

OPERATIONAL ESCALATION POLICY FOR MONITORING CANCER 14/31/62 DAY TARGETS

Department / Service:	Cancer Services	
Originator:	Tina Wright	Cancer Manager
Accountable Director:	Inese Robotham	Deputy Chief Operating Officer
Approved by:	Trust Management Committee	
Date of Approval:	23 rd August 2017	
Review Date:	21 st November 2020	
This is the most current document and is to be used until a revised		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All clinical areas, Admin & Clerical	
Target staff categories	All clinical staff, Divisional Medical and Clinical Directors, Divisional Operational Directors, Directorate Managers, Directorate Support Managers, Directorate Support Officers, Consultants, Clinical Nurse Specialists, MDT co-ordinators, Secretaries, Booking Clerks and NHS Worcestershire Cancer Commissioner.	

Purpose of this document:

The purpose of the policy is to ensure the Trust has procedures and protocols in place and that all healthcare professionals, who care for patients with suspected or diagnosed cancer, understand their responsibilities and duties in achieving the Going Further On Cancer Waits (GFOCW) targets. This policy ensures that individual patient cases are managed in a way that supports good clinical practice and is fully consistent with the fundamental principles of the NHS.

References:

Code:

<i>The Cancer Reform Strategy (2007)</i>	
<i>Going Further On Cancer Waits Version 9.0 (DoH)</i>	
<i>Review of Cancer Waiting Times Standards – Improving Outcomes: A Strategy for Cancer (2011 DoH)</i>	
<i>West Midlands Breach Allocation Policy v9</i>	

Key amendments to this Document:

Date	Amendment	By:
08.05.17	Minor amendments throughout the document	Clare Hibbert
19/08/2019	Document extended until end of October whilst document is approved at Cancer Board	Tina Wright/Lisa Rowberry
20/11/2019	Document extended for 3 months. No Cancer Board meetings, planned for New year	Tina Wright/Lisa Rowberry

Contents:

1. Introduction
2. Scope of the Policy
3. Definitions
4. Responsibility and Duties
 - 4.1 Chief Executive
 - 4.2 Executive Directors
 - 4.3 Clinical and Non-Clinical Directors and Hospital Directors Management Team
 - 4.4 Cancer Services Team
 - 4.5 MDT Co-ordinators
 - 4.6 Two Week Wait Clerks
 - 4.7 The Ward/Department Manager
 - 4.8 Employees
5. Policy Detail
 - 5.1 Standard Referral Pro-formas
 - 5.2 Receipt of Referrals
 - 5.3 Booking of Appointments
 - 5.4 Pro-forma/Letter Not Adhering to National Guidelines
 - 5.5 Booking Rules
 - 5.6 Potential Breaches
 - 5.7 31 & 62 Day Waits
 - 5.8 62 Day Waits
 - 5.9 Radiological Investigations
 - 5.10 Endoscopy Investigations
 - 5.11 Unexpected Findings of Cancer
 - 5.12 Tertiary Referrals
 - 5.13 Breaches
 - 5.14 Submission of Information to Strategic Health Authority
6. Background
 - 6.1 Equality Requirements
 - 6.2 Financial Risk Assessment
 - 6.3 Consultation Process
7. Implementation
 - 7.1 Plan for Dissemination
 - 7.2 Training and Awareness
8. Monitoring and Compliance
9. Policy Review

Appendices

Appendix 1	Tertiary Referral Alert Form
Appendix 2	Tertiary Referral Centre Contacts
Appendix 3	Escalation Contact Points
Appendix 7	Cancer Targets: What you Really Need to Know
Appendix 8	Escalation Policy flow Chart

Supporting Documents

Appendix 4 Plan for Dissemination of Key Documents

Appendix 5 Financial Risk Assessment

Appendix 6 Equality Impact Assessment Tool

1. Introduction

The Coalition Government's document 'Improving Outcomes: A Strategy for Cancer' confirmed that cancer waiting times remain an important issue for cancer patients and the NHS should continue to ensure that cancer services are delivered to patients in a timely manner. The standards that NHS Providers will be expected to meet are:-

