Title of meeting:	**West Yorkshire and Harrogate Cancer Alliance Board**	**Agenda Item:**	**9**
Date of Meeting:	**30.10.18**	**Public/Private Section:**	
		Public	
Paper Title:	**West Yorkshire and Harrogate Cancer Waiting Times update**	Private	
		N/A	✓

Purpose (this paper is for):	Decision	✓	Discussion	✓	Assurance		Information	

Report Author and Job Title:	**Fiona Stephenson, Head of Quality and Optimal Pathways, WY&H Cancer Alliance**

Recommendation (s):

It is recommended that the West Yorkshire and Harrogate Alliance Board:

1. Note the progress updates contained in the following paper and acknowledge the significant efforts of Trust managers, teams and clinical staff for their ongoing work on this topic
2. Note the current Cancer Waiting Times position, recent trends and current challenges
3. Note the Alliance response to recent national support for focussed additional non recurrent resource to deliver improvements in the urology pathway, specifically the prostate cancer pathway
4. Note the progress made on the West Yorkshire and Harrogate (WY&H) wide, the West Yorkshire Association of Acute Trusts (WYAAT) Strategy and Operations Group endorsed programme of activity to recover the 62 day standard through a focussed system-wide effort to undertake cancer pathway diagnostic deep dive analysis, to continue to achieve inter-provider transfer (IPT) referral by day 38 and deliver optimal pathways of care and experience for patients
5. Advise on what additional further action could be taken to assist with the recovery of the 62 day standard for patients in WY&H.
6. Consider how our Alliance should continue to provide system-wide assurance and effectively hold each other to account for the delivery of optimal pathways for patients and in particular the recovery of Cancer Waiting Times Standards.

Executive Summary:

Despite extensive system wide activity and a shared commitment to improve pathways and experience for patients, the recovery of the 62 day cancer waiting times standard continues to challenge the West Yorkshire and Harrogate health care system. Since March 2018, cancer 62 day performance has deteriorated from 84.6% to 74.9% in August 2018. One of the main factors contributing to this drop in performance has been the 27% increase in referrals for prostate cancer (which has also been seen nationally) which has resulted in additional pressures in diagnostic and cancer treatment services. The Alliance has submitted a proposal in response to the recent additional national resource made available to respond to this which is described in Section 2.1.

West Yorkshire and Harrogate continue to work together to identify the root causes of system demand and capacity challenges and seek collaborative solutions to these. Individual organisations have detailed recovery plans in place and an update on the Alliance wide recovery plan is described in the accompanying paper.

Our Alliance strategy as part of the WY&H Integrated Care System, has been to take a multi stranded approach; identifying and implementing the 'quicker wins' where possible; standardising Cancer Waiting Time (CWT) policy, taking a medium term approach to address the wider causes such as workforce and equipment shortages, connect with the Integrated Care System enabling work streams (such as workforce, digital, primary care) and to continue influence at a national level.

Through Alliance partnership working with the West Yorkshire Association of Acute Trusts (WYAAT) there has been a continued commitment to collaborate to recover the standard. Recent efforts by Trusts with support from NHS Improvement Intensive Support Team focussing on the prostate, lung and colorectal cancer pathways have identified areas for process improvements that could potentially have positive impact by the New Year.

This paper provides a detailed account of our approach and activity to date, describes our strategy for targeting resource and action at the most challenged pathways and Trusts, with all Trusts working together to improve and deliver system wide improvements for all.

We acknowledge that this is a lengthy paper and future Board updates will provide a shorter exception report on progress.

The Board is asked to endorse this approach to maintain momentum and provide future direction for areas of focus.

