WCA

NHS Wessex Cancer Alliance

Report to the Wessex Cancer Alliance Board				
Title:	**Future ICS improvement capacity planning in the Alliance**			
Sponsor	**TBC – Cindy Shaw-Fletcher**			
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Date:	**16th June 2021**			
Purpose	**Assurance or reassurance**	**Approval** **Y**	**Ratification**	**Information**
Summary of paper:	There is a requirement for a high-level staffing resource embedded in each ICS to improve performance and service improvement. In addition to this, there is also a need to have a central staffing resource who can work on tumour pathways across Wessex and ensure that national requirements are met – for example the national Rapid Diagnostic Centre principles. The paper sets out how these requirements can be met – delivering improvements to pathways and improving patient experience in the process.			
Implications: (Clinical, Organisational, Governance, Legal?)	Cost of embedded ICS facing staff resource has been built into Wessex Cancer Alliance 21/22 budgets. Estimated cost of Cancer Improvement Team is £280K which can be met from Rapid Investigation Service budget.			
Key risks and mitigations:	Key risk is that key tumour sites will not be compliant with the Rapid Diagnostic Centre principles by 2023/24 (a national requirement) and opportunities for service improvement lost, mitigation is having a clear programme plan agreed by all partners.			
Summary: Conclusion and/or recommendation	It is recommended that the Board agree to: 1. The approach outlined in the paper be endorsed 2. Senior resource being dedicated to each ICS whilst working to the Wessex Cancer Alliance 3. A Cancer Improvement Team be implemented to drive pathway improvement.			

Background

- Wessex Cancer Alliance spans two separate ICS's (Dorset and Hampshire and the Isle of Wight) both of whom face into two different regional teams and have different ways of working and reporting
- There are different strands of pathway improvement work taking place in the Alliance – for example:
  - Pathway Analyser work taking place on Urology
  - Lung pathway review being undertaken by MSD
  - Review of head and neck, colorectal and breast pathways to understand capacity and demand
- At present pathway improvement work are working to different methodologies
- There is a need for all tumour site pathway to adapt the Rapid Diagnostic Centre national principles (see Appendix A) by 2023/24 (but not necessarily utilise the Rapid Investigation Service) hence a requirement to fully understand all pathways across the Alliance

Requirement

NHS Wessex Cancer Alliance

- There is a need for high-level staffing resource which can support Performance and Service Improvement - which are embedded in each ICS, working to the Alliance
- Common cancer improvement methodology across Wessex incorporating:
  - Data and capacity and demand modelling
  - Pathway mapping and alignment with national RDC principles
  - Clinical engagement
  - Improvement planning
- Central staffing resource which can be mobilised across Wessex and can be used as central improvement and transformation function.
- For example reviewing a particular tumour site across Wessex – noting the pathway, best practice – nationally and Wessex wide, compliance against national principles

How are others approaching this?

- The planning guidance for 2021/22 is explicit in that:

"Alliances should have a nominated performance lead to act as the lead and key contact point within the Alliance to discuss Operational Performance, as well as represent the Alliance at the national performance leads forum."

This is consistent with the national expectation that Alliances proactively support systems in the achievement of national standards

- Other local Cancer Alliances have in post, or are about to recruit performance/pathway leads

Proposal

- Senior Leader (Band 8C) embedded in each ICS funded through Wessex Cancer Alliance - responsible for cancer performance, planning and improvement and working for Wessex Cancer Alliance. These posts implement a **direct requirement from the 21/22 national planning guidance**
- Common cancer improvement methodology used to drive improvement
- A Cancer Improvement Team/Academy is put in place for 24 months to enable improve and transform cancer pathways. This is a Wessex wide resource which would be funded through the Rapid Investigation Service
- The Senior Leads would work closely together and also direct the work of the Cancer Improvement Team/Academy

Budgets and Governance

- The budget for the Senior Leader posts can be funded through the WCA budget and would be embedded within the ICS structure, with a dotted line to the Alliance MD.

- A Cancer Improvement Team/Academy can be funded through the time limited Rapid Investigation Service budget – for a period of 24 months

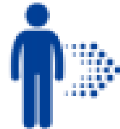
- The work of the Cancer Improvement Team/Academy will be overseen by the Cancer Waiting Times Board and will work closely with Cancer Managers and Site Specific Groups from across Wessex. The methodology used will be developed using cancer improvement expertise in the South East and South West regional teams.

Recommendation

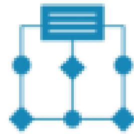
- That the Wessex Cancer Alliance Board agree to:
  - The approach outlined in the paper be endorsed
  - Senior resource being dedicated to each ICS whilst working to the Wessex Cancer Alliance
  - A Cancer Improvement Team be implemented to drive pathway improvement

Appendix A – RDC Principles

1. Early identification of patients where cancer is possible, including outreach to target existing health inequalities



2. Timely referral based on standardised referral criteria and appropriate filter function tests



3. Broad assessment of symptoms resulting in effective triage, determining whether and which tests should be carried out and in what order, based on individual patient need

4. Coordinated testing which happens in fewer visits and steps for the patient, with a significantly shorter time between referral and reaching a diagnosis

5. Timely diagnosis of patients' symptoms, cancer or otherwise, by a multi-disciplinary team where relevant, and communicated appropriately to the patient

6. Appropriate onward referral to the right service for further support, investigation, treatment and/or care

7. Excellent patient coordination and support with patients having a single point of contact throughout their diagnostic journey, alongside access to the right information, support and advice