- a) 2 weeks from urgent GP referral for suspected cancer to first outpatient attendance;
- b) 2 weeks from symptomatic breast referral (cancer not suspected) to first outpatient attendance;
- c) 31 days from decision to treat to first definitive treatment for cancer;
- d) 31 days from decision to treat or earliest clinically appropriate date (ECAD) to subsequent treatment (surgery, drug or radiotherapy) for all cancer patients including those with a recurrence;
- e) 62 days from urgent GP referral for suspected cancer to first definitive treatment for cancer (31 days for suspected Children's cancers, Testicular cancer, and Acute Leukaemia);
- f) 62 days from referral from NHS Cancer Screening Programmes (Breast, Cervical and Bowel) to first treatment for cancer;
- g) 62 days from a consultant's decision to upgrade the urgency of a patient (e.g. following a non- urgent referral) to first treatment for cancer.

2. Scope of the Policy

This policy relates to all patients with suspected, diagnosed or recurrent cancer and those referred via a NHS screening programme (Breast, Cervical and Bowel) and healthcare professionals who care for these patients within Worcestershire Acute Hospitals NHS Trust.

3. Definitions

The 31 day standard applies to treatments for:-

- NHS patients with a newly diagnosed invasive cancer (localised or metastatic).
- NHS patients with a recurrence of a previously diagnosed cancer.

The 62 day standard applies to all NHS patients who are referred:-

- Through the two week wait referral route by their General Practitioner (GP)/General Dental Practitioner (GDP) with suspected cancer
- To a specialist because of breast symptoms (irrespective of whether cancer is suspected)
- Where cancer is suspected from any of the three national screening programmes (Breast, Cervical or Bowel)
- Upgraded by a consultant (or authorised member of the team) because cancer is suspected
- On suspicion of one cancer but diagnosed with a different cancer.

Patients remain on the 62 day pathway until cancer is excluded or viewed by the clinician as a very low risk. Patients excluded from the 62 day pathway will then continue on the 18 week wait pathway.

4. Responsibility and Duties

4.1 Chief Executive

The overall and final responsibility for this policy in the Trust rests with the Chief Executive.

4.2 Executive Directors

The Trust's Executive team is responsible for ensuring effective delegation of responsibilities within their areas of responsibility, and effective support of their managers' decisions and recommendations in terms of the provision of appropriate resources.

4.3 Clinical and Non-Clinical Directors and Divisional Directors Management Team

It is the responsibility of the Divisional Directors and Management Team to ensure that they are familiar with the contents of this policy and that identified persons within the directorates have lead responsibility for ensuring the policy is available and adhered to.

4.4 Cancer Services Team

The Associate Medical Director for Cancer is responsible for ensuring each Multi Disciplinary Team (MDT) lead is familiar with the contents of this policy. The Cancer Manager/Macmillan Lead Cancer Nurse will ensure all cancer Clinical Nurse Specialists (CNS) are aware of the policy. The Cancer Data/Assistant Data Manager will ensure all MDT Co-ordinators familiarise themselves with and adhere to the policy and chase any escalations accordingly.

4.5 MDT Co-ordinators

It is the responsibility of the MDT Co-ordinators to ensure that all suspected cancer patients are actively tracked throughout their pathway until either a low suspicion or non diagnosis of cancer is confirmed or until the patient has received first definitive treatment. All investigations and details regarding the patient's pathway are recorded on Somerset Cancer Register (SCR). SCR is the WAHNSHST Cancer Waiting Times Database and was introduced into the Trust in January 2010.

4.6 Two Week Wait Clerks

It is the responsibility of the Two Week Wait Clerks to ensure that appointments are allocated within 14 days from receipt of referral and to the agreed booking rules within each speciality/hospital. They are also responsible for initiating the escalation policy if an appointment cannot be booked within the 14 days. If an appointment cannot readily be made within 14 days, the patient referral details will be entered onto SCR and will be included on the automatic daily escalation list.

4.7 The Ward/Department Manager

It is the responsibility of the ward/department manager to ensure a copy of the current policy is available to all employees in the area, that they are aware of its location and that they familiarise themselves with it.

