Trust to:

- Regularly review, plan and deliver screening programmes as recommended by the Wales Screening Committee.

- Promote better take up of screening programmes to meet the best practice uptake targets – particularly targeting those less likely to take up screening.

- Provide sufficient capacity, workforce, infrastructure and equipment to treat and care for people referred from the cancer screening programmes.

Overall, the Cardiff and Vale average uptake for the national cancer screening campaigns in breast and bowel have increased since the last report; whereas cervical screening has decreased:

- The Gynaec-oncology team is developing aid for primary care with regards to symptoms of ovarian cancer.

- An active HPV vaccination programme is in place. However uptake of the vaccine continues to be lower than required in Cardiff and Vale. Work is ongoing to improve vaccination rates. For 2016/17 we will be trialling locally developed school-level immunisation profiles.

- Within Black Ethnic Minority (BEM) communities, we are working with the local Muslim community, in collaboration with local mosques and GPs from South West Primary Care Cluster to deliver health awareness raising events in local mosques.
Local Health Boards to:

- Use National profiling data of cancer prevalence, mortality and survival rates to inform targeted action on particular cancers and communities.
- Raise public awareness of cancer symptoms needing prompt GP assessment.
- Raise GP awareness of symptoms to promote prompt referrals in line with national guidance, local pathways and waiting times standards.
- Work with GPs to introduce evidence-based Risk Assessment Tools to help identify those at most risk of having cancer.
- Provide GPs with direct and prompt access to diagnostics to diagnose cancer.
- Audit the pathway for each person diagnosed with advanced cancer and act on findings to improve services for early diagnosis.
- Develop acute oncology services to support the needs of people admitted as emergencies.

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Within Cardiff and the Vale of Glamorgan, lung cancer has the highest mortality for men, women, and persons. During July/August 2016, Cardiff and Vale UHB actively participated in the national lung cancer awareness campaign using a local cancer survivor and our local MacMillan GP.

- We are currently working in collaboration with Cardiff and Vale College, Velindre Cancer Centre, Cardiff and Vale Public Health Team, and Screening Division to look to develop cancer screening awareness health education resource to be delivered through ESOL classes to improve access to services by BME communities.

- The appointment in Cardiff and Vale UHB of a Macmillan GP will assist in the work that is ongoing with GPs to raise awareness of symptoms.

Work is planned with GPs to introduce evidence-based Risk Assessment Tools to help identify those at most risk.

The formal launch of the UHB AOS was in November 2015 (supported by Macmillan funding). The service has led to a significant improvement in the care pathway for patients. There has been a reduction in the length of stay and a new “cancer flagging” system has been implemented to ensure that the team are alerted to all cancer patients. There has been an important improvement in patient experience, and this will be
formally evaluated. We have appointed a Macmillan Acute Oncology Service Co-ordinator who is contributing to service delivery and improvement, and collecting and analysing data. The service is to be further supported by the appointment of an advanced nurse practitioner for acute oncology (funded for three years by Macmillan). This appointment will aid in the roll out of the AOS service across the C&V UHB.

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<th>Delivering fast, effective treatment and care</th>
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<td><strong>Local Health Boards to:</strong></td>
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<td>• Review, plan, reorganise all services where appropriate to deliver best experience and outcomes in line with latest evidence, standards and guidance.</td>
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<td>• Provide definitive treatment consistently in line with national waiting times targets.</td>
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<td>• Identify mechanisms to plan and deliver equitable access to new diagnostic and treatment procedures in line with evidence.</td>
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<td>• Determine Individual Patient Funding Requests promptly and equitably across Wales using the All Wales protocol, exceptionality criteria and training.</td>
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<td>• Plan radiotherapy services strategically through the Cancer Networks.</td>
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<td>• Undertake complex surgery in line with peri-operative care standards as in the ERAS programme.</td>
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<td>• Reduce surgery and chemotherapy related mortality by eliminating preventable deaths.</td>
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- Participate in national and locally clinical audit and other quality improvement activities and reflect action to be taken in local cancer delivery plans.

- Participate in peer review and reflect learning in local cancer delivery plans.

Cardiff and Vale has continued to participate fully in the five mandatory National Audits and Peer Review During 2015-2016 two further tumour site reviews were undertaken, skin and haematology. In addition to this Lung underwent a three year follow up review. Overall, the reviews identified a number of excellent areas of practice. There were no immediate risks. All concerns raised are being actively addressed.

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<th><strong>Meeting people’s needs</strong></th>
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<td><strong>Local Health Boards to:</strong></td>
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<td><strong>Assign a Key Worker to each person with cancer, from the point of diagnosis onwards, to coordinate their ongoing care.</strong></td>
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<td>The principle of Key Worker for cancer patients is embedded in cancer services across all Cardiff and Vale UHB site specific multi-disciplinary teams in secondary care. However, we recognise there is further work required to improve recoding of the key worker status on Canisc and also to identify the pathway and method by which the key worker role is passed on to primary care and other hospitals.</td>
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| **Review and redesign services recognising the changing needs of people with cancer** |
| The Macmillan Person Centred Care Project is a two year strategic piece of work with the aim of improving outcomes for people affected by cancer. The proposal is to develop a |

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and to deliver person centred services to meet ongoing needs as locally as possible in line with National Standards.

- Assess the clinical and non-clinical needs (such as information needs on accessing financial, emotional and spiritual help) of people following a diagnosis of cancer and draw up and implement a care plan to be reviewed regularly.

strategic project in partnership with professionals from across primary, secondary and tertiary care services, underpinned by the principles of co-production.

