

Monthly Cancer Alliance Highlight Report

October 2020

NHS England and NHS Improvement





Wessex Cancer Performance & Recovery Update

Cancer Alliance review of performance



August 2020 Overview of performance against 2ww, FDS, 62 day and 104 day

Include pathway backlog, total volumes, improving or deteriorating trend

Summary Overview

- **2WW – 89.6% non compliant against 93% target.** (752 breaches out of 7,264 patients seen) - 2nd month of declining performance, 2.5% lower than in July
- **28 day FDS performance. Alliance compliant.** Wessex average (83.5%) improved from June (81%) Performance target (75%) achieved in 5 of 7 WCA trusts - IOW 81% (+9%), DCH 69% (+3%), Poole 87% (+5%), RBCH 74% (-2%), UHS 85% (+4%), PHT 90% (-1%), HHFT 87% (+4%)
- **31 day 95.9% non-compliant with the 96% target.** (25 breaches out of 1,168 patients seen) – decreasing performance 2% lower than in July
- **62 day – 85.8% compliant against the 85% target** (83 breaches of 585 patients seen) decreasing performance 2.4% lower than in July
- 3rd highest performing Cancer Alliance in the country for 62 days
- **Over 62 days (backlog)** – On week ending 7th October there were 445 patients waiting over 62 days, which is 95 patients or 27% higher than the pre-COVID baseline of 350
- **104 day** – Deteriorating trend from May onwards to peak of 277 on 28 June, weekly PTL data shows improvement week by week since and now stands at 56 on the 7th October which is 40 patients below the pre-COVID baseline of 96.

Alliance meetings & actions taking place to support the highest risk issues

Include whether all trusts represented and whether there was mention of duplication of meetings with NHSEI, did you have the data you required for the meeting. Was NHSE/I in attendance.

- Colorectal, Lung, Skin and Head and Neck pathway task and finish group set up to support improvement
- Endoscopy steering group networks established across both STP/ICS areas
- Alliance data group in place to streamline and reduce burden of data requests coming into Trusts.
- Wessex live PTL dashboard established for 7 trusts, next steps to incorporate PHU onto the current dashboard.
- Wessex surgical hub remains live for receive referrals
- Cancer Alliance Board meeting took place on the 10th September 20



Summary of Cancer Services – 15/10/2020

URGENT REFERRALS: At the start of the pandemic in late March urgent cancer referral rates dropped immediately to around 30% of pre-pandemic levels. 2ww referrals rose steadily to early July and are now at an aggregate rate of 96% of pre-pandemic levels for all Wessex but variation exists particularly in skin and gynaecology sites

ACTIVITY: Treatment activity was the highest ever recorded in March, and April. Urgent and essential cancer treatment was maintained throughout the peak of the pandemic, but treatment levels in August were lower than pre-pandemic levels due to deferred leave. Activity is now tracking above baseline.

BACKLOG: The number of people waiting over 62 days for diagnostics and/or treatment increased significantly during the pandemic. Nationally backlog (post 62 day waits) was more than double its pre-pandemic level, and the number of people waiting over 104 days had grown five-fold. For Wessex the total number of people now waiting over 62 days for diagnostics or treatment is 445 with 56 people waiting over 104 days currently. The majority of the delay remains in diagnostics including endoscopy.

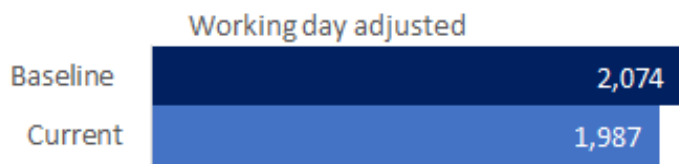
DEMAND: The reduction in referrals and treatment means there is pent up demand. Across Wessex urgent 2ww referrals returned to near normal levels much earlier than national average, however we continue to track new cancer diagnosis and gap against baseline to identify areas of 'missed' diagnosis.



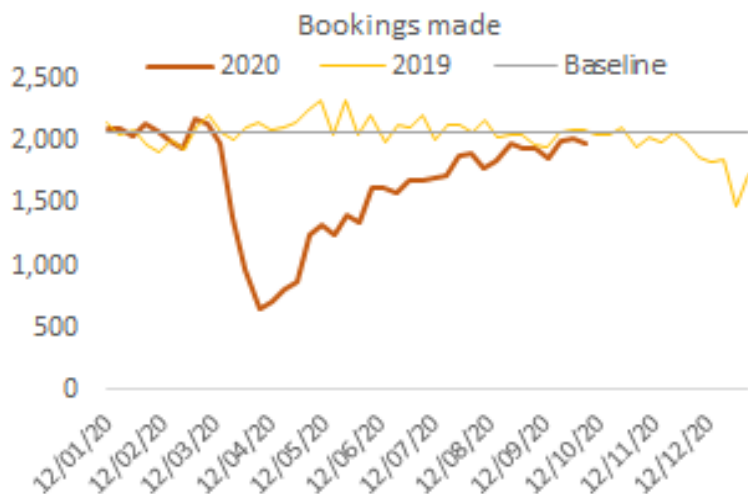
Restoring urgent 2WW referrals to pre-pandemic levels

Most up to date position – Wessex (week ending 04/10/2020)

(Pre-COVID baseline calculated as: Bookings and Treatments, from w/e 12/01/2020 to w/e 15/03/2020 inclusive)