4.8 Employees

It is the responsibility of each employee of the Trust who is likely to either come into contact with suspected cancer patients or diagnosed patients that are currently on the pathway, to familiarise themselves with the contents of this policy and to practice within the confines of the policy at all times.

5. Policy Detail

When a GP sees a patient and suspects that the patient may have cancer, the Acute Trust is obliged to see that patient within 14 days from receipt of referral; if the patient meets the nationally agreed criteria and the referral was received through the agreed fax or ERS route. Urgent referrals for suspected cancer will be made on a standard Trust pro-forma via Electronic Referral System (ERS) or faxed to the two week wait office at Kidderminster Hospital. Patient addresses and their preferred location to be seen will be taken into account when booking appointments at the different hospital sites; however, priority is to be given to seeing the patient within 14 days. All referrals are to a team – not to a nominated Consultant. All referrals will adhere to the guidelines for referral set out nationally.

A patient referred via their GP/GDP on a two week wait referral proforma, which is completed correctly, cannot be downgraded by the receiving consultant. If the consultant feels that this is an inappropriate referral, he/she needs to communicate with the GP/GDP and the GP/GDP needs to re-issue the referral in an appropriate form and withdraw the two week wait referral.

NHS Worcestershire's responsibility for achieving the 14 day wait target lies with GP's to only send two week wait referrals for patients that are available to attend an appointment within the next 14 days and also to inform the patients that they are being referred as a suspected cancer.

Clerks in the two week wait office are responsible for allocating appointments to agreed booking rules within each speciality/hospital. They are also responsible for initiating the escalation policy if an appointment cannot be booked within the 14 days. If an appointment cannot readily be made within 14 days, the patient referral details will be entered onto SCR and will be included on the automatic daily escalation list. The Directorate Manager will be expected to ensure that all avenues have been considered to give the patient an appointment within 14 days. In the absence of the Directorate Manager there is a list of alternative contacts, appendix 3. These escalation lists are also checked daily and chased if necessary by the Cancer Data Manager or deputy.

There are allocated two week wait slots for most specialities, and for those that the Two Week Clerks cannot book directly, Haematology, Colposcopy and Open Access Haematuria, these referrals are faxed over to the relevant secretary/clinic who will then date them and inform the two week wait office of the appointment date to record on the Somerset Cancer Register (SCR). Directorate Managers, in partnership with clinicians, will be responsible for identifying capacity and ensuring that all referrals are seen within 14 days.

All patients referred under the two week wait rule, referred via an NHS screening programme or upgraded by a Consultant will count as potential 62 day wait patients. A Consultant (or an authorised member of the consultant team) can upgrade a non two week wait referral at any point on or before the MDT date, this patient will then become a 62 day wait, from the date the consultant upgrades the patient, and the 62 day standard applies.

All new, recurrences and subsequent cancer treatments with an agreed treatment plan are counted under the 31 day wait rule.

Some patients will follow a difficult clinical pathway and will take longer to diagnose and agree a treatment plan. Within any patient pathway there should be no delay caused by administrative processes.

A tertiary alert form will be faxed, within 2 working days of the MDT meeting, to the treating trust if the MDT decision was to refer the patient for a diagnostic test or treatment for cancer. Referrals to a tertiary centre should be sent by day 38 to allow the tertiary centre time to arrange first treatment by day 62.

Consultants and Directorate Managers or deputy for each speciality are responsible for ensuring that patients on the 31 and 62 day pathway do not breach the target. A Patient Tracking List (PTL), produced from SCR, will be sent out weekly by the cancer team and will include all patients that are currently on the cancer tracking pathway and do not have a treatment start date. The MDT Co-ordinators will track the patients on a daily basis and alert the relevant Directorate Manager or deputy of any delays or problems within the pathway. It is the responsibility of the MDT Co-ordinator to ensure that they have explored all avenues in bringing a clinic or diagnostic test appointment forward and liaised with the CNS or Clinician to prevent a breach occurring.

If the Directorate Manager or deputy for the speciality is unable to resolve the potential breach then he/she will escalate to the relevant Divisional Director.

