

Improving the patient experience of care

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 1</p> <p>All patients, clients and carers should expect effective communication with them by health and social care organisations as an essential part of the planning and delivery of health and social care</p>	<p>HSC organisational communication strategies should show evidence of direct patient / client feedback as part of regular audit of their effectiveness</p> <p>HSC organisational complaints reports should show evidence of action where communication is the primary factor</p> <p>HSC organisational strategies for clinical and social care governance should show evidence that direct patient feedback is included in relevant audit and monitoring</p>	<p>March 2010 – All HSC organisations</p> <p>March 2010 – All HSC organisations</p> <p>March 2010 – All HSC organisations</p>

NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14

<p>Standard 2</p> <p>All patients should receive good face to face communication, from an appropriately trained professional, as part of their care</p>	<p>Number of clinical nurse specialists & consultants trained in advanced communication skills</p>	<p>March 2010 – 60 professionals trained March 2011 – 120 professionals trained March 2012 – 180 professionals trained</p>
<p>Standard 3</p> <p>All patients, carers and the public should have opportunities to engage actively and meaningfully with HSC organisations at all levels</p>	<p>HSC organisational strategies for Person and Public Involvement</p>	<p>March 2010 – All HSC organisations</p>
<p>Standard 4</p> <p>All people affected by cancer should be offered good information to support them throughout their cancer journey. This information should be tailored to the needs of the person both in content and the way in which it is given</p>	<p>Regionally agreed information pathways developed</p> <p>Trusts to identify person(s) with responsibility to support delivery of cancer information pathways</p>	<p>March 2011 – 7 tumour sites</p> <p>March 2011 – All Trusts</p>

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	All trusts to evidence better adherence to cancer patient information pathways	On a yearly basis, from 12 months after implementation of each pathway - Annual improvement on baseline
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Prevention, Awareness and Early Detection

	Key Performance Indicators	Anticipated Performance Level
Standard 5 Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent the recruitment of young people to smoking	Percentage of 12, 14 and 16 year old boys and girls who smoke.	March 2012 – 5% decrease on 2007 baseline for boys (rate has been constant) March 2012 – maintain at 2007 baseline for girls (rate has been increasing therefore initial target to halt rise)

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<p>Standard 6</p> <p>All relevant health and social care professionals should identify people who smoke, make them aware of the dangers of smoking, advise them to stop and provide information and signposting to specialist cessation services</p>	<p>Percentage of people attending specialist smoking cessation services</p> <p>Percentage of clients quitting at 4 and 52 weeks</p>	<p>March 2010 – maintain 2007/08 baseline levels March 2011 – 4% increase in uptake March 2012 – 4% increase in uptake</p> <p>March 2010 – maintain 2007/08 baseline levels March 2011 – 2% increase in number of quitters (4% increase in uptake of services) March 2012 – 2% increase in number of quitters (4% increase in uptake of services)</p>
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<p>Standard 7</p> <p>All relevant health and social care professionals should identify inactive* individuals and, where appropriate, provide them with advice and support to accumulate a minimum of 30 minutes of moderate activity** on 5 days of the week or more</p> <p>*inactive refers to all people who do not meet the recommended level of physical activity **walking briskly, walking downstairs, dancing, biking, swimming, gardening, housework e.g. washing floors (http://www.paho.org/English/HPP/HPN/whd2002-factsheet2.pdf)</p>	<p>Percentage of people being asked and advised about their physical activity</p> <p>Percentage of people advised who achieve the recommended level of physical activity</p>	<p>March 2010 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2010 – Establish baseline Performance level to be determined once baseline established</p>
<p>Standard 8</p> <p>People should be provided with healthy eating support and advice, appropriate to their needs, in a range of settings</p>	<p>Percentage of nutrition advisers using the Eat Well / Getting the Balance Right Plate model</p>	<p>March 2010 – Establish baseline 15% increase on baseline</p>

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	Percentage of people eating the recommended 5 pieces of fruit or vegetables a day	March 2011 – 10% increase on 2005/06 baseline
Standard 9 Health and social care should work with early years' settings, schools, workplaces and communities in the promotion and support of breastfeeding, healthy eating and physical activity to prevent obesity	Percentage of people who have a BMI of above 25 Percentage of Primary 1 children who have been identified as being overweight and obese	March 2011 – 2% decrease on 2005/06 baseline March 2010 – Establish baseline Performance level to be determined once baseline established
Standard 10 Primary care professionals should identify people who consume hazardous / harmful amounts of alcohol, make them aware of the dangers, advise them to reduce or stop and provide information and signposting to specialist services if appropriate	Percentage of people who receive Brief Intervention in Primary Care to reduce alcohol related risk	March 2010 - Establish baseline Performance level to be determined once baseline established