Outline of engagement activity – public/patient, clinical, stakeholder	Patient panel engagement in the development of optimal cancer pathways
Risk Assessment:	Risk in terms of progress against planned action is low. However, risk against standard recovery as per the national plan is high.
Finance/ resource implications:	Risk to Q3 and Q4 CTF funding have not been realised due to re adjustment of performance to take account of rise in prostate cancer referrals. It is anticipated that an Alliance plan for the use of WY&H redirected non recurrent CTF resource to support CWT recovery in 18/19 should be finalised by the end of November.
Do any decisions need further approval at CCG/Provider/Local Authority level (Please specify)	

West Yorkshire and Harrogate Cancer Waiting Times update

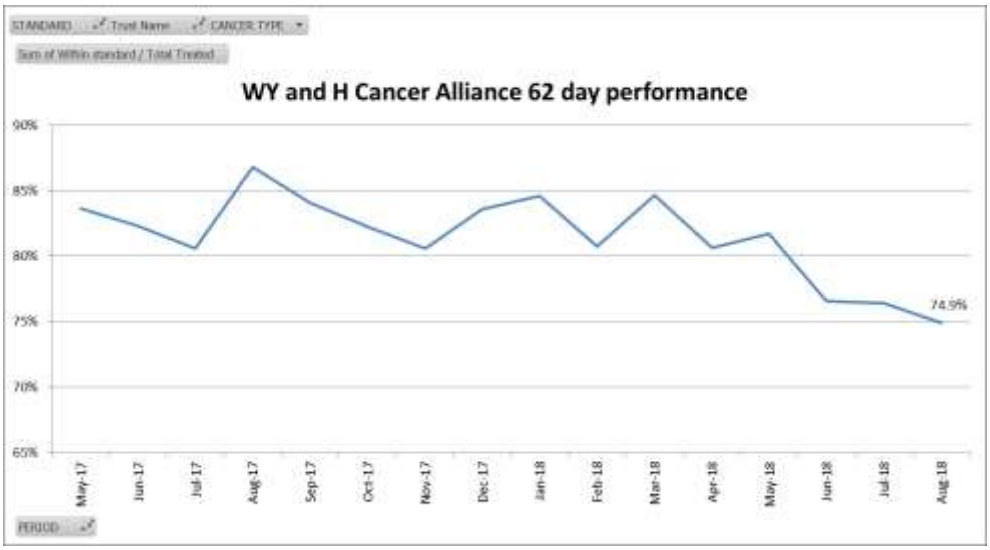
1. Introduction

The Board has received regular updates on progress and has endorsed an Alliance wide Recovery Plan for the 62 day cancer waiting times standard supported by WYAAT Chief Executives and Chief Operating Officers which included a number of pieces of Alliance wide activity. West Yorkshire and Harrogate (WY&H) Cancer Alliance are proactively supporting the recovery of the 62 day CWT standard; leading a collaborate system wide response with engagement from operational managers and clinicians, NHS England, (North Region) and Yorkshire and Humber DCO office and NHS Improvement.

The paper below provides further detail on the current Cancer Waiting Times position and actions and interventions being undertaken locally to recover the standard.

2. CWT position update summary

The West Yorkshire and Harrogate Cancer Alliance is currently performing at 74.9% against the 62 day wait target of 85%. Of the 7 cancer alliances in the North region, WY&H currently has the second lowest performance against this target, based on in month performance. The graph below shows the performance trend from May 2017 – August 2018. Over the 16 month period, performance exceeded target once in August 2017, and reached within 1% of target for 3 months.



The graphs in **Appendix 1** illustrate the performance of the six Trusts within the Alliance. All graphs use the same scale to aid comparison. Individual provider performance reflects the overall challenges and variation we see as an Alliance system.

Reports from providers on the fortnightly teleconference call the Alliance has with Trusts and CCGs, indicates there are some improvements in the 62 day performance monthly position for September. The Trusts who generally meet the standard (Airedale, Calderdale and Huddersfield and Harrogate) are reporting some recovery, but this is not consistent achievement month on month. Those Trusts who are currently not meeting the standard (Bradford, Leeds and Mid Yorkshire) report some small upward improvements but are still experiencing significant challenges to recovering their performance.

2.1 CWT performance deterioration and increase in urology referrals

Since March 2018, in WY&H, cancer 62 day performance has deteriorated from 84.6% to 74.9% in August 2018. One of the main factors contributing to this deterioration in performance has been an increase in urology referrals of 27% in Apr – July 2018 compared to the same period last year.