If the Divisional Director is unable to resolve he/she will escalate to the Deputy Chief Operating Officer within 48 hours.

All breaches are investigated and a root cause analysis will be completed for each one by the MDT Co-ordinator. This will be in a table format identifying how many days each part of the pathway took, and will be sent to the relevant Directorate Manager and Consultant with a reason for the breach.

Two week wait - Operational Policy

5.1 Standard Referral Pro-formas

All GP practices have received a copy of:

- The national referral guidelines for suspected cancer
- Referral pro-forma for Breast, Lung, Colorectal, Upper GI, Urology, Gynaecology, Skin, Head & Neck and Haematology
- Guidance on referring

These pro-formas are to be used instead of referral letters and need to be completed by the GP/GDP and sent via ERS or faxed to the two week wait office at Kidderminster Hospital.

Kidderminster Hospital: two week wait office
Telephone number 01562 826330

Urgent referrals received outside these points will result in a delay of the patient being seen within 14 days.

For referrals that are received on standard pro-formas the GPs will be able to accompany the standard pro-forma with a letter containing additional information, if required.

If a standard pro-forma is not completed, the referral will be accepted under the 14 day target if:

- The letter is clearly marked as an urgent two week wait suspected cancer referral, and
- Contains information in keeping with the referral guidance
- In many cases the two week wait office can easily process referrals from a letter i.e. Breast and Skin, but it would be difficult to assess for certain specialities from a referral letter only. For instance for Head & Neck referrals there are specific instructions on whether the patient is seen by Ear Nose and Throat (ENT) or Oral Maxillo Facial Surgery (OMFS) consultant, and for other specialities there are pathways which are determined by which box is ticked on the two week wait proforma. On the whole there would be concern that mistakes would be made if GPs sent letters rather than pro-formas on a regular basis. The proforma gives the two week wait office the basic information they need to a) check that the patient fits the criteria for a two week wait appointment and b) determine the pathway for the patient whether it is a procedure or clinic appointment.

5.2 Receipt of Referrals

On receipt of referral, the Two Week Wait Clerk will record on SCR the patient details, the date that the referral was sent and the date that the referral was received.

5.3 Booking of Appointments

All referrals should be considered as being referred to a team, not to an individual consultant. Priority is given to booking the appointment by the two week wait office for the patient to be seen within 14 days.

The Two Week Wait Clerk (or nominated individual) will identify a potential date and will telephone the patient to agree the appointment date and time. Written details will be sent to the patient to confirm the appointment.

5.4 Pro-Forma/Letter Not Adhering to National Guidelines

If the referral form is incomplete or clearly does not meet the national criteria, this will be immediately returned to the GP/GDP, by the Two Week Wait Clerk, for amending.

If the referral does not meet national guidance, this information will be shared with the GP/GDP with a request to change the priority of the referral. However, if he/she does not confirm that the appointment should be changed, the referral will still be counted under the 14 day rule.

5.5 Booking Rules

Each specialty is responsible for agreeing the booking rules for their service with the two week wait office. This will be regularly reviewed by the Directorate Managers to ensure that adequate provision is made on each site to accommodate the needs of the local community.

5.6 Potential Breaches

If the Two Week Wait Clerk anticipates that an appointment cannot be made within 14 days the patient referral details will be entered onto SCR and will be included on the automatic daily escalation list. The Directorate Manager or deputy will be expected to ensure that all avenues have been considered to give the patient an appointment within 14 days - such as referral to another hospital within the Trust or if an appointment is still unavailable, transfer to another hospital within the Cancer Network.

If an appointment still cannot be secured within 14 days, the relevant Directorate Manager or deputy will be responsible for informing the Divisional Director of Operations within 48 hours following receipt of the referral, to allow time to consider alternative arrangements for that patient. This will be done with the support of the Clinical Director to avoid a breach.

