NHS
Northern Lincolnshire
and Goole
NHS Foundation Trust

DATE OF MEETING	**28th August 2018**
REPORT FOR	**Trust Board of Directors – Public or Private (please elect)**
REPORT FROM	**Shaun Stacey, Chief Operating Officer**
CONTACT OFFICER	**Denise Gale, Cancer Improvement Manager**
SUBJECT	**Strategic Cancer Update**
BACKGROUND DOCUMENT (IF ANY)	**NHS Cancer Programme – Roles & Responsibilities (Published by NHSE dated May 2018)** **Streamlining cancer MDTs in England (dated 31st July 18)**
PURPOSE OF THE REPORT:	**(e.g. To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance)**
EXECUTIVE SUMMARY **(PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIATE)**	**There are 3 strategic documents which are relevant to the work of the HCV Cancer Alliance** 1. **NHS Cancer Programme : Roles & Responsibilities (attached)** This document sets out the expectations for the National Cancer Team, the regional offices (NHS England and NHS Improvement), and the Cancer Alliances. It sets out a reporting and assurance framework for 18/19 related to the Cancer Programme (including cancer transformation funding). 2. **Reprioritization of CA funds - £1.3m, -£700k (Cancer Transformation national Funding)** HCV CA has lost -£2.0m from its annual funding for 18/19 resulting in a re-prioritization of allocations to elements of the work programme. The focus has therefore, due to necessity rather than choice, changed from prevention and early detection to delivery of the 62 day First Definitive Treatment standard (85%). Some elements of the CA work programme are therefore being scaled down or put on hold until 19/20. There is no guarantee of funding for 19/20 unless 62 day standard (85%) is met across the HCV CA system. 3. **Streamlining MDT meetings in England** Following publication of the Cancer Research UK report (2017) "improving the effectiveness of multidisciplinary team meetings in cancer" proposed changes are to be tested in a number of Cancer Alliances during the remainder of 2018 (stage one). Stage Two will involve national guidance being developed and disseminated across all Cancer Alliances during late 2018/early 2019. NLAG will need to develop a programme of reviewing its MDTs following publication of the guidance. The CRUK report findings focused on returning Cancer MDTs to their primary focus of treatment planning decisions.
TRUST BOARD ACTION REQUIRED	**The Board is asked to note the contents of this report.**

1. NHS Cancer Programme – Roles & Responsibilities

This document (dated May 2018) was circulated by the Humber Coast & Vale Cancer Alliance in July 2018, and was subsequently shared internally by the Cancer Improvement Manager with divisional managerial and clinical colleagues, and Finance. In summary, the document sets out the roloes and responsibilities for each part of the system.

- **National Cancer Team** will set clear priorities for 2018/19 and beyond which includes a national operating framework for Cancer Alliances; reinforces the leadership position of the Cancer Alliances; provides a comprehensive package of support for Caner Alliances.

  The national team will
  - foster a unity of purpose and 'one team' approach
  - keep administrative and reporting burdens on Cancer Alliances to a minimum
  - ensure that funding is distributed to support the delivery of programme objectives in a prompt and transparent way that maximizes the amount of funding that reaches the frontline.

- **Regional Offices** (NHS England and NHS Improvement) will provide an important link between the National Cancer Team and Cancer Alliances to deliver national priorities which includes
  - Oversee the operational performance of the local cancer system (including 62 day performance standard)
  - Monitor on a quarterly basis and hold Cancer Alliances to account for delivery of activities set oun in the 18/19 funding agreement
  - Work with Cancer Alliances to undertake a moderated self assessment of their organizational development.

  Regional offices will
  - Ensure there is collective focus on national priorities
  - Promote and support the leadership role of the Cancer Alliances
  - Any interventions to improve local delivery is agreed and co-ordinated with the Cancer Alliance

- **Cancer Alliances** will use their expertise
  - to foster new ways of collaborative working across their constituent STPs, commissioners and providers – aim to transform cancer services and improve outcomes for patients;
  - deploy cancer transformation funding focused on the whole population maximizing the impact in improving cancer outcomes;
  - provide leadership, system oversight and co-ordination for cancer services to support delivery of consistently high level of operational performance.

  Cancer Alliances will
  - foster productive partnerships with and between STPs, commissioners, specialized service networks, service providers (primary and secondary care), and patient groups
  - establish robust governance to bind these partnerships together
  - use data to analyze and improve operational performance
  - work closely with regional offices to maintain a system-wide overview of cancer services and broker interventions to improve performance

- **18/19 Reporting and Assurance :** collectively the National Cancer team, regional offices and Cancer Alliances will play an important role in reporting and assurance.

  o **Transformation funding and Alliance funding agreements :** **Cancer Alliances** will submit a quarterly report, including a financial report, to their regional office and the national team. The regional office will provide assurance to the national team that the activities set out in the Alliance's funding agreement have been delivered.

  o **Operational performance :** **Regional offices** will work closely with Cancer Alliances to develop a single view of the cancer system in their area, and use data to monitor performance and identify areas of concern. The **Cancer Alliance** will use its resources and influence to broker actions to improve performance (where required) and regional offices may use their formal intervention powers in a way that complements the Alliance's activity.