£10m of funding has been made available nationally to support improvements in performance on the 62 day pathway in 2018/19, particularly within the prostate pathway. This national resource, which was previously withheld from Alliances for non-delivery of the 62 day standard, was made available at very short notice and Alliances were asked to submit proposals on behalf of stakeholders. In WY&H our indicative share of this allocation is c£415,000 (non-recurrent). To note, this is a different pot of resource to that described in section 3.1 below.

In the North Region, this short term recovery plan is being co-ordinated by NHS England (North) in collaboration with NHS Improvement and Alliances. The North's plan original proposal was to target waiting list monies for cancer at increasing diagnostic capacity to reduce the backlog of patients in urology, lower and upper GI cancer pathways. From a WY&H perspective, our greatest performance delays are in our prostate cancer pathways and we agreed with Region that we should continue to focus effort on the prostate pathway - as we have been doing and already have a detailed understanding of the issues and bottlenecks. The Alliance has submitted an adapted proposal which targets the non-recurrent resource at initiatives aimed at reducing waiting times and backlogs. This includes additional outpatient appointments, some MRI and reporting capacity, additional capacity to delivery biopsy and some additional consultant surgical time to fully utilise theatre capacity. We anticipate feedback and decision by 26 October. Governance and financial transfer arrangements will also be clarified.

3. Actions & interventions being undertaken locally to recover the standard

3.1 System wide and Trust recovery plans across WY&H – priorities for improvement and use of Alliance redirected non recurrent CTF resource to support 62 day recovery

The Alliance Board, as part of the reprioritisation of our transformation plans, redirected a proportion of our non-recurrent Cancer Transformation Funds (CTF) resource (up to £400k) to support the recovery of the 62 day standard. Following this, in March 18, the WYAAT Strategy and Operations Group (SaOG) endorsed an approach to deploy this resource for system wide benefit and to target the resource in the areas, pathways and Trusts that would result in the greatest benefit for the whole system. An Alliance wide improvement programme was quickly mobilised that focussed on our most challenged pathways which are prostate, colorectal and lung.

All Trusts are now working with NHSI Intensive Support Team to undertake a deep dive whole pathway analysis of prostate, colorectal and lung cancers. Initial findings from the prostate pathway analysis point to potential areas for improvement in administrative, Multi-disciplinary Team processes, some diagnostic processes and access to non-surgical oncology Consultants.

It is anticipated that this first initial assessment of all three pathways will have been completed by mid-November. The rapid response and engagement of all Trusts with this work is testament to the priority given to this. In addition to individual Trust implementation plans, opportunities for cross Trust collaboration and sharing of capacity will also be identified. The implementation plans will identify where, if feasible, the CTF non-recurrent redirected resource can be utilised for best effect.

Following this initial pathway analysis, more detailed capacity and demand analysis will be undertaken with Trusts (using some of the redirected CTF non recurrent resource) to enable a more strategic approach to planning for a sustainable recovery which would allow the system to respond to future demands, identify capacity gaps and where there may be opportunities to collaborate.

Although there remain significant workforce challenges that are not amenable to short term funding solutions and often require a national response, we are exploring opportunities for cross Alliance work to address workforce issues including for example, the capacity and configuration of non-surgical oncology and the development of advanced practitioner's roles. These will be reviewed and considered as contribution to the improvement plans. Additional fixed term programme management and analytical support is being secured and will provide extra focus to work alongside Trust teams to progress implementation plans and actions during Q3 and Q4.

A summary update on the above will be taken to the WYAAT SaOG for agreement to proceed including an Alliance proposal for the use of the (up to) £400k redirected non recurrent CTF resource to support CWT recovery in 18/19.

3.2 Optimal pathways

Delivery of the optimal pathways is a system requirement set out in the 18/19 NHS England planning guidance. Multidisciplinary Optimal Pathway Groups for colorectal, lung, prostate and upper GI cancer have been established which take a whole pathway approach and oversee the implementation of the national optimal pathways to improve treatment and patient experience. This includes assessment of current position against national pathways, understand current and future demand and capacity and agree specific improvement plans to address any gaps, with timeframes. The groups are also leading cross Alliance and organisation work to develop networked solutions to imaging, pathology and endoscopy capacity challenges including workforce. The table below describes a high level assessment against each of the optimal pathways and there is encouraging movement towards full implementation. All Groups endorse the clinical steps outlined in the pathways – the challenge all Trusts acknowledge is achieving the timings and milestones against the standards set out in the optimal pathways.