Operational Policy for 31 and 62 day waiting times

5.7 31 & 62 Day Waits

- All patients referred under the two week wait rule, referred via an NHS screening programme or upgraded by a Consultant will count as potential 62 day wait patients.
- All new, recurrences and subsequent cancers with an agreed treatment plan are counted under the 31 day wait rule.
- Some patients will follow a difficult clinical pathway and will take more than the time available to agree a diagnosis and treatment plan.
- Within any patient pathway there should be no delay caused by administrative processes.
- All cancer patients should be noted or discussed by an MDT

5.8 62 day wait patients

- All 2 week wait referrals will be logged on SCR by the two week wait office and all patients will be classified as potential cancer until proven otherwise.
- A live tracking list of patients will be maintained by the MDT Co-ordinators on SCR. They will be responsible for regularly tracking these patients, updating SCR in a timely manner and ensuring the operational policy is followed.
- The MDT Co-ordinator will check with each individual consultant, secretary or clinical information system within 7 days of the two week-wait appointment, to identify whether the patient is to receive further tests or to be excluded from the figures.
- At any point in the patient pathway - as soon as a patient has cancer excluded, this must be entered onto SCR by the MDT Co-ordinator.

Diagnostic Tests

Those patients who require diagnostic tests will be actively monitored by the MDT Co-ordinator to ensure their appointment will allow enough time to treat the patients if required.

Wherever possible an ICE request should be made immediately at MDT or the patient's outpatient appointment and should be marked priority 2ww so that the Radiology department is alerted to the urgency.

Patients should be warned that they will be offered the first diagnostic test available and this may require travel to any hospital in the Trust.

5.9 Radiological investigations

Radiology investigations for suspected cancer patients will be indicated on the request form by ensuring the two week wait priority is chosen. Radiology booking clerks will then allocate an appointment, where possible, within 14 days. If an appointment cannot be booked within 14 days of the request date then the MDT Co-ordinator will ensure that the escalation policy is followed.

5.10 Endoscopy Investigations

Endoscopy investigations for suspected cancer patients will be indicated on the request form as a two week wait by ticking the 31/62 pathway box. Endoscopy booking clerks will then allocate an appointment within 14 days. If the date of the test is 15 days or more from the request date this should be escalated to appropriate Directorate Manager or deputy.

5.11 Unexpected Findings of Cancer

Unexpected findings of cancer will be notified to the patient's GP with a copy going to the two week wait office, by Radiology. The GP is then expected to refer the patient immediately as a two week wait. The two week wait office will check if a referral has been received and contact the GP surgery on day 7 if a referral has not been received.

5.12 Tertiary Referrals

Referrals to another Trust for treatment count, for waiting times purposes, as shared activity. Due to the nature of the case it is likely that these patients may have followed a complex diagnostic route and are at higher risk of breaching.

MDT Co-ordinators will ensure that notification of a referral is emailed to the tertiary centre within 2 working days of the MDT meeting where the transfer was agreed. This is to ensure that the receiving Trust are aware of target dates.

For those cases where a decision is made in between MDT meetings the Consultant or CNS should inform the MDT Co-ordinator so that a notification can be sent.

Clinicians should ensure that the clinical referral is dictated, typed and faxed to the treating Trust within 2 working days of the MDT meeting where the transfer was agreed. This is to ensure that referrals are dealt with promptly and do not get delayed or lost in the post. Tertiary referrals should be made by day 38 to give the treating Trust time to see the patient, plan and book their treatment with the 62 days.

5.13 Breaches

Due to the nature of a patient's clinical symptoms there will be occasions where it has not been possible to avoid a breach. If this occurs:

- A breach report will be completed for all breaches and this will be signed off by the clinician and sent to the appropriate Directorate Manager.
- Breach reasons are uploaded onto the national cancer waiting times system (Open Exeter).

Weekly reviews by the cancer team will be done to look at the reasons for breaches and to highlight any problem areas to Directorate Managers.

5.14 Submission of Information to Strategic Health Authority

The Cancer Data Manager or Deputy will ensure that all two week wait and cancer treatment data is submitted on a monthly basis to the national cancer waiting times system (Open Exeter) and each month, will pass reports onto the information team to be included in the directorate monthly performance packs and board reports.

Returns are to be by tumour site and by Trust (amalgamating all hospitals within that trust). For the national minimum dataset, information will be identifiable.

6. Background

6.1 Equality requirements

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. The assessment confirms that there should be no patients, staff or visitors discriminated against with the use of this Policy (attached Appendix 6).