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<p>Standard 11</p> <p>The public should be made aware of the dangers of <i>UV exposure</i> (through sun or use of sunbeds) and steps they can take to reduce their risk of skin cancer</p>	<p>Public awareness of the risks of exposure to UV light through the sun and sunbeds and ways of protecting the skin from UV exposure</p>	<p>March 2011 - Establish baseline of public awareness Performance level to be determined once baseline established</p>
<p>Standard 12</p> <p>The public should be made aware of the early signs and symptoms of cancer so they know when they need to go to their doctor for advice</p>	<p>Public awareness of early signs and symptoms</p>	<p>March 2011 - Undertake baseline survey to inform development of a targeted campaign 2012</p>
<p>Standard 13</p> <p>All people with signs and symptoms that might suggest cancer should be appropriately assessed by their GP and referred promptly on to hospital for further tests if needed</p>	<p>Percentage of referrals made in accordance with regional referral guidelines for suspected cancer</p>	<p>March 2011 – 75% March 2012 – 90% March 2013 – 95%</p>

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<p>Standard 14</p> <p>All year 9 girls should be routinely offered the HPV immunisation to protect against future risk of cervical cancer</p>	<p>Percentage of year 9 girls receiving the second dose of HPV vaccination</p> <p>Development of a catch up programme to immunise all girls currently aged 12 to 18 against HPV</p>	<p>March 2010 – 90%</p> <p>March 2011 – Implement programme</p>
<p>Standard 15</p> <p>All women who are eligible to participate in the Cervical Screening Programme should be invited for screening within the recommended timescales and be provided with the appropriate information and support to allow them to make an informed decision to attend</p>	<p>Percentage of women in the target age group who have been screened within the recommended timescales</p>	<p>March 2011 – 75%</p>

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<p>Standard 16</p> <p>All women who are eligible for the Breast Screening Programme should be invited for screening within the recommended timescales and be provided with the appropriate information and support to allow them to make an informed decision to attend</p>	<p>Percentage coverage achieved by each breast screening unit</p>	<p>March 2010 – Establish baseline based on 2008/2009 data March 2012 – 70%</p>
<p>Standard 17</p> <p>All men and women who are eligible to participate in the Bowel Cancer Screening Programme should be invited for screening within the recommended timescales and be provided with the appropriate information and support to allow them to make an informed decision to take part</p>	<p>Percentage of men and women aged 60-69 who have been screened within the recommended timescales</p>	<p>March 2012 – Establish baseline March 2014 – Provisional performance level of 60%, dependant on baseline</p>

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<p>Standard 18</p> <p>All people with a family history of cancers that have a genetic component should be appropriately referred to the Northern Ireland Regional Cancer Genetics Service (NICGS) for testing and support</p>	<p>Percentage of referrals which comply with NICGS guidance</p>	<p>March 2011 – 50%</p> <p>March 2012 – 60%</p> <p>March 2013 – 75%</p>
<p>Standard 19</p> <p>All patients referred to the Northern Ireland Regional Cancer Genetics Service (NICGS) should have timely access to a genetics counsellor</p>	<p>Percentage of patients referred to the NICGS who are assessed for risk of cancer by a Genetic Counsellor within one year</p> <p>Percentage of patients referred to the NICGS seen within 13 weeks to be assessed for risk of cancer by a Genetic Counsellor</p>	<p>March 2011 – 100%</p> <p>March 2012 – 98%</p>

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Effective Treatment & Care

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 20</p> <p>All patients who have high clinical suspicion or have a diagnosis of cancer should have their care managed by an appropriately constituted and effective multidisciplinary team (MDT) which meets weekly or fortnightly (in accordance with the manual of Cancer Services Standards)</p>	<p>Percentage of people with high clinical suspicion of / diagnosed with cancer who are discussed at an MDM</p> <p>Percentage attendance by individual core members or their agreed cover at the multidisciplinary meetings</p> <p>MDT performance against MDT measures outlined in the Manual for Cancer Services Standards</p>	<p>March 2011 – 95% March 2012 – 98%</p> <p>March 2011 – 66%</p> <p>Baseline to be established Implementation to be phased commencing with breast, lung, gynaecological and colorectal teams in 2010. Trusts to evidence action against peer review recommendations</p>

NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14

<p>Standard 21</p> <p>All patients should be assessed by a clinical nurse specialist (CNS) at the time of diagnosis, at the end of each treatment episode and as required throughout their cancer journey</p>	<p>Percentage of patients having a comprehensive assessment by a clinical nurse specialist at diagnosis</p>	<p>March 2011 – Establish baseline March 2013 – Provisional target of 90%, dependent on baseline</p>
<p>Standard 22</p> <p>All patients being offered treatment should be given a realistic and meaningful explanation of the aim of their proposed treatment by appropriately skilled specialist health professionals. This will also be communicated to other professionals involved in their care</p>	<p>Percentage of patients whose treatment intent is recorded in the CaPPs system</p>	<p>March 2012 – 90%</p>

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<p>Standard 23</p> <p>All patients who need systemic cancer therapy (i.e. chemotherapy and hormone therapy) should have aspects of their therapy provided closer to home in line with regional chemotherapy standards, where their treatment and disease allows this</p>	<p>Development of CMGs and care pathways for systemic treatments</p> <p>Activity figures</p>	<p>March 2011 – CMGs and care pathways developed for breast, lung, upper gastro intestinal, colorectal, urological, gynaecological, skin & haematological cancers</p> <p>March 2012 – Annual improvement from zero baseline</p>
<p>Standard 24</p> <p>All patients with cancer who require radiotherapy should have equitable and timely access to complex radiotherapy techniques in line with tumour group specific recommended best practice</p>	<p>Development of cervical brachytherapy service</p> <p>Percentage of eligible patients for radical treatment for cervical cancer who choose to receive high dose rate brachytherapy and who have access to it</p> <p>Development of prostate brachytherapy service</p>	<p>March 2010 – Establish service</p> <p>March 2011 – 100%</p> <p>March 2010 – Establish service</p>

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	Percentage of eligible patients with localised prostate cancer who want to have high dose rate brachytherapy and who have access to it	March 2011 – 100%
	Development of IMRT service	March 2011 – Establish baseline
Standard 25		
As a safety measure, all radiotherapy treatment plans should be checked for accuracy by a second person from an agreed list of staff before treatment begins	Percentage of radical and adjuvant radiotherapy plans that are checked for accuracy by a second member of the team before treatment begins	March 2011 – 66% March 2012 – 75% March 2013 – 85%

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<p>Standard 26</p> <p>All patients who are eligible for an existing clinical trial should be offered the opportunity to take part in a clinical trial by the multidisciplinary team</p>	<p>Percentage of patients entered into clinical trials</p>	<p>March 2011 – 10% of patients entered into trials with at least 5% of patients entered into randomised controlled trials for 2010/11</p> <p>March 2012 – At least 10% of patients entered into trials with at least 6.75% entered into randomised controlled trials for 2011/12</p> <p>March 2013 – At least 10% of patients entered into trials with at least 7.5% into randomised controlled trials for 2012/13</p>
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<p>Standard 27</p> <p>All patients who are at risk of, or who have lymphoedema, should have timely access to information, diagnosis and treatment. This should be given within the Lymphoedema Network using the CREST Lymphoedema Guidelines.</p>	<p>Percentage of 'at risk' patients offered information (verbal and written) by the cancer treatment teams on lymphoedema and how to reduce their risk</p> <p>Percentage of patients with lymphoedema offered more in depth lymphoedema and how to aid self care information (verbal and written) during their lymphoedema management</p> <p>Percentage of patients having surgery which involves the removal of regional lymph nodes who have</p> <ul style="list-style-type: none"> • their limbs measured (by the surgical team) before and after surgery; and • have lymphoedema discussed in the surgical consent process 	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>
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	Percentage of patients diagnosed with lymphoedema being offered Complex Decongestive Therapy (CDT) or modified CDT (intensive and maintenance). <u>*Reasoning behind treatment choice should be recorded if CDT is modified</u>	March 2011 – Establish baseline Performance level to be determined once baseline established
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Brain and Central Nervous System Cancer

	Key Performance Indicators	Anticipated Performance Level
Standard 28 All patients with brain tumours who at surgical biopsy are diagnosed as Oligodendrogliomas (a subset of gliomas) should have access to the test for loss of heterozygosity (LOH) 1p/19q in order to better inform their treatment plan	Oligodendroglioma test for loss of heterozygosity to be available to all patients diagnosed with an oligodendroglioma	March 2011 – 100%