Nationally bookings made down 17% from baseline, Wessex down 4%



2WW referral numbers by tumour site

	Baseline	Previous week	Current week	% change from baseline	Week on week % change
Bookings made (working day adjusted)	2,074	2,015	1,987	-4%	-1%
Breast	460	492	529	15%	8%
Breast Symp	60	49	38	-37%	-22%
Gynae	145	184	156	8%	-15%
Head&Neck	193	160	158	-18%	-1%
Lower GI	358	331	344	-4%	4%
Lung	56	34	41	-26%	21%
Skin	429	464	392	-9%	-16%
Upper GI	99	97	105	6%	8%
Urological	239	169	197	-17%	17%
All others	34	35	27	-21%	-23%

- Total of **2,074** 2ww referrals received across WCA week ending 04/10;
- Currently 4% lower than baseline. Cumulative (16 March – 4 Aug) % lower than total referrals than in same period in 2019
- At tumour site level largest % gap from baseline in 2ww referrals are Breast Symptomatic (-22%), Gynae (15%) and skin (-16%)
- Noted lung referrals have recovered from a dip during the peak of the pandemic



Reduce Backlog and restore performance

What have we done?

- Infrastructure in place for Surgical Hub **actively monitoring COVID-deferred long waiters** and understanding the reasons for breach (e.g. diagnostic vs. surgical waits or patient vs. hospital reasons) – the Alliance is currently exploring the possibility to put this infrastructure in place for all long waiters
- Ensuring that surgical capacity is available in the Hub to be **offered to all patients who are facing delays in cancer surgery** (given appropriate prioritisation), including >62 day and >31 day surgery waiters
- Focus in on bowel screening long waiters and ensure that appropriate plans are in place
- Weekly Wessex wide **aggregate PTL** from Somerset data and shared (anonymised) with all providers
- Weekly meeting for all cancer managers, cancer analysts and clinical teams as required to **share learning, support and identify opportunities for mutual aid**

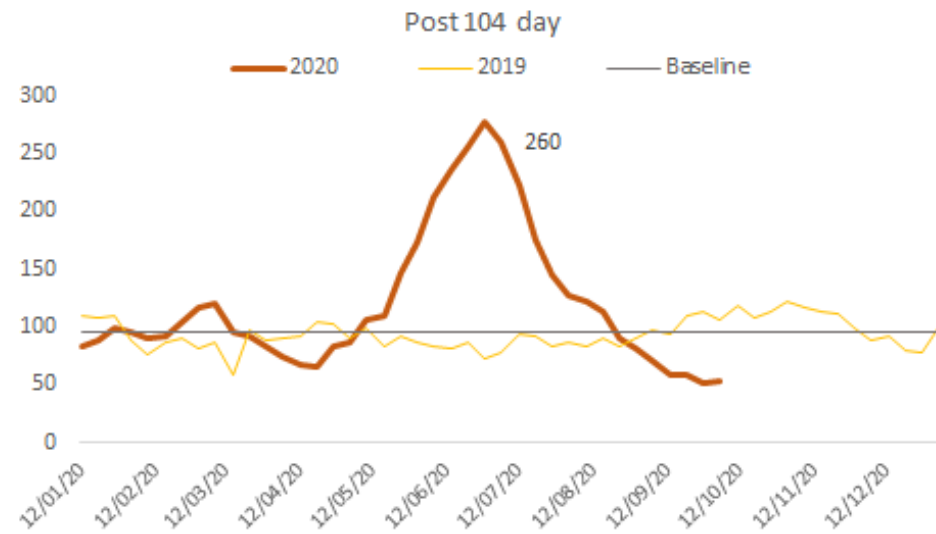
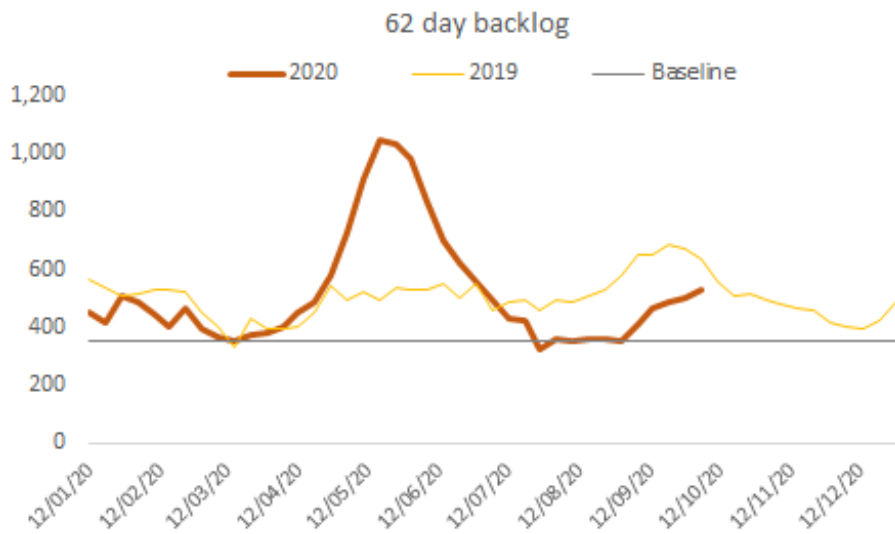


Reduce Backlog and restore performance

Change in 62 day backlog (+52%)



Change in 104 day backlog (-44%)

