Quality improvement programme for 2 week wait Gynaecology suspected cancer referrals 90-day review

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

The 28-day faster diagnosis standard (FDS) pathway targets were not being met for the suspected gynaecology cancer pathway

SMART AIM

To improve the triage system for patients on the FDS pathway for suspected gynaecological cancers by 1st October 2025 as evidenced by more people being seen within the 28 days target. The data was reviewed at the end of February 2026.

PLAN

The plan was:

To stop triage via paper-based system which required a secretary to daily print out referral, aim to make paperless and triage via an Electronic Referral System- this means bookings have the referral immediately and the referral can be moved along the pathway sooner.

Stop sending letters to patients to inform of referral- save secretary time.

Initiate a live Ultra Sound Scan(USS) spreadsheet which can be accessed by all relevant team members for all patients on the Post Menopausal Bleeding pathway who require an ultrasound scan- USS can be triaged on the same day and continue along the pathway if required or be discharged.

Initiate a live spreadsheet for all patents on FDS pathway who have histology taken which can be accessed by by all relevant team members

Employ a cancer navigator to ensure patients are tracked through pathway and can be highlighted to triage nurse when results available.

DO

New spreadsheets were initiated which means the pathway can speed up and allows the patient to be informed of the results as soon as they are available.

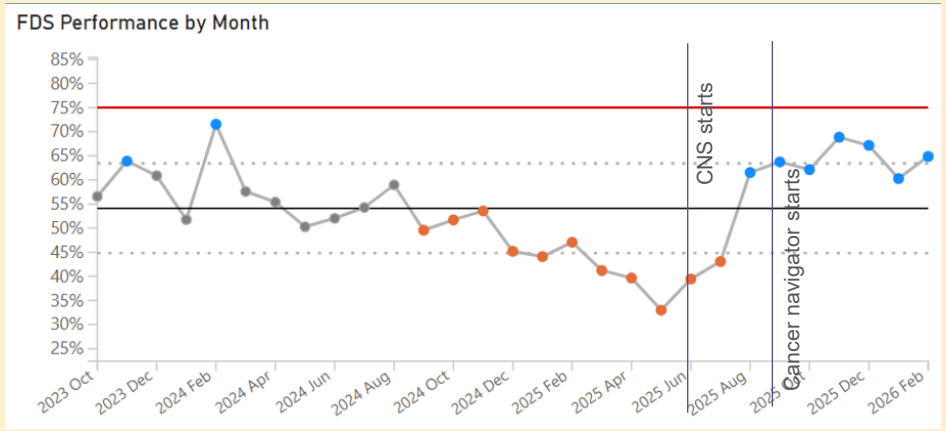
Stopping sending out letters saved an estimated £2000 a year.

All staff informed about the new triage spreadsheets. SOPs written to ensure correct use and training offered on how to use.

A Clinical Nurse specialist (CNS) came into post in June 2025 and as part of job plan they had daily triage of referrals, ultrasound scans and histology results.

STUDY

Initial data showed that there was a 30% increase in performance between January and August 2025. This has now sustained since August 2025. Although not yet hitting the target of 75% the team are now consistently performing around the 65% mark, compared with a low of less than 35%



ACT

The team have adopted- the use of all the spreadsheets and have introduced a spreadsheet to track all Welsh referrals, which is working well.

A full time gynae cancer navigator has been employed who prompts patients to get blood tests or stop medications.

Other staff are also being trained up to cover triage .

ACKNOWLEDGEMENTS & REFERENCES | Gynae cancers services- Gynaecology management team