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Breast Cancer

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 29</p> <p>All patients with suspected breast cancer should be seen at a triple assessment clinic at their first outpatient appointment</p>	<p>Percentage of patients with suspected breast cancer assessed at a triple assessment clinic</p>	<p>March 2011 – 95%</p>
<p>Standard 30</p> <p>All patients with breast cancer should have access to the full range of evidence based treatment options in order to give them the best outcome</p>	<p>Percentage of patients undergoing breast conserving surgery</p> <p>Percentage of patients undergoing sentinel node assessment</p> <p>Percentage of patients receiving radiotherapy post breast conservation surgery</p>	<p>March 2011 – 60%</p> <p>March 2010 – 25% March 2011 – 40%</p> <p>March 2010 – Establish baseline Performance levels to be determined once baseline is established</p>

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	<p>Time from final surgery to first adjuvant treatment</p> <p>Percentage of patients with invasive breast cancer with ER and /or PR positive disease receiving adjuvant hormone therapy</p>	<p>March 2011 – Establish baseline Performance levels to be determined once baseline is established</p> <p>March 2011 – 90% March 2012 – 95%</p>
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Children and Young People's Cancer

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 31</p> <p>All children and young people (aged 0-24, to include young people up to the day before their 25th birthday) with cancer should be managed by a multidisciplinary team whose composition reflects the needs of the child or young person at each point in their care journey</p>	<p>Evidence of annual improvement on baseline assessment in line with priorities to be identified by the regional Children and Young People's Network</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>

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<p>Standard 32 All adolescents and young people (aged 14-24, to include young people up to the day before their 25th birthday) with cancer should receive holistic assessment and care that is age appropriate and delivered by team members who are adequately trained in the care of this specific group of patients</p>	<p>Percentage of staff trained in the assessment, treatment and care of young people with cancer*</p> <p>Percentage of young people with cancer who receive <i>holistic assessment</i> by a staff member who is appropriately trained</p> <p><i>*Staff working in areas with designated young people's beds</i></p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>
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Colorectal cancer

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 33 All patients undergoing elective radical surgery for colorectal cancer should have their operation performed by a colorectal surgeon who is a core member of a colorectal MDT and who carries out a minimum of 20 resections per year</p>	<p>Percentage of colorectal resections undertaken by a surgeon who carries out 20 or more resections each year</p>	<p>March 2011 – 95%</p>

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<p>Standard 34</p> <p>All patients diagnosed with rectal cancer who require surgery should, where appropriate, have access to Total Mesorectal Excision (TME), and have their operation performed by an appropriately trained and experienced surgeon</p>	<p>Percentage of operations where the mesorectum has been removed intact for tumours in the middle and lower thirds of the rectum (in some cases this is not possible, e.g. when the tumour has extended beyond the mesorectal fascial)</p> <p>Percentage of operations where the mesorectal fascia has been removed intact for tumours in the upper third of the rectum</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>
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<p>Standard 35</p> <p>All patients who have had surgery for colorectal cancer should have their histology reported to the format of the Association of Coloproctology of Great Britain and Ireland/Royal College of Pathology Dataset. This report should be presented at the Multidisciplinary Team Meeting (MDM) within 10 days of surgery</p>	<p>Percentage of colorectal cancer surgical specimens reported using the Association of Coloproctology/Royal College of Pathologists proforma</p> <p>Percentage of Association of Coloproctology/Royal College of Pathologists reports discussed at the MDM within 10 days of surgery</p>	<p>March 2012 – 70% March 2013 – 90%</p> <p>March 2012 – 70% March 2013 – 90%</p>
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<p>Standard 36</p> <p>All patients who have a stoma should have a named nurse with expertise in stoma care, know who this is, and have available to them the full range of HSC approved stoma care products</p>	<p>Percentage of patients who have a stoma that have a named nurse with expertise in stoma care</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>
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Gynaecological cancer standards

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 37</p> <p>All patients with gynaecological cancers should have access to diagnostic tests and procedures appropriate to their disease and have their management performed by an appropriately trained and experienced team</p>	<p>Percentage of patients with cervical or endometrial cancers having an MRI reviewed by a radiologist with an expertise in gynae oncology</p> <p>Percentage of patients undergoing pelvic node dissection who have had 15 or more nodes removed</p> <p>Percentage of patients receiving adjuvant chemotherapy for ovarian cancer who start treatment within 4 weeks of surgery</p>	<p>March 2011 – 90%</p> <p>March 2012 – 95%</p> <p>March 2011 – 90%</p> <p>March 2011 – 60%</p> <p>March 2012 – 75%</p> <p>March 2013 – 85%</p>

NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14

	Percentage of patients who are undergoing radical chemoradiation for cervical cancer completing treatment within 7 weeks of starting the course of treatment	March 2011 – 80% March 2012 – 90% March 2013 – 95%
Standard 38 All gynaecological cancer patients should be assessed for voiding difficulties three months after treatment and be referred to a specialist physiotherapist if needed	Percentage of patients with gynaecological cancer who have been assessed for voiding difficulties Percentage of patients with voiding difficulties who have received specialist physiotherapy	March 2011 – Establish baseline Performance level to be determined once baseline established March 2011 – Establish baseline Performance level to be determined once baseline established

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Haematological Cancer Standards

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 39</p> <p>All people with a suspected haematological cancer should have access to an integrated diagnostic service which offers them accurate diagnosis, appropriate treatment and support</p>	<p>Percentage of patients whose samples undergo immunophenotyping, genetic or molecular analysis</p>	<p>March 2011 – 80% March 2012 – 100%</p>
<p>Standard 40</p> <p>Patients with haematological cancers should be given treatment in line with agreed, evidence based Clinical Management Guidelines (CMGs)</p>	<p>Agree regional clinical management guidelines</p> <p>Percentage of patients receiving therapy in line with the clinical management guidelines (except where a change is indicated by response/other clinical circumstance)</p>	<p>March 2011 – Agree guidelines</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>

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Lung cancer standards

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 41</p> <p>All patients suspected of having lung cancer and who have an abnormal chest x-ray should have a CT Scan of their chest and abdomen before having any invasive procedures such as a bronchoscopy</p>	<p>Percentage of patients having a CT scan (chest and upper abdomen) prior to their diagnostic procedure (Bronchoscopy or FNA)</p>	<p>March 2010 – 60% March 2011 – 75% March 2012 – 95%</p>

Skin cancer standards

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 42</p> <p>All people with basal cell carcinomas of the type recommended for Moh's Micrographic surgery should have access to this service</p>	<p>Percentage of eligible patients receiving Mohs surgery</p>	<p>March 2011 – Establish baseline of current Mohs surgery activity and of patients who would have been eligible for it</p> <p>Performance level to be determined once baseline established</p>

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Upper Gastrointestinal Cancer Standards

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 43</p> <p>All patients who require radical surgery for upper gastrointestinal cancers should have access to surgery appropriate to their disease and have their treatment planned and delivered by an appropriately trained and experienced team.</p>	<p>Percentage of oesophago-gastric cancer resections to be undertaken by a single specialist surgical team</p> <p>Percentage of pancreatic cancer resections to be undertaken by a single specialist surgical team</p> <p>Percentage of patients with a primary liver tumour discussed with a hepatologist prior to development of a management plan</p>	<p>March 2011 – 100%</p> <p>March 2011 – 100%</p> <p>March 2011 – 100%</p>

NOTE: Performance indicators and targets will be reviewed and adjusted as necessary, in the light of the current Budget settlement for 2011/12 to 2013/14

<p>Standard 44</p> <p>All patients with operable upper gastrointestinal cancers (i.e. cancer that can be treated by surgery) should have access to evidence based chemotherapy treatments together with their surgery</p>	<p>Percentage of patients with operable oesophago- gastric cancer receiving neo- adjuvant/peri-operative chemotherapy</p> <p>Percentage of patients with operable gastric cancer receiving neo-adjuvant chemotherapy</p> <p>Percentage of patients receiving adjuvant chemotherapy after resection of pancreatic adenocarcinoma</p>	<p>March 2011 – 70%</p> <p>March 2011 – 50%</p> <p>March 2011 – 50%</p>
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Urological Cancer Standards

	Key Performance Indicators	Anticipated Performance Level
Standard 45 Radical surgery for prostate and bladder cancer should be provided by teams carrying out a total of at least 50 such operations per annum and should take place on a single site, which offers appropriate post-operative care	Percentage of radical prostatectomies and cystectomies carried out for cancer by surgical teams performing at least 50 of these procedures each year	March 2011 – 100%

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Living with and beyond cancer