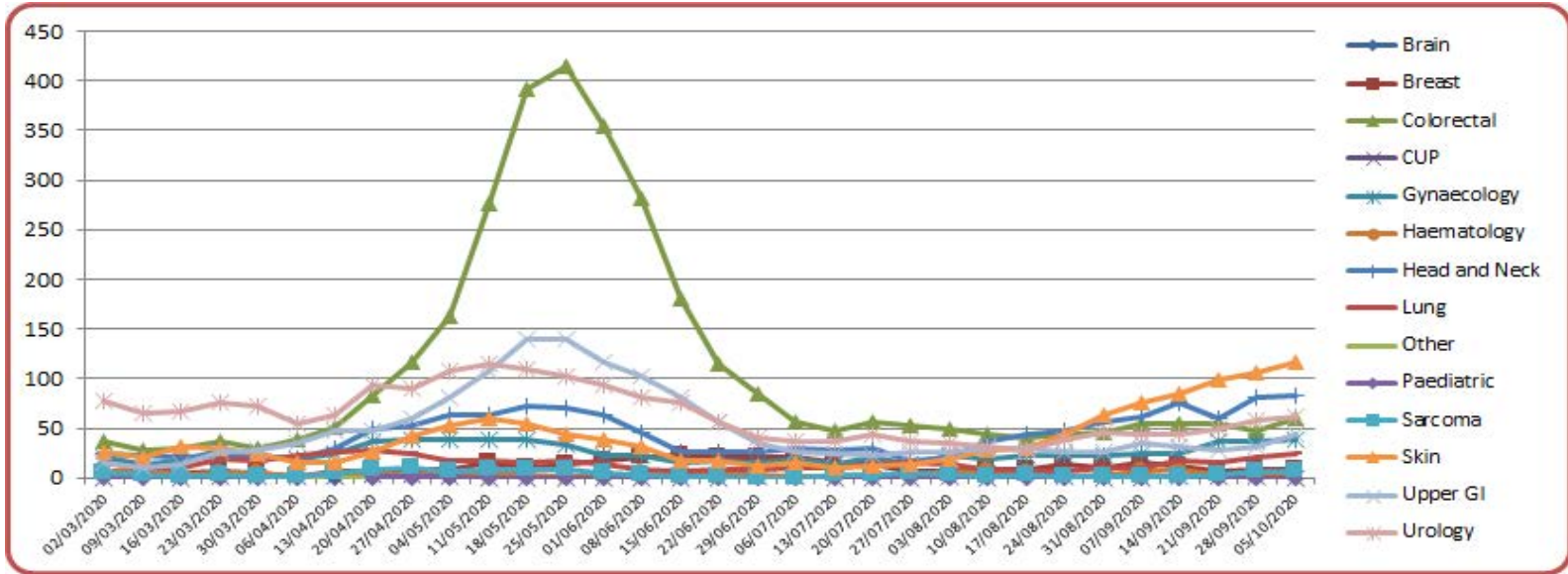




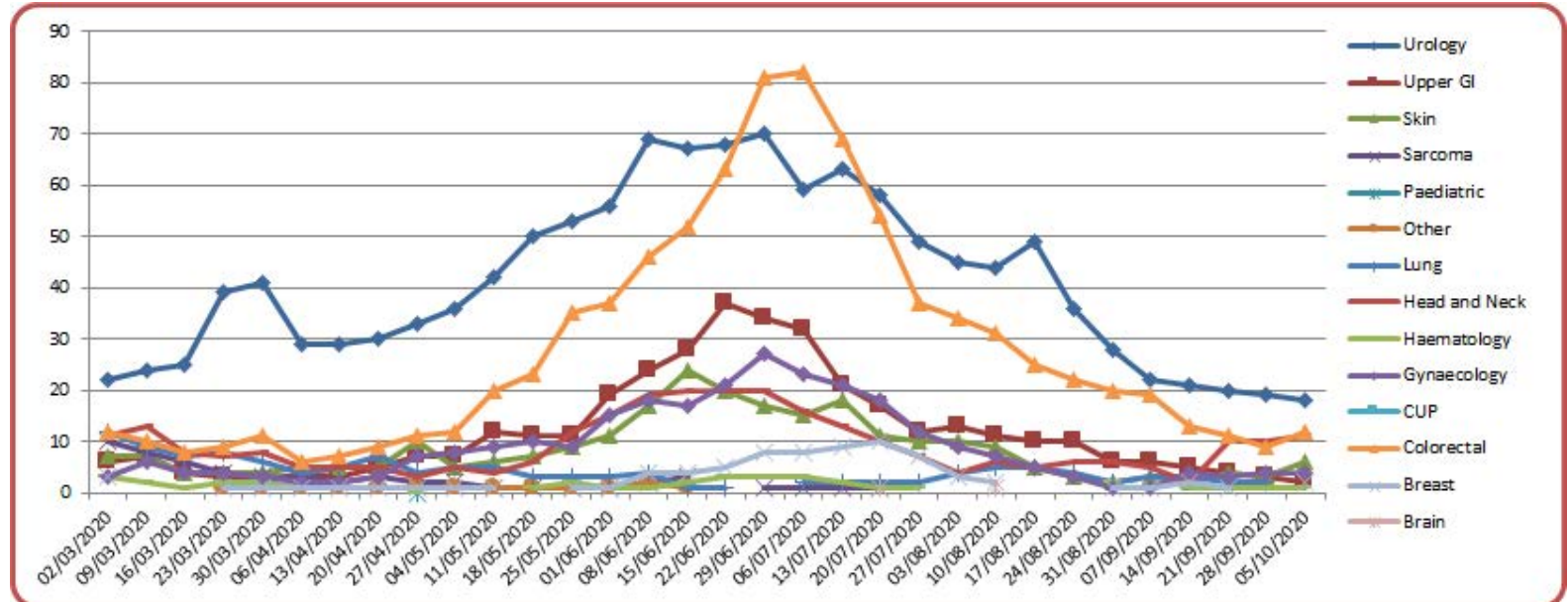
Reduce Backlog and restore performance



62-103 day waits by cancer site 08/10/20



>104 day waits by cancer site 08/10/20





Ensuring sufficient capacity



Diagnostic tests

Diagnostic test activity is consistently increasing week on week for all conditions, whilst capacity was protected for cancer, or recovered as a priority,