Optimal Pathways	Airedale	Bradford	C&H	Harrogate	Leeds	Mid Yorks
Lung - Is a straight to CT pathway in place for suspicious chest x-ray	Y	Y	Y	N	Y	Y
Prostate - Is MRI available as a triage before biopsy	Y	Y	N	Y	Y	Y
Upper GI - Do people with suspicious symptoms go straight to test	Y	Y	Y	Y	Y	Y
Lower GI - Do people with suspicious symptoms go straight to test	Y	Y	N	Y	Y	N

Lung:

All Trusts have self-assessed compliance with meeting the National Optimal Lung Cancer Pathway, and are meeting the lung cancer optimal pathway clinical standards as described, although there are on-going and changing challenges in achieving the clinical standards consistently and in a sufficiently timely way. This includes diagnostic test capacity EBUS (where we have identified the Trusts with capacity issues, and are offering additional capacity support via redirected Transformation Funding to CWT recovery), and accessing PET CT within the agreed quality standards. We are providing the external provider (Alliance Medical) with specific data from Trusts where this happens, who are supporting Trusts to access additional capacity where possible.

Clear and up to date guidelines for the management of patients with Lung Cancer have been published the production of which have been supported and facilitated by WY&H CA, and production of an agreed IPT pathway for Lung patients is underway.

Colorectal:

All Trusts have self-assessed against the colorectal optimal pathway. The gap analysis was completed in September and has identified where Trusts are implementing the clinical steps and identified areas/gaps in straight to test for eligible patients. Mid Yorkshire Trust and Calderdale and Huddersfield are not currently delivering straight to test for eligible patients but are exploring options to take this forward. The colorectal pathway group will complete a further assessment against timed milestones and work with individual Trusts to agree timescales for achievement.

Clear and up to date guidelines for the management of patients with Colorectal Cancer have been published the production of which have been supported and facilitated by WY&H CA, as has production of an agreed IPT pathway for colorectal patients.

Prostate:

A gap analysis completed in June against the clinical steps identified that all Trusts are in agreement with and aiming to deliver the clinical standards in the optimal pathway. Calderdale and Huddersfield are currently not delivering mpMRI before biopsy as part of the initial diagnostic pathway but are developing plans to identify MRI capacity and reporting to enable this to be delivered. The prostate pathway group will present a position statement and overview against pathway delivery at their next meeting in November. As part of the whole pathway review, Trusts are taking forward the delivery of Risk Stratified Follow Up and patient centred self-management for prostate cancer patients, providing more appropriate tailored follow up and potentially releasing staff and outpatient capacity to redirect to newly diagnosed patients and those with more complex needs. A further assessment of achievement against timed milestones will be completed in advance of this. The prostate pathway deep dive described above will inform where improvements need to be made and/or further analysis/capacity needed.

Clear and up to date guidelines for the management of patients with Urological Cancers have been published the production of which have been supported and facilitated by WY&H CA, as has production of an agreed IPT pathway for urological cancer patients.

Networking Diagnostics

In addition to the optimal pathway work, the Cancer Alliance is collaborating with a number of initiatives as part of an enabling programme of work. This includes supporting clinical leadership as part of the Yorkshire Imaging Collaborative, establishing a foundation to enhance the roll out and digital pathology network in all hospitals and bringing endoscopy providers and commissioners into a community of practice to share best practice and explore opportunities for sharing capacity. The Alliance is also working with Health Education England to identify cancer workforce needs and current capacity gaps.