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 46</p> <p>All patients should receive a <i>holistic assessment</i> at the end of each treatment episode and should be actively involved in decision making with regards to the aftercare arrangements. They should receive a permanent record of the agreed plan.</p>	<p>Development of follow up protocols</p> <p>Ratio of new to review patients seen by a consultant</p> <p>Percentage of patients who have a Health and Well Being Care Management Plan</p>	<p>September 2011 – 3 major tumour groups (tumour groups will be decided following a call for pilots) March 2013 – All tumour groups</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established for 3 major tumour groups (tumour groups will be decided following a call for pilots)</p> <p>March 2012 – 60% March 2013 – 80%</p>

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<p>Standard 47</p> <p>All services involved in the care of cancer patients should explicitly incorporate attention to psychosocial needs into their policies and protocols addressing clinical health care. These policies and protocols should be developed and aimed at ensuring that patients and carers are offered support appropriate to their needs, with those experiencing or demonstrating particular distress referred to professionals with specialist expertise</p>	<p>Agree and implement a regional policy aimed at ensuring the provision of and access to psychosocial health services to all cancer patients who need them and want them</p>	<p>March 2011 - Regional policy to be developed</p>
<p>Standard 48</p> <p>All patients who are experiencing distress due to loss of sexual function following treatment for gynaecological or prostate cancer should be assessed for, and where appropriate, referred for psychological assessment</p>	<p>Agreed regional assessment protocol</p> <p>Agreed regional referral protocol</p> <p>Baseline assessment of need</p>	<p>March 2011 – All Trusts</p> <p>March 2011 – All Trusts</p> <p>March 2011 – All Trusts</p>

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<p>Standard 49</p> <p>All patients with cancer should have their rehabilitation needs identified and addressed in a timely way and in line with regionally agreed care pathways</p>	<p>Percentage of patients in the cancer centre and cancer units whose <i>holistic assessment</i> identifies they have rehabilitation needs, who are referred to an AHP</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>
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Palliative & End of Life Care

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 50</p> <p>Health and social care professionals, in consultation with the patient, will identify, assess and communicate the unique supportive, palliative and end of life care needs of that person, their caregiver/s and family</p>	<p>Establish a Trust palliative care register/database</p> <p>Percentage of patients , with a cancer diagnosis, identified as requiring palliative care and who have been placed on the palliative care register/database</p> <p>Percentage of patients with a cancer diagnosis on the palliative care register/database who have had an <i>holistic assessment</i> appropriate to needs and a care plan developed</p>	<p>March 2010 – All Trusts</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>

	<p>Percentage of staff (professional and non professional) with appropriate generalist and/or specialist palliative care training to prescribed level of competency (as per NICaN S&PC Education)</p> <p>Percentage of cancer team members who have had training in appropriate palliative care competencies</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2010 – 30% March 2011 – 70% March 2012 – 90%</p>
<p>Standard 51</p> <p>All patients, carers and families have access to responsive, integrated services which are co-ordinated by an identified team member according to an agreed plan of care, based on their needs.</p>	<p>Percentage of patients with cancer diagnosis with an identified/named key worker responsible for ensuring the 24 hour plan of care is communicated to relevant professionals</p>	<p>March 2010 – Establish baseline Performance level to be determined once baseline established</p>

	<p>Establish a system to ensure that updated out of hours handover forms held manually are transferred to all relevant professionals for patients who are actively receiving palliative care</p> <p>Establish a system to ensure that all patients on the Trust palliative care register/database with unresolved symptoms and complex psychosocial needs who have been referred to specialist palliative care services for advice or management in accordance with the Regional Criteria for Specialist Palliative Care</p>	<p>March 2011 – All Trusts</p> <p>March 2011 – All Trusts</p>
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<p>Standard 52</p> <p>All people with advanced progressive conditions, their caregivers and families, will be informed about the choices available to them, by an identified team member, and have their dignity protected through the management of symptoms and provision of comfort in end of life care</p>	<p>Percentage of patients with cancer diagnosis who are enabled to die in their appropriate preferred place of care (identified as part of regularly reviewed assessments)</p> <p>Establish a common approach to care for people in the last days of life e.g. Care of the Dying Pathway in hospital and community</p> <p>Percentage of appropriate professionals trained in advanced communication skills (Breaking Bad News)</p>	<p>March 2010 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2010 – All Trusts to establish baseline Performance level to be determined once baseline established</p> <p>March 2010 – Establish baseline Performance level to be determined once baseline established</p>
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