Diagnostic tests (working day adjusted, not Cancer exclusive)

	Previous week	Current week	Week on Week
MRI	2,371	2,196	-7%
CT	5,372	5,132	-4%
Ultrasound	4,721	4,800	2%
Imaging	12,464	12,128	-3%
Colonoscopy	231	305	32%
Flexi. Sig.	120	97	-19%
Gastroscopy	344	374	9%
Endoscopy	695	776	12%

Activity recovery

As at 15th October Dorset system is operating at 104.3% pre pandemic baseline activity for endoscopy. HIOW is on track to achieve 95% pre pandemic baseline for all system by end of October.

Medical Consultant activity is prioritised for GI services with on –take at a minimum as far as possible. Trust medical directors' collaboration to ensure endoscopy capacity and workforce prioritised and protected to sustain activity.

Modality	October projection
CT	95%
MRI	103%
Colonoscopy	92%
Flexi Sig	66%
Gastroscopy	77%
Endoscopy	95%



Implement urgent plans to manage demand for endoscopy

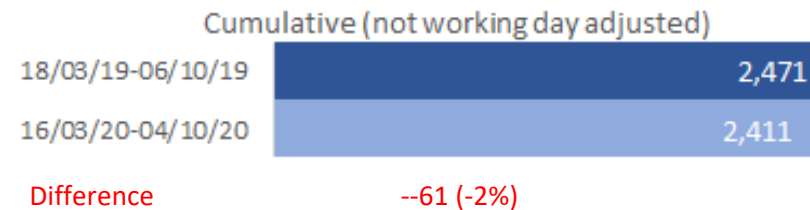
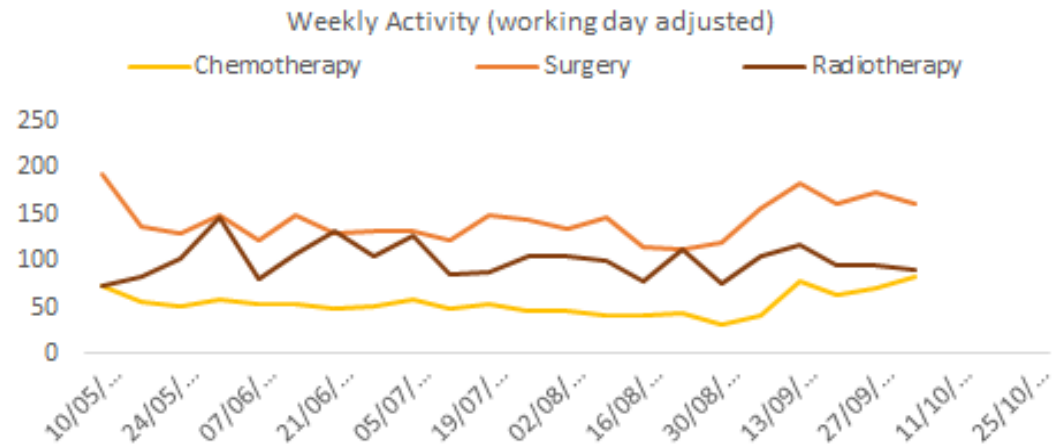
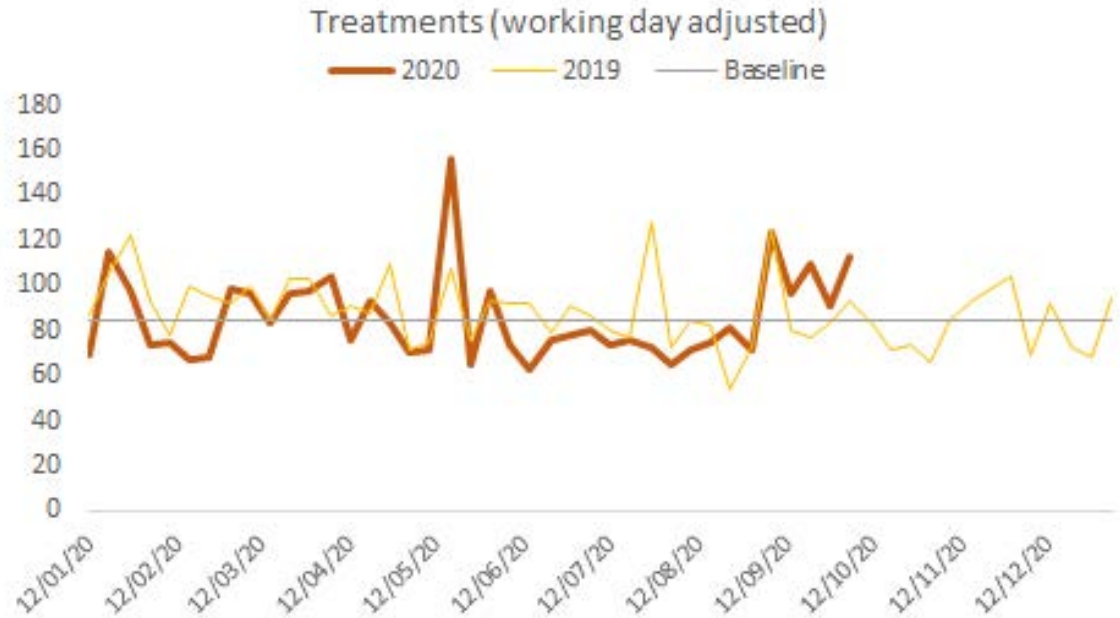
- **Both Wessex systems are taking part in the national Adapt & Adopt programme for Endoscopy**
 - The workshops took place for Dorset ICS on July 29th on August 19th for HIOW STP
 - Following the workshops, we are working with the trusts and region to develop and implement plans for the Adopt & Adapt initiatives
- **In parallel, the Alliance has developed a capacity & demand model for endoscopy (both cancer and non-cancer) to support long-term planning**
 - This effort is done to recognise that endoscopy capacity has been insufficient in Wessex even pre-COVID
- **Selected specific initiatives currently being implemented:**
 - Standardise FIT testing pathway at the system and alliance-level, to allow prioritisation of urgent endoscopy requests
 - Exploration of new and innovative types of endoscopy procedures that could increase throughput (e.g. transnasal and capsule endoscopy) is underway at RBCH and PHU
 - Confirmed additional funding to expedite e.g. capsule endoscopy where clinical teams have requested
 - Capital investment into HHFT, DCH, RBCH, UHS
 - **Deep dive into service management and flow at PHU**