3.3 Trust recovery plan implementation

All Trusts are proactively engaged and supporting the recovery of the 62 day standard, individually and collaboratively. There is Executive and Board level support to prioritise and deliver cancer recovery in both Provider and Commissioning organisations. All Trusts hold weekly PTL meetings, escalating to daily if required. In addition, Trusts have invested in additional senior level and administrative capacity to proactively manage the patient through their diagnostic and treatment pathway. Directorate liaison roles and pathway navigators are in place within organisations. There are weekly calls between LTHT and referring hospitals to review and track cancer pathways that transfer between organisations.

3.4 Supporting 2 ww referrals for suspected cancer and good patient experience

CCGs, GP Cancer Leads and Trusts are working together to ensure that patients who are referred on a suspected cancer pathway receive information about their referral, are aware of the reason for the referral and are available to attend an appointment within 14 days.

3.5 Inter provider transfer (IPT) and day 38 data

All providers have worked collaboratively and produced an IPT framework that describes the principles, the definitions and the operational MDT requirements to support and maintain improved performance and patient experience. Eighteen cancer site pathways have been revised with timings and include clinical and administrative requirements for transfer. The lead Chief Operating Officer and the WYAAT SaOG have endorsed the WY&H Inter Provider Transfer Framework and have ensured that Trusts are ready and supporting the process for data uploads to the new CWT system from October 1. Alliance representatives are engaged and members of both national Task and Finish Groups.

As the new system and rules are implemented, the nominated Lead COO (Airedale FT) will oversee the adoption and implementation of the IPT and seek support of fellow COOs to ensure individual Trusts CE level support is maintained and that any issues requiring a system wide response or mediation are taken forward.

Ongoing work is underway to improve diagnostic referral pathways including increasing the proportion of patients who receive a decision to treat by day 38, which will improve the overall 62 day standard compliance.

The Alliance facilitated a meeting to review the pathways and timelines for those patients whose care passes through three acute organisations. This had been signalled by Alliance Board and WYAAT CEOs and is being overseen by the WYAAT Strategy and Operations Directors Group. The initial review identified that the true number of patients who are required to be transferred for care across organisations is relatively small and that the planned individual pathway improvement work will proactively seek to address the issues identified and seek alternative and more streamlined pathways for these patients.

3.6 High Impact Actions

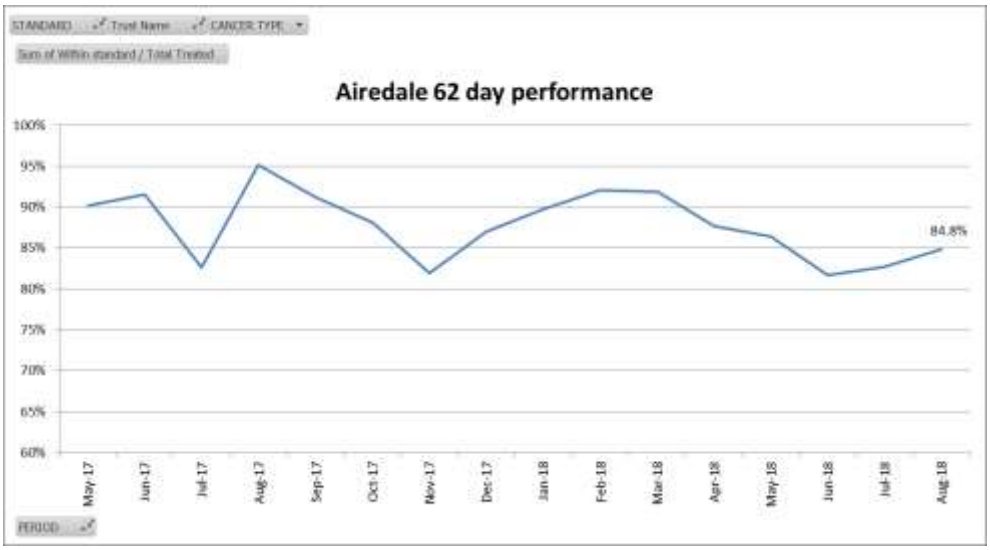
Trusts are meeting all the High Impact Actions with the exception of root cause analysis of near misses. A specific challenge common across providers is root causes analysis of near misses (Trusts do RCA each pathway not meeting the current standards and review the last ten patient's breaches) but Bradford, Calderdale and Huddersfield, Leeds and Mid Yorkshire do not analyse near misses, due to the volume of referrals and the lack of administrative staff capacity to do this. The RCA was also thought to be poor time spent because it was after the event and revealed little pattern overall when RCA on near misses had been undertaken in the past. As a more effective approach, all Trusts are investing in more sophisticated and proactive real time pathway management, using the local electronic Patient Pathway Manager IT system and adopting the 'Red to Green' pathway management tool which Trusts feel is a more effective way of engaging clinicians and the wider team.