The project will support and enable delivery of the Wales Cancer Delivery Plan, Cardiff & Vale's Shaping Our Future Wellbeing Strategy, contribute towards Peer Review and build upon the work of the Wales Cancer Patient Experience Survey whilst addressing health inequalities across the geographical region.

Within the Health Board, holistic assessments are undertaken in some site specific teams. Through the Macmillan Person Centred Care Project, the aim will be that all people affected by cancer are offered the opportunity to undertake a holistic needs assessment process at appropriate stages throughout their pathway. The co-produced care plan will be shared with the person affected by cancer, primary care and other hospitals.

Since 2014, there has been one 0.5 wte Consultant Psychologist, with one 0.8 wte Clinical Psychologist (two year fixed term post) in partnership with Macmillan. The impact of this service has been very significant, both for patients and staff. Referrals continue to increase (by 20% this year). With the end of the fixed term post, further investment is required to expand and sustain the service to address the unmet need.
Provide each patient and GP with an “end of treatment” summary to inform the care plan.

- Support patient participation in cancer patient experience surveys and include action on the outcome in local cancer delivery plans.

- Plan and deliver co-ordinated services for metastatic cancer patients and measure outcomes.

There are good areas of practice within the Health Board where end of treatment summaries are provided and shared with the patient and primary care. This area needs development across all site specific MDT’s and will be included in the Macmillan Person Centred Care Project to ensure consistency.

The Health Board performed well in the last Wales Cancer Patient Experience Survey 2013 (WCPES), with the responses to many questions being statistically significantly higher than the all-Wales figure. However there were a number of areas requiring improvement and steps have been taken to address the areas highlighted. We look forward to the results of the current Wales Cancer Patient Experience survey due to report early in 2017.

It is our aim that all Cardiff and Vale cancer patients are given the opportunity to provide feedback on their experience of care, treatment and services at regular intervals after contact with the service, including seldom heard communities. These work streams are embedded in the Health Board’s Macmillan Person Centred Care Project (2016-2018).

The Acute Oncology Service has led to a significant improvement in the care pathway for patients. There has been significant improvement in patient experience, which has been influenced by improved communication and co-ordination between teams and oncologists in Velindre Cancer Centre. This has resulted in metastatic cancer patients presenting with acute needs relating to cancer, receiving efficient and effective care.
**Caring at the end of life**

- Local Health Boards to:
  - Plan, secure and deliver well co-ordinated palliative and end of life care on a 24/7 basis in line with published standards and guidance.
  - Support all providers who care for dying patients to participate in the All Wales audit of the Integrated Care Priorities documentation.
  - Have clear funding streams for specialist palliative care services which are above the minimum levels advised by the Palliative Care Implementation Board.
  - Support participation in cancer patient experience surveys, in particular the iWantGreatCare surveys of palliative care patients and their families.
  - Support people to die in their place of choice.

- An important highlight this year has been the establishment of a new Hospice at Home Service developed in co-production with Marie Curie and Cardiff and Vale UHB. This commenced in January 2016 and has already enabled four to six patients over a three month period to remain or return to their preferred place of care death, receiving high quality end of life care.

- Community Palliative Care teams have further developed Palliative care community outreach clinics
- The development of joint Heart Failure Clinics with cardiology and Palliative Care improving outcomes for patients
- The ongoing delivery of a comprehensive education and teaching plan for the new All Wales Care Decisions in End Of Life care throughout the organisation
- Developed a collaborative improvement programme for specialist Palliative Services across the area. This includes,
  - Single assessment
  - Single point of referral
  - Enhancing medicines management
  - Maximising resources
  - Improving Information/communication

**Improving information**

- Local Health Boards and Trusts to:
  - Record and use clinical information for all cancer patients using CaNISC.

- Most of the cancer tumour sites actively use CaNISC live during their MDT meetings.
<table>
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<tr>
<th>Targeting research</th>
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<tr>
<td>Local Health Boards and NHS Trusts to: Foster a strong culture of research, in particular to:</td>
<td>The Clinical Research Facility (CRF) at the University Hospital of Wales in Cardiff and Vale UHB continues to support trials in cancers and continues to increase its portfolio to early phase work.</td>
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<td>- Offer all appropriate patients access to relevant clinical trials.</td>
<td>There were 25 clinical trials in cancer open to patient recruitment in the CRF with 24 of those being in cancer.</td>
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<td>- Maximise the use of Welsh Government funding</td>
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for NHS research.

- Provide effective and efficient research governance processes to enable a speedy start-up and delivery of clinical trials.
- Support and encourage protected research time for clinically-active staff.
- Promote the use of key research facilities such as the Wales Cancer Bank, Wales Cancer Trials Unit, Wales Cancer Research Network and the Marie Curie research Centre.
- Work with Universities in Wales and Cancer Research UK to support Wales’ involvement in the stratified medicine initiative.
- Collaborate effectively with other Local Health Boards and NHS Trusts, Universities and industry in Wales to enable a speedier application of research and introduction of new technology into the NHS.

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<th>haematological cancer and one in colorectal cancer</th>
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<td>Donations to the Welsh Cancer Bank are higher from this Health Board compared to others across Wales, although overall the numbers have fallen this year.</td>
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<td>The total number of people recruited to trials in 2015/2016 is <strong>810</strong> compared to <strong>920</strong> in 2014/15.</td>
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<td>Research into Pelvic Radiation Disease (PRD) Has been undertaken in collaboration between Cardiff and Vale UHB and Velindre Cancer Centre with the aim of improving care for patients with chronic gastrointestinal symptoms that have developed as a consequence of their treatment for cancer. Macmillan and Prostate Cancer UK, have provided funding for a CNS to support and coordinate the care. Cardiff is recognised throughout the UK for this important clinical and research work.</td>
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