Ensuring sufficient capacity

Cancer Treatment

Cancer Treatment activity has been sustained throughout the pandemic period. Alternative treatments were utilised at the peak of the pandemic, including hormone therapy and radiotherapy. Treatment levels dipped in August due to accumulation of leave for medical teams. **Activity now returned to above baseline.**





Recovery Plan Actions

System first working

- Leadership of HIOW Cancer Recovery, support via DCP for Dorset.
- Surgical Hub in place across Alliance footprint. Infrastructure utilised for other modalities e.g. Endoscopy in Dorset
- Wessex Dashboard tracking activity and waiting times across the geography of the Alliance
- Endoscopy modelling to plan medium term capacity and identify variation within a footprint.

Tackling inequalities

- Targeted listening and engagement with Black and Asian population,
- Prioritisation of improved data on inequality,
- Early Diagnosis and Prevention education of seldom heard (Communities Against Cancer)
- Action to address gap in NCPES on Isle of Wight through a patient collaborative

Patient and staff confidence sites are Covid-19 protected

- Fortnightly Bulletin with information on latest clinical guidance, infection control and CV-19 funding or support
- Trust site patient and staff videos on YouTube
- Primary Care Q&A and information webinars
- Patient facing website and multimedia information and support including patient stories
- Revision of Covid-19 consent form, patient information sheets and support lines
- Set up of an off site Independent Sector Cancer Surgical Hub

Locking in innovation

- Partnership with AHSN to provide clinical and management capacity to implement evidenced innovation swiftly
- Via SSGs, nursing and AHP fora, offer an Innovation Fund to support newly developed ways of working
- Safefit - a virtual service replacing WESFIT during pandemic period offering psychological, nutrition and fitness support
- Implementation of Virtual MDT and Investment in diagnostic image sharing technology
- Survey of trusts via SSGS for Covid-19 developed innovations

Effective Communications

- Patient and stakeholder websites developed.
- Multimedia communications strategy activated



Develop & support our workforce

Endoscopy workforce

- HEE/Clinical team workshops to design accelerated 30 week clinical endoscopy course, sharing novel ways of working, new roles and alternative models of care,
- Working with London and Wessex Deanery to implement Immersion Model Training for GI Registrars,
- Commissioning of South West Virtual Endoscopy Training Academy
- National pilot of 40 week progression to colonoscopy open to Wessex workforce

Radiologist workforce

- £26,372 available per staff member, offer to all trusts, costs to cover course fee, supervision, workstation and backfill for training in advanced radiology, for example Advanced Medical Imaging, Interpretation and reporting in mammography. 150 places nationally per year.

Cancer Nurse Specialists

Support the development of aspiring and existing Cancer Clinical Nurse Specialists via 2 options:

- Individual grants of up to £5000 per person to undertake learning and development at post-graduate or advanced level (x12)
- Purchase education and / or training, for a group of aspiring and / or existing CaCNS, to meet an identified need

Chemotherapy Nursing

- Development of existing and aspiring Chemotherapy Nurses with a training grant of up to £1,500 per individual with five training grants per Cancer Alliance available

Alliance specific funding

- £614,915 HEE additional funding and £180k Alliance funding for targeted Wessex projects including supported self-management within all Trusts across Wessex.
- Roles for CNSs and Cancer Support Workers, AHP First Contact Practitioner across primary and secondary care
- Education and development AHPs and the wider health and care workforce about personalised care with a focus on prehabilitation and rehabilitation in people with cancer – PROSPER
- ¹³ Advanced Communications Skills Training for clinical staff in community, primary and secondary care