6.2 Financial risk assessment

There are no financial implications for the implementation of this policy (attached appendix 5)

6.3 Consultation

The following staff have been involved in the consultation of this document:

- Divisional Medical and Clinical Directors
- Deputy Chief Operating Officer
- Head of Nursing
- Directorate Managers
- Trust Cancer Team
- Two Week Wait Office
- NHS Worcestershire Cancer Commissioner

7 Implementation

7.1 Plan for dissemination

A dissemination plan has been completed (appendix 4)

7.2 Training and awareness

It is the responsibility of the individual professional to ensure they are aware of the contents of this policy. It is the responsibility of managers to identify any training needs.

8 Monitoring and compliance

Monitoring and compliance of the effectiveness of this policy will be undertaken by the Deputy Chief Operating Officer through the monthly Access/Performance meetings, individual MDTs, the Cancer Information Manager and the Cancer Services team.

9 Policy Review

This policy will be reviewed 2 years after the date of approval.

Appendix 1

Referring organisation name:		Contact name:	
Referring organisation code:		Contact phone:	
Referring clinician (in full):		Contact email:	

Patient details

Family name:		Local patient identifier:	
First name:		Contact details (patient):	
Title:		Lead contact name if not patient:	
Date of birth:		Contact home tel:	
NHS number:		Contact work tel:	
Correspondence address:		Contact mobile:	
Post code:		Contact email:	

GP details

GP name: (in full)		GP practice code:	
GP practice name:			

Cancer information

Confirmed cancer?:		Referral for:	<input type="text" value="Please select..."/>
--------------------	--	---------------	---

PRIMARY DIAGNOSIS:

62 day standard?		31 day standard?	
Standard type:		Standard type:	
Date decision to refer:		Date decision to treat:	
Date received:		Adjustment(s)? (reason and number of days)	
Date first seen:			
Date decision to upgrade:			
Target date for 62 day:			

18wk Referral To Treatment information

Is this patient on an active 18 weeks pathway?		Unique pathway identifier (if available):	124804174RWP0000000
Status:			
Allocated by (Trust):		Clock start date:	
Referring clinician code:			
Date of decision to refer to other organisation (existing pathways only)			

Receiving organisation details

Receiving organisation name:		Speciality/Treatment:	
Receiving clinician (in full):			
Date Minimum DataSet sent:			

Notes**For receiving organisation**

Date received:	
----------------	--

Appendix 2 - Tertiary Referral Centre Contacts

University Hospital Birmingham NHS Foundation Trust

Primary Contact: Paula Mitchell
Head of Cancer Services
Tel: 0121 371 6875
Email: Paula.mitchell@uhb.nhs.uk
Email all tertiaries to: uhb-tr.uhbcancerservices@nhs.net

Heart of England NHS Foundation Trust

Primary Contact: Ben Parfitt
Head of Cancer Services
Tel: 0121 424 1164 or 07917046147
Email: Ben.parfitt@heartofengland.nhs.uk
Email all tertiaries to: bhs-tr.thoracic-surgery@nhs.net and Bhs-tr.tertiary-cancer-alerts@nhs.net

Sandwell and West Birmingham Hospitals NHS Trust

Primary Contact: Ian Charles
Cancer Waiting Times Manager
Tel: 0121 507 2618
Email: ian.charles@nhs.net
Fax tertiaries to: 0121 507 3723

University Hospitals of Coventry and Warwickshire NHS Trust

Primary Contact: Helen West
Associate Director of Cancer Services
Tel: 02476 965496
Email: helen.west@uhcw.nhs.uk
Email all tertiaries to Paula.Taylor2@uhcw.nhs.uk as well as the relevant person below:-
Melissa.Carter@uhcw.nhs.uk – Gynae
Liz.Cole@uhcw.nhs.uk - HPB and NET
Vivienne.Dyde@uhcw.nhs.uk - Haematology
patricia.hewitt@uhcw.nhs.uk - Head and Neck
Tommy.Mckenna@uhcw.nhs.uk – Neurology and MSCC
Debra.Nutting@uhcw.nhs.uk - Urology
Jane.Protheroe@uhcw.nhs.uk - Skin and Germ Cell and Paediatric
Cheryl.Scott@uhcw.nhs.uk - Colorectal and Anal
Shauneen.McCracken@uhcw.nhs.uk - Breast
louise.smith3@uhcw.nhs.uk - Upper GI
Sam.Thomas@uhcw.nhs.uk - Lung