3.8 Recommendations

1. Note the progress updates contained in the following paper and acknowledge the significant efforts of Trust managers, teams and clinical staff for their ongoing work on this topic
2. Note the current Cancer Waiting Times position, recent trends and current challenges
3. Note the Alliance response to recent national support for focussed additional non recurrent resource to deliver improvements in the urology pathway, specifically the prostate cancer pathway
4. Note the progress made on the WY&H wide, the WYAAT Strategy and Operations Group endorsed programme of activity to recover the 62 day standard through a focussed system-wide effort to undertake cancer pathway diagnostic deep dive analysis, to continue to achieve inter-provider transfer (IPT) referral by day 38 and deliver optimal pathways of care and experience for patients
5. Advise on what additional further action could be taken to assist with the recovery of the 62 day standard for patients in WY&H.
6. Consider how our Alliance should continue to provide system-wide assurance and effectively hold each other to account for the delivery of optimal pathways and in particular the recovery of Cancer Waiting Times Standards

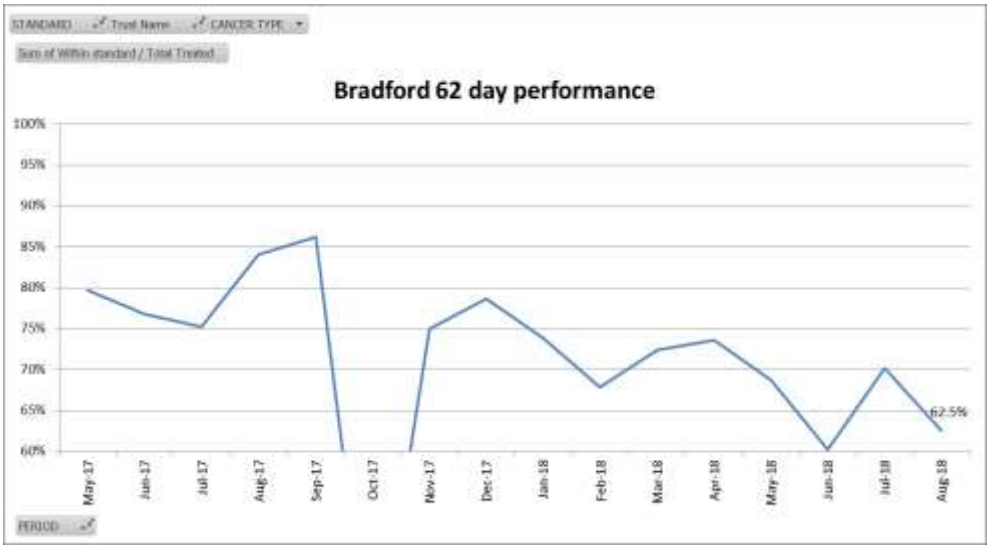
Appendix 1

Airedale Hospitals NHS Foundation Trust



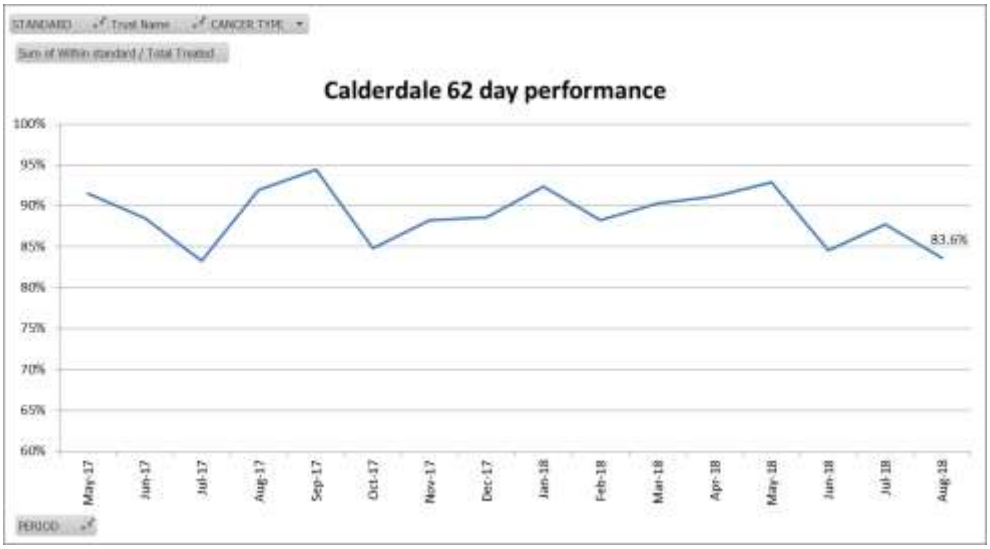
Whilst current in month performance stands slightly below target at 84.8%, Airedale has performed above the 85% target for 11 of the last 16 months, and is currently the second highest performing Trust in the Alliance. Performance is improving, following a steady deterioration from February to June this year.

Bradford Teaching Hospitals NHS Foundation Trust



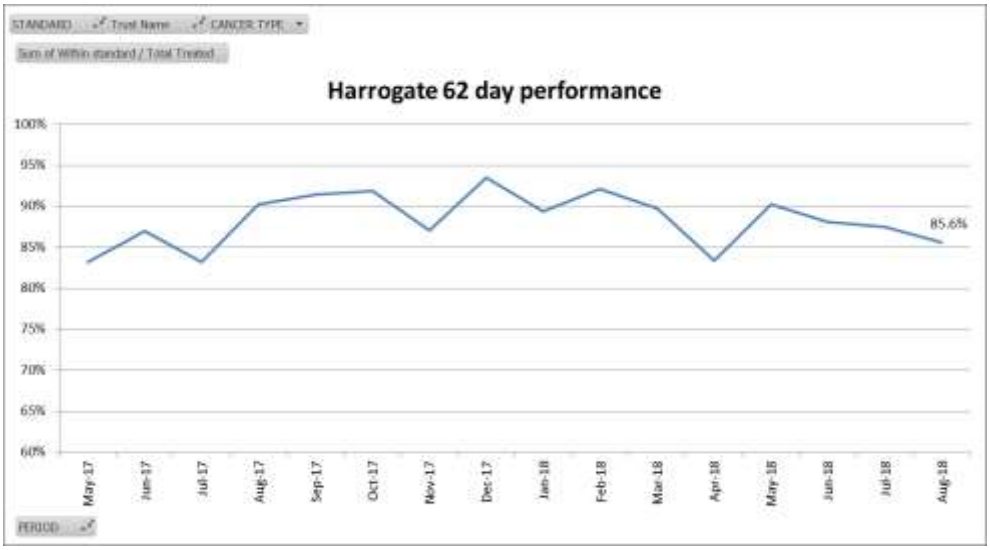
Bradford's 62 day performance currently stands at 62.5%, and the Trust has only exceeded the 85% target once in the last 16 months. Performance shows a markedly declining trend, and the Trust currently has the lowest performance in the Alliance. October 2017 is a data artefact and should be ignored.