Risks to delivery of phase 3 recovery

Risk	Overview and Mitigation
Future covid-19 peak	Impact of future peak over winter during flu season and winter pressures. Plans to develop covid-secure pathways for diagnostics, treatment with virtual technology will help protect cancer services. Plans to expedite personalised care remote monitoring solutions will support cancer patients following treatment
Further exacerbation of inequalities in referrals	Current findings suggest greater inequality in access post covid-19. This is particularly in relation to presenting to primary care with signs and symptoms of cancer. Local messaging campaigns to be directed through cancer champion's and community leaders to support equality of access
Independent sector	Changes or termination of contract before March 2020/21. Broadening the referral criteria into the independent sector would support increased cancer diagnostics and treatment utilisation.
Endoscopy capacity	Still significant backlog of lower GI referrals and workforce remains a key barrier to doing more. The alliance will work with HEE to promote and champion recruitment of AHP's and nurses to endoscopy training programmes
Rapid Diagnostic Services	Gaining timely access to diagnostics (within current capacity) where known backlogs exist. The development system wide PTL for diagnostics will support better understanding of capacity within the system. The roll out of RDS pathways will provide more streamlined pathways and support management of backlogs.
Ongoing impact of the initial Covid-19 peak	<p>Cancer PTL's have grown significantly through covid-19 recovery. Ongoing management of new 2WW referrals whilst managing diagnostic backlogs and long waiters will require ongoing close management of clinical pathways. WCA dashboard to support trusts across the alliance to work together to best manage the cancer PTL to achieve system wide trajectories.</p> <p>Close attention, review and management of consultant upgrade and emergency presentation routes to understand and manage the ongoing impact of covid-19 on cancer patients</p>



Wessex Long Term Plan Delivery



Programme	Priorities	Outcomes
Primary Care and Screening	<ul style="list-style-type: none"> Supporting people to access services safely through the COVID-19 pandemic Recovery of cancer screening services post COVID-19 Raising the awareness of cancer and its prevention Improving the education of primary care in the early detection of cancer Restarting redesigned Targeted Lung Health Checks post COVID-19 	<ul style="list-style-type: none"> Return to planned Early Diagnosis trajectory Target improved screening uptake according to seldom heard groups covid-19 learning Reduce inequalities in stage of diagnosis Reduction in patients diagnosed via emergency presentation
Diagnostics	<ul style="list-style-type: none"> Improve cancer waiting times through implementing timed pathways Improve the understanding of cancer referral guidelines Implement a Rapid Diagnosis Service Model and plan our diagnostic capacity Identify and embed positive changes to cancer pathways developed as a consequence of COVID-19 Restore and recover diagnostic capacity, activity and demand for all cancer diagnostic services, with specific focus on endoscopy. 	<ul style="list-style-type: none"> Return to faster diagnosis improvement trajectory Sustainable 62 day and 28 day performance Sustainable endoscopy services to meet current and planned demand System wide collaboration and consistency for diagnostic services access reducing inequalities in access and care
Treatment	<ul style="list-style-type: none"> Implementation of a Cancer Surgical Hub Restoration and Recovery of cancer performance/standards Identification and securing of new clinical pathways post COVID Chemotherapy closer to home/ Chemotherapy pathway Mapping Optimised Radiotherapy services/Implementation of SABR Ensure TYA and Children's cancer matches new service specification e.g. whole genome sequencing Review of specialised service commissioning in line with new specifications Implement new MDT guidelines 	<ul style="list-style-type: none"> Sustainable 62 day and 28 day performance No more than 0.5% 104 day volumes Alliance data led decision making Revision of patient flow with potential new pathways of care Improved patient experience Services improved from pre-Cv-19 position incorporating learning from crisis operation Continued implementation of long term plan ambitions for cancer services
Personalised Care	<ul style="list-style-type: none"> Integration of supported, personalised care for patients across organisational boundaries through : <ul style="list-style-type: none"> Right by You Workforce - upskilling primary care nursing and AHP to support people with cancer in the community Prehabilitation (including both WesFit and Safe-Fit) Patient Stratified Follow Up Equitable access to genomics informed cancer care, including diagnostic and therapeutic pathways Continue to support opportunities for patients to enrol in clinical trials equitably across Wessex. 	<ul style="list-style-type: none"> % increase patients on a PSFU pathway with robust IT for patient monitoring in place Capacity released to support new patient or consultant led appointments Patients are empowered to self manage Improved physical, nutritional and emotional wellbeing for cancer patients Improvement clinical outcomes from personalised medicine and access to clinical trials.

Programme Update	
<ul style="list-style-type: none"> • Extensive Communication and Patient Engagement Plan being developed with focus on BAME and seldom heard communities. • Colorectal Pathway Group is developing a work plan to be led by the new Prevention and Early Diagnosis Board. • Monthly meetings with LMC and Macmillan GPs working on a coordinated approach to PCN engagement in the ED DES and a wider Primary Care Education Programme. • Targeted Lung Health Check recommenced in August 2020. • Dorset and HIOW Colorectal SSGs have agreed place of FIT in the symptomatic pathway and in endoscopy prioritisation and triage 	
Key Deliverables since last update	Key Actions to be completed in the next 2 weeks
<ul style="list-style-type: none"> • Development of a Communication and Engagement Plan commencing with consultation with STP/ICS Communication and Engagement Strategy and inequalities leads. 	<ul style="list-style-type: none"> • Launch of the new WCA website for health professionals.
<ul style="list-style-type: none"> • Targeted task and finish group focused on shift in stage of diagnosis of colorectal cancer complete initial planning phase utilising IST planning tools and discussions with clinical leaders across the geography. 	<ul style="list-style-type: none"> • Pulling together the final recommendations and continuing with the implementation of the work streams this includes new thoughts about system changes.
<ul style="list-style-type: none"> • Cancer Education Strategy development started with a wide remit and accessible approach. 	<ul style="list-style-type: none"> • Draft to be completed.
<ul style="list-style-type: none"> • Logic model for Communities Against Cancer completed, funding identified for evaluation. • Inaugural meeting of the WCA Prevention and Earlier Diagnosis Board held which gives a clear focus for work streams feed into and allows cross-working to happen easily. 	<ul style="list-style-type: none"> • MOU to be finalised. • Second meeting to focus on cancer screening programmes. • Completing an MOU for lung case finding in Dorset.
Key Risks	Recommended Mitigating Actions
<ul style="list-style-type: none"> • Cancer referrals do not return to historic levels 	<ul style="list-style-type: none"> • Communications work with the public and primary care focusing on inequalities.
Key Issues	Recommended Mitigating Actions
<ul style="list-style-type: none"> • Screening programmes still in recovery stage. 	<ul style="list-style-type: none"> • Workshop taking place focusing on breast screening and recovery options