  The reporting and assurance framework is set out below :

18/19 Reporting and Assurance

Outputs and outcomes – delivery against Cancer Alliance Delivery Plan	1. Benefits realised. 2. Outputs or capabilities delivered. 3. Risks and issues that require escalation.	Regional and national teams: • To monitor delivery and identify any risks and issues. • To identify good practice examples and case studies that can be worked up with Alliance to demonstrate progress, share learning with others and celebrate success. PDG: • To monitor delivery and progress against all locally-led Cancer Taskforce recommendations. • To identify good practice to be shared and replicated by others. • To report to Transformation Board and FYFV Board.	Quarterly template.	Monthly catch ups between national and regional teams.
Operational performance	1. Monthly performance against 62 day standard. 2. Monthly performance against all waiting times standards.	Regional and national teams: • To monitor delivery and identify any risks and issues. Regional team: • To use resources and formal intervention powers to complement Alliance efforts to improve performance where appropriate. PDG: • To monitor national performance trends and target support to Alliances where performance is poor or is declining. • To inform review of funding agreements in September.	FYFV Dashboard. Monthly report from National Ops Team.	
Case studies and good practice examples	1. Case studies that demonstrate the impact of the Alliance's work and funding. 2. Support tools and other outputs from projects that could be useful to other Alliances. 3. Potential media stories.	Regional and national teams: • To work with Alliances to develop examples into case studies and/or stories to be used in programme communications to demonstrate impact and engage stakeholders (at both a national and regional level). • To facilitate sharing among Alliances through Share and Learn Groups, Kahootz, etc.	Quarterly template.	Alliances to share examples as and when ready. Monthly comms leads catch up. Monthly catch ups between national and regional teams.
National pilots	Alliances that are part of national pilot projects will report directly to the national team.			8

2. **Reprioritization of Humber Coast & Vale Cancer Alliance funding allocation (following funding reduction of £2m).**

In April 2018 Cancer Alliances were notified by NHS England that if performance across the Cancer Alliance system during the months of April, May, June 2018 did not meet 85% (national standard) for 62 day GP referral to first definitive treatment, it's funding allocation would be reduced. The 3 NHS providers (York, HEY and NLAG) have been unable to raise performance to the required level (85%) resulting in a reduction of funding to the Humber Coast and Vale Cancer Alliance of -£1.3m.

In June 2018, the HCV CA was notified that due to continued failure of the 62 day first definitive treatment (FDT) standard (85%) it's funding would be reduced in September by a further -£700k.

The Cancer Alliance (in conjunction with its stakeholders) has undertaken 2 difficult exercises relating to re-priotisation of its work programme, which has resulted in re-focussing the key priorities of the Alliance from supporting prevention and improving early detection (Stage 1 and 2 cancers) to those schemes which will deliver improved performance for 62 day FDT. There was however unanimous support to continue the workstreams relating to networked models of radiology and pathology service provision. These are key areas which are fundamental to delivery of the recently published national Faster Diagnosis Pathways (Colorectal, Lung and Prostate). These pathwayas support the delivery of the new national standard for definitive diagnosis by Day 28 (95%). Definitive diagnosis

The agreement to refocus its priorities was not unanimous (at the extra-ordinary Cancer Alliance System Board meeting 9th August) but recognized as the only way to ensure that further transformation funding is not lost from the system.

Some elements of the work programme for the Cancer Alliance have therefore been either scaled down in 18/19 or deferred until 19/20 financial year. It should be noted that there is no guarantee of funding for these projects if the 62 day First Defintiive Treaatment standard (85%) is not met across the HCV CA area by end Q4.

3. **Streamlining cancer MDT meetings in England**

Part of the national cancer team work programme is to review the efficiency of cancer MDT meetings.   Volumes of patients being discussed in Cancer MDTs has grown significantly over the past 5-10 years. Not all patients discussed in Cancer MDTs are on a cancer pathway (suspected or recurrence).

Proposals for making changes to the MDT meetings enabling them to function more effectively are being developed nationally, based on the 2017 Cancer Research UK (CRUK) report "*Improving the effectiveness of multi-disciplinary team meetings in cancer services*" and advice from the NHS England Cancer Clinical Steering group.

The process of returning Cancer MDTs to their primary focus of treatment planning decisions is outlined in a 2-stage process :
- o **Stage One** : Proposed changes to be tested in several Cancer Alliances during the remainder of 2018. Alliances are being approached based on work already underway thata aligns with the programme or readiness to undertake streamlining.
- o **Stage Two :** In late 2018/early 2019 NHS England will publish national guidance on streamlining MDT meetings. All Cancer Alliances will be expected to start to embed the principles in the Guidancce.