Calderdale and Huddersfield NHS Foundation Trust



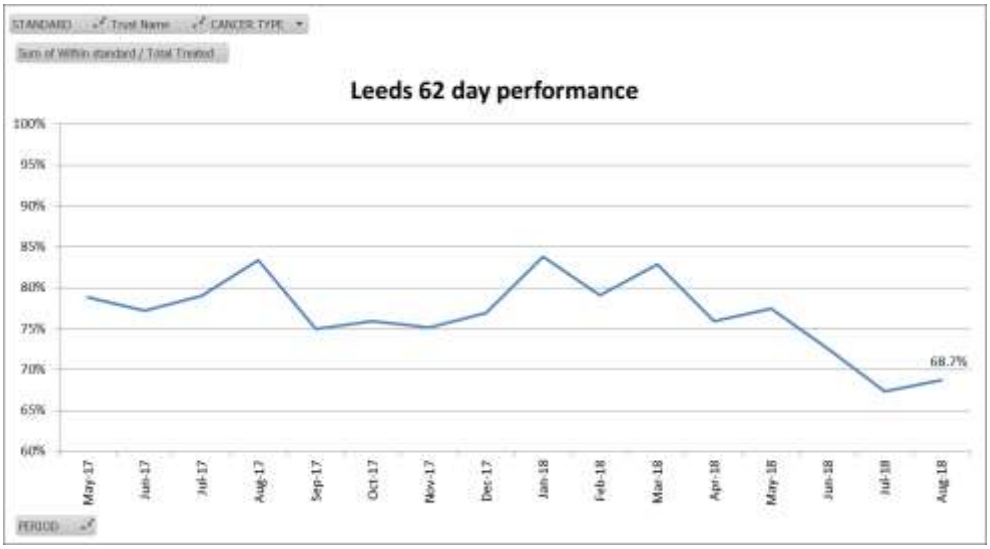
With a current in month rate of 83.6%, Calderdale has the third highest 62 day performance across the Alliance. Whilst performance has been broadly flat, the last quarter shows a deteriorating position compared with previous months.

Harrogate District Hospitals NHS Foundation Trust



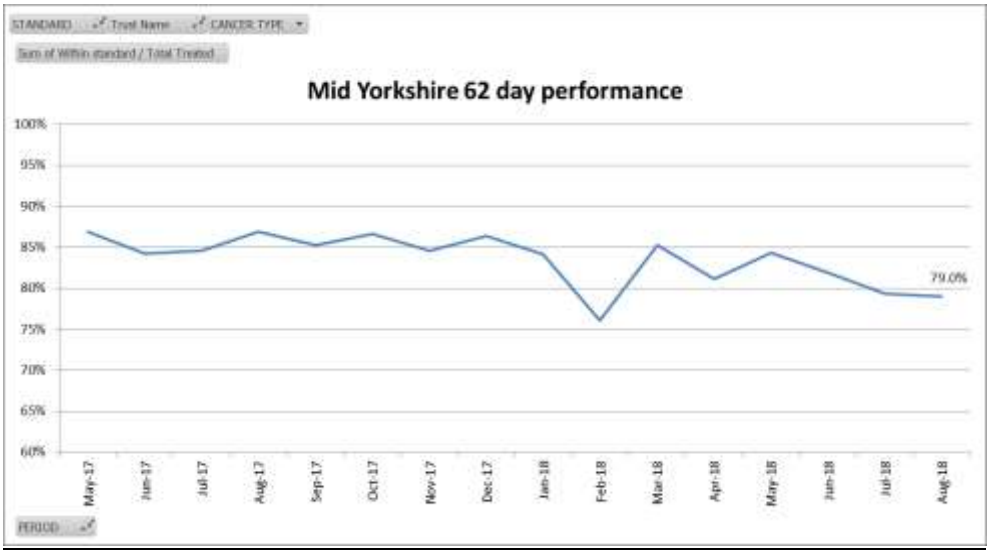
Although performance has declined slightly over the last three months the current month achievement of 85.6% means Harrogate remains the highest performing Trust within the Alliance. The Trust met the 85% target 13 out of the last 16 months.

Leeds Teaching Hospitals Trust



Leeds has shown a substantial decrease in performance since the start of this financial year, and the current performance of 68.7% is 5th out the 6 Trusts in the Alliance. The Trust has not met the 85% target at any point over the last 16 months.

Mid Yorkshire Hospitals Trust



Whilst the trend in performance of Mid Yorkshire Trust is fairly flat, performance has been below target for the last 5 months.