Programme Update

- Review of optimal timed pathways (Lung, Prostate, colorectal, upper GI) with the focus on post COVID-19 changes to pathway.
- Review of straight to test pathways to ensure sustainability and achievement of cancer waiting times standards.
- Continue to develop the Wessex dashboard to inform weekly progress on cancer standard /performance position by tumour sites
- Implement a Rapid Diagnosis Service for virtual direct referral into cancer pathway with navigation through diagnostics
- Implement Head and Neck task and finish group to address delays in pathway and implementation of pathway changes post COVID-19
- Implement Skin Task and finish group to adopt best practice pathway post COVID -19 incorporation the principles of telemedicine / triage
- Review diagnostics services for Sarcoma pathway
- Review diagnostic capacity for CT and MRI with a review to adopt and adapt best practice Model
- Review Endoscopy demand and capacity with a view to adopt and adapt London model
- Trust and SSGs invited to put forward change and innovation for sustainable development. Alliance coordinated programme of investment to help trusts and clinical teams embed changes
- To adopt modelling approach for other diagnostic modalities.
- Agreement to support urology task and finish group to deliver 62 day pathway improvements through system approach to trans-perineal prostate biopsy services

Key Deliverables since last update

- Audit tool for timed pathways has gone out to providers for completion by end of October.
- Portsmouth data still to be pulled into WCA dashboard, working closely with provider and data team to achieve this
- Head and Neck pathway task and finish group set up for HHFT and UHS. Project plan and terms of reference
- Review of Sarcoma pathway commenced

Key Actions to be completed in the next 2 weeks

- Supporting completion by providers, collation and analysis of audit returns
- Portsmouth Data to be pulled for WCA Dashboard weekly.
- Set up task and finish groups for the remaining Hubs and spoke models in WCA
- Plan next steps to facilitate faster Sonography

Key Risks

- Cancer referrals do not return to historic levels
- Increase in COVID -19 Cases
- Threatened capacity in timely Covid testing processes

Recommended Mitigating Actions

- Communication with Trust staff and patients/public
- Being mitigated by providers

Key Issues

- Diagnostics taking longer to complete due to Infection control/PPE

Recommended Mitigating Actions

- Follow national guidelines
- Adopt and adapt pathways that have worked well during pandemic.

Programme Update	
<ul style="list-style-type: none"> • Alignment with HIOW and Dorset STP/ICS restoration and recovery programmes of wider elective treatment pathways • Review of whole genomic sequencing strategy with Genomic hub and Site Specific Groups • Support implementation of the C/TYA service specifications • Development of a chemotherapy steering group across HIOW • Demand and capacity study for chemo OP services • Radiotherapy network in place to develop service and implement best practice • Establishment of Wessex hub, agreed clinical prioritisation process and activation of mutual aid 	
Key Deliverables since last update	Key Actions to be completed in the next 2 weeks
<ul style="list-style-type: none"> • Thames Valley and Wessex Radiotherapy Operational Delivery Network established with oversight group meeting regularly (last meeting 21/9/2020). 	<ul style="list-style-type: none"> • Establish regular meetings between WCA and newly appointed specialist commissioners (RT) • WCA make contact with Radiotherapy ODN manager
<ul style="list-style-type: none"> • Discussions held between clinical genetics and cellular pathology personnel regarding optimized pathways in West Midlands, Oxford and Wessex GLH region, with transfer of Lynch syndrome tumour based testing from Salisbury to Southampton from 1st October 2020 and Southampton delivering lymphoid clonality testing on behalf of the genomic consortium from August 2020. 	<ul style="list-style-type: none"> • Meeting between WCA/genomics leads planned 9/10/2020
<ul style="list-style-type: none"> • Clinical specialist advisor currently collating baseline service information in advance of specification publication, identifying current WCA progress/areas for improvement. 	<ul style="list-style-type: none"> • TYA and child site specific groups to meet on 15/10/2020 and 20/10/2020 respectively • Awaiting publication of national service specifications • Exploring the establishment of a new ODN with WCA, C&TYA cancer clinical leads and Wessex/Thames Valley paediatric delivery network
<ul style="list-style-type: none"> • Draft Project plan for chemotherapy closer to home in place/virtual treatment hub • Discussion document around COVID SACT hub developed, highlighting givens/issues 	<ul style="list-style-type: none"> • Await a start date for lead nurse to commence project
Key Risks	Recommended Mitigating Actions
<ul style="list-style-type: none"> • Increase in COVID -19 Cases • Increasing clinical risk to patients as backlog rises 	<ul style="list-style-type: none"> • Clinical Harm reviews of all patients waiting over 62 days • Review of all backstop (104+) patients via surgical hub clinical prioritisation panel
Key Issues	Recommended Mitigating Actions
<ul style="list-style-type: none"> • Patients deciding not to receive treatment due to COVID -19 associated risks 	<ul style="list-style-type: none"> • Follow national guidelines • Communications work with the public and primary care (ongoing)