The Royal Orthopaedic Hospital NHS Trust

Primary Contact: Fiona Rotheram
Clinical Services Manager
Tel: 0121 685 4000 ex 55417
Email: Fiona.rotheram@nhs.net
Fax tertiaries to: 0121 685 4146

Royal Wolverhampton Hospitals NHS Trust

Primary Contact: Catherine Jemmett
Cancer Services Support Manager
Tel: 01902 695248
Email: catherine.jemmett@nhs.net

Email all tertiaries to: [rwh- tr.CancerServicesTertiaryAlerts@nhs.net](mailto:rwh-tr.CancerServicesTertiaryAlerts@nhs.net)

Dudley Group of Hospitals NHS Trust

Primary Contact: Jane Gritton
Assistant Cancer Services Manager
Tel: 01384 456111 ex 3331
Email: Jane.Gritton@nhs.net
Fax tertiaries to: 01384 244082

Gloucester Hospitals NHS Trust

Primary Contact: Val Ryland
CWT Data Manager Diagnostics & Specialities Division
Tel: 08454 223126
Email: val.ryland@glos.nhs.uk
Email all tertiaries to: [rwh- tr.CancerServicesTertiaryAlerts@nhs.net](mailto:rwh-tr.CancerServicesTertiaryAlerts@nhs.net)

Appendix 3 - Escalation Contacts

Directorate/ Department	Lead	Deputy Lead
Breast	Directorate Manager Surgical Specialities	Support Manager Surgical Specialities
Colorectal	Directorate Manager Surgical Specialities	Support Manager Surgical Specialities
Gynaecology	Directorate Manager Women and Children	Directorate Support Officer
Head & Neck	Directorate Manager Head and Neck/Dermatology/Urology	Support Manager Head and Neck/Dermatology/Urology
Pathology	Support Manager Pathology/Pharmacy/Imaging/ Radiology	--
Radiology	Support Manager Pathology/Pharmacy/Imaging/ Radiology	Radiology Site Office Manager
Skin	Directorate Manager Head and Neck/Dermatology/Urology	Support Manager Head and Neck/Dermatology/Urology
Respiratory	Directorate Manager Speciality Medicine	Support Manager Speciality Medicine
Upper GI	Directorate Manager Surgical Specialities	Support Manager Surgical Specialities
Urology	Directorate Manager Head and Neck/Dermatology/Urology	Support Manager Head and Neck/Dermatology/Urology
Haematology/ Oncology/ Palliative Care	Directorate Manager Haematology/ Oncology/Palliative Care	Support Manager Haematology/ Oncology/Palliative Care

Appendix 4 - Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Operational Escalation Policy for Monitoring Cancer 14/31/62 Day Targets		
Date finalised:		Dissemination lead: Print Contact details	Cancer Team Secretary Ext
Previous document already being used? Yes			
If yes, in what format and where? PDF			
Proposed action to retrieve out-of-date copies of the document:			
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
Core Cancer Team Members	Core Cancer Team Meeting	Electronic/ Paper	To go Deputy Chief Operating Officer for approval then Kate Atkinson in Clinical Governance for review.
Core Cancer Team Members	Core Cancer Team Meeting	Electronic/ Paper	To be put to April Cancer Board and then TMC for final approval.
Cancer Board Members	Cancer Board	Electronic/ Paper	To go to TMC for final approval then back to Cancer Board
Trust Management Committee (TMC) Members	TMC	Electronic	Approved with suggestions.
Cancer Board Members	Cancer Board	Electronic/ Paper	TMC suggestions accepted. To go Kate Atkinson in Clinical Governance for review and then for circulation.
Dissemination Record – to be used once document is approved			
Date put on register/library of procedural documents:		Date to be reviewed:	
Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic):	Date Disseminated:	No. of Copies Sent:
			Contact Details / Comments:

Appendix 5 - Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval

Appendix 6 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Culture	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NO	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Appendix 7**CANCER TARGETS : What You Really Need to Know****Two-Week Wait**

Patients referred by their GP as a suspected cancer should have their first appointment within a maximum of 14 calendar days. The 'clock' will start at time of receipt of referral. No adjustments can be made in relation to patient choice i.e. if we offer an appointment within the required 14 day period and the patient declines/defers that appointment to a date after the 14 day deadline, we will not be able to apply any legitimate adjustments to the pathway and will 'breach' that target.

31 Day Standard

Once the decision to treat a patient has been made, the first definitive treatment (i.e. treatment with a curative or therapeutic intent) must be delivered within 31 calendar days. This standard applies to all disease, irrespective of whether new or recurrent / relapsed. We cannot make adjustments for patient DNA or medical suspension. Pauses are allowed for patient choice (if a patient was offered a date within target) for patients being treated electively (inpatient / day case).

62 Day Standard

This applies to those patients initially referred via the GP 2 week wait route. First definitive treatment must be delivered within 62 calendar days from the date of receipt of referral. This standard applies to all disease, irrespective of whether new or recurrent / relapsed. Additionally, no pauses/ adjustments will be allowed during the diagnostic phase of the 62 day pathway (i.e. between date first seen and date of decision to treat being made), and patient pauses will only be allowed for a patient being treated electively (i.e. as an inpatient or day case).

Screening Referrals

Referrals from screening services (Bowel Screening, Cervical Screening and Breast Screening) are subject to a 62 day pathway. The 'clock' will start at date of referral receipt. Standards as set out above for 62 day pathways apply to screening referrals.

Consultant Upgrades

Consultants are able to 'upgrade' a patient at any time from point of receipt of referral to date of decision to treat. The 'upgrade' cannot happen once a decision to treat has been made. Upgrading of referral DOES NOT make the referral a 2 week wait referral. The 62 day 'clock' starts at point of decision to upgrade, and not date of original referral receipt.

31 Day Target: Surgery as a Subsequent Treatment, Including Recurrence

All subsequent surgical treatments (not just first definitive treatment), for all cancer patients including those with a recurrence are subject to a 31 day standard, e.g. a patient receiving surgery post neo-adjuvant chemo / radiotherapy must receive surgery within 31 days of the decision to treat surgically being made. The same rules apply as above for the 31 day target.

31 Day Target: Drug Therapy as a Subsequent Treatment, Including Recurrence

All subsequent drug treatments (not just first definitive treatment) for all cancer patients including those with a recurrence will be subject to a 31 day standard e.g. patient receiving adjuvant chemotherapy post surgery. Same rules for adjustments and start dates apply as above for the 31 day standard. This standard relates to therapies such as hormonal and chemotherapy.

31 Day Target: All Other Subsequent Treatment Types, Including Recurrence

All subsequent treatments (not just surgery and drug therapy) for all cancer patients including those with a recurrence will be subject to a 31 day standard e.g. every new and subsequent treatment will need to be delivered within 31 days of a decision to treat date or an 'earliest clinically appropriate date'. Same rules for adjustments and start dates apply as above for new 31 day standard. This relates to all treatment types including radiotherapy.

Two Week Wait: Breast Symptoms

All patients referred with any breast symptoms should have their first appointment within 14 calendar days of receipt of referral. Same rules for adjustments and start dates apply as above for the 2 week wait standard.

How Will All The Above Be Tracked/Monitored?

All patients with a suspected diagnosis of cancer referred via the 2 week wait route or any other route will be tracked on the Somerset Cancer Register until either a non-malignant diagnosis is made or, if cancer diagnosis is confirmed, they receive their first and subsequent treatments and are discharged.

Consultant Upgrades (of a routine referral on to a 62 day pathway) should be notified to the Trust Two Week Wait Office in accordance with local protocols.

Produced by the Cancer Team - Worcestershire Acute Hospitals NHS Trust

Appendix 8 Escalation Flow chart