Programme Update

- Cancer Nursing Across Boundaries: Scoping of existing online resources for cancer completed. Third webinar took place 21/9/2020. Project shortlisted as finalist in the Cancer Nursing category for Nursing Times Awards. Links with Right By You (Macmillan funded) and First Contact Practitioners (Health Education England) project made. Post-Covid interviews with boundary spanning postholders completed and transcribed.
- Right by You – Funding has now been agreed to roll out in Dorset. Project team now working with 4 GP practices in Southampton plus the Homeless Team. A series of workshops agreed to ensure clarity of scope and vision. Evaluation protocol being agreed with the MSRSG at UoS.
- Macmillan GP meetings now being held monthly. Work being undertaken to agree a Primary care Education Strategy with the LMC.
- SafeFit has been accepted on to the AHSN portfolio which means UHS team now funded for 2 years and trial will continue across Wessex.
- Nationally monthly prehabilitation webinars continue to attract 80+ WesFit is the HSJ Cancer Initiative of the Year!
- AHP – FCP in Primary Care – first steering group and wider focus group to define scope and outcomes of this HEE funded work. First time these roles have been considered in cancer care – being monitored with interest by the national team. The team have approached primary care to gain more insight on their work in this area and how the project could add value

Key Deliverables since last update	Key Actions to be completed in the next 2 weeks
<ul style="list-style-type: none"> • Cancer Nursing Across boundaries webinar took place on 7/9/20 	<ul style="list-style-type: none"> • Programme of webinars to be shared
<ul style="list-style-type: none"> • Right by You – Programmes of work for Learning and Development and Communication and Dissemination developed 	<ul style="list-style-type: none"> • Right by You – to meet with key stakeholders in Dorset to agree next steps. Finalise evaluation protocol.
<ul style="list-style-type: none"> • Webinars on Prehabilitation delivered 	<ul style="list-style-type: none"> • To agree safety netting protocol. Mapping of SafeFit pathway on to UHS gynae pathway.
Key Risks	Recommended Mitigating Actions
<ul style="list-style-type: none"> • Lack of engagement from clinical staff due to conflicting work pressures 	<ul style="list-style-type: none"> • Regular communications and meetings kept as short as possible
Key Issues	Recommended Mitigating Actions
<ul style="list-style-type: none"> • DCH only offer PTFU to colorectal patients And no patients currently offered PSFU for prostate across Dorset 	<ul style="list-style-type: none"> • Mitigations being discussed with Dorset Cancer Partnership

Cancer Alliance approach to improving performance challenges by provider (1)



Support given to University Hospital Southampton:

- Support to Review Head and Neck, Lung and sarcoma pathways in light of greatest +62 pressure and risk
- Pathway analysis: use pathway analyser to identify causes of breaches within all pathway
- Develop with Head of cancer services a programme of work to address Cancer wait times and clinical pathways
- Support to Implement GIRFT Lung recommendations

Support given to Isle of Wight:

- Chemotherapy Pathway mapping with a view to rapid implementation of COVID learning service changes
- Review of straight to test colorectal pathway to support service recovery
- Support breast screening services to recovery by December 2020
- Introduction of Rapid Diagnostic pathway in November (16th) to support 2ww recovery

Support given to Portsmouth:

- Support in delivery new ways of working for oncology service
- Introduction of Rapid Diagnostic pathway
- Support in preparing for GIRFT lung visit
- Deep dive on site into endoscopy services currently with a view to short term recovery and longer term planning

Support given to HHFT

- Detailed modelling and support of diagnostic services with focus on endoscopy recovery and haematology services timed pathways and administration processes.
- Detailed modelling of head and neck pathway into UHS to identify causes of breaches within all pathway

Cancer Alliance approach to improving performance challenges by provider (2)



Support given to Dorset

- Across Dorset using the dashboards/ predictor to understand position more and have agreed to start joint reviews of pathways
- Identified key pressure in endoscopy across Dorset –completed detailed endoscopy modelling work to support case for further investment in local diagnostic services
- Leadership of and provision of direct funding to upgrade digital tracking of PSFU
- Funding for diagnostic service review and administration resource to target delays in decontamination and patient and staff testing tracking and results
- Mapping of skin pathway
- Implementation of lung pathway recommendations

Cancer Alliance approach to improving performance by tumour site pathway



- Further work required on Lung timed pathway with reference to GIRFT Report
- Polyp surveillance guidance will be implemented across all providers – releasing endoscopy capacity.
- Endoscopy service- implementation of Adopt and adapt London Model
- To adopt modelling approach for other diagnostic modalities
- Review of all Optimal timed pathway - review across Dorset Cancer Partnership and HIOW implementing Triage step to the pathway
- Introduction of new MDT guidance by pathway through existing Site Specific Groups back under way following pause during COVID response
- Reviewing the principles of the Rapid Diagnostic service across all tumour sites pathways to identify possibilities for faster diagnostics
- Review of cancer Hub activity and encourage further use as appropriate

Please list the trusts in your alliance who are already utilizing prospective PTL / IPTL tools



Please indicate whether in house, externally developed, networked, pilot, full roll out

- University Hospital Southampton – not currently used, will be developed as part of the rollout of new reports
- Hampshire Hospitals – In-house predictor tool used
- Royal Bournemouth and Christchurch – In-house predictor tool used
- Isle of Wight – In-house predictor tool used
- Poole – Use Somerset Care Record for PTL
- Portsmouth -In-house predictor tool used
- Dorchester – Use Somerset Care Record for PTL

In addition the development of and the use of the Wessex live dashboard is in place for our 7 providers. This is providing supplementary support for PTL tracking and action planning.

Thank you!