There is no clarity at present as to whether Humber Coast and Vale have been approached to participate in Stage One.

Denise Gale
Cancer Improvement Manager
24th August 2018

NHS England

31 July, 2018

NHS Cancer Programme
NHS England
Skipton House
80 London Road
London SE1 6LH

Dear Colleague

Re: Streamlining cancer multidisciplinary team meetings in England

I am writing to inform you of the next steps on the programme being led by Professor Martin Gore and NHS England to implement Taskforce recommendation 38: *"NHS England should encourage providers to streamline multidisciplinary team (MDT) processes such that specialist time is focused on those cancer cases that don't follow well-established clinical pathways".* I would also like to advise you that we are in the process of inviting a number of Cancer Alliances to take part in the first stage of implementation.

By focussing discussion on more complex cases, the proposed new approach will enable MDT meetings to function more effectively. The proposals are based on widespread consultation, the 2017 Cancer Research UK (CRUK) report, *"Improving the effectiveness of multidisciplinary team meetings in cancer services"* and advice from the NHS England Cancer Clinical Steering Group.

The changes to support streamlining will be implemented in two stages:

Stage one: During the remainder of 2018, key aspects of the proposed changes will be tested in several Cancer Alliances across England. We are currently in the process of speaking to a number of Cancer Alliances to ask for their participation. Alliances are being approached based on work already underway that aligns with the programme or readiness to undertake streamlining. We are also working to ensure a mix across geography and tumour type.

A phase of testing is the safest and most methodical way to introduce what is a technical and non-one-size-fits-all reform. It will enable us to ensure that national guidance is most effective when published for roll out of the changes nationally.

Stage two: In late 2018/early 2019, NHS England will publish national guidance on streamlining MDT meetings. At this point we anticipate that all Cancer Alliances will start to embed the principles in the Guidance and we aim to be able to support Alliances in implementation, particularly by sharing the findings from the first stage.

I want to thank you for your engagement on this important work so far and we welcome any questions you may have. If you would like to discuss this in further detail please do not hesitate to contact myself, jonny.savage@nhs.net, or justin.randle@nhs.net.

Yours sincerely
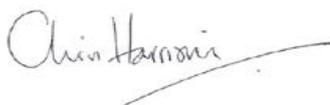
Professor Chris Harrison
Medical Director (Strategy), The Christie NHS Foundation Trust, Manchester
National Clinical Director for Cancer, NHS England

Roles & Responsibilities
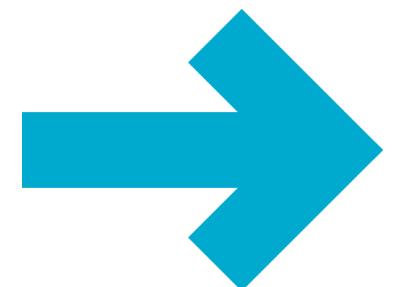
NHS Cancer Programme

May 2018

NHS Cancer Programme: Roles & Responsibilities

OVERVIEW:

For 18/19, the NHS Cancer Programme has set out clear expectations on the roles and responsibilities for the National Cancer Team, regional offices and Cancer Alliances allowing us to work more effectively as 'one team'.

The programme's vision is for a single cancer family working together through the NHS and beyond it to deliver on the "to do" list that the Taskforce has set us. The National Cancer Team, the NHS England and NHS Improvement regional teams and the Cancer Alliances form the central core of that family, around which much of the activity required to implement the programme will revolve.

NHS Cancer Programme: Roles & Responsibilities
National Cancer Team

The National Cancer Team has overall responsibility for the successful delivery of the NHS Cancer Programme. In particular, it will:

- set clear priorities for 2018/19 and beyond, and **a national operating framework for the Cancer Alliances** and regional offices; ensuring that there are robust programme management arrangements in place to track progress across the NHS Cancer Programme as a whole;

- use every opportunity to **reinforce the leadership position of the Cancer Alliances**, including by seeking to maximise the level of transformation funding that is distributed to Alliances;

- put in place a **comprehensive package of support for Cancer Alliances** including: the provision of a dedicated Data, Evidence and Analysis Service; a self-assessment tool to enable Alliances to gauge their own development; a national platform for information sharing; and, a series of national events to support delivery of 2018/19 priorities.

In delivering its role, the National Team will:

- **foster a unity of purpose** and "**one team" approach** across the programme as a whole, while promoting the need to develop local approaches to addressing local circumstances;

- keep the administrative and reporting burdens on Cancer Alliances to a minimum, while ensuring that we have a robust picture of local and national delivery; and,

- ensure that **funding is distributed to support the delivery of programme objectives** in a prompt and transparent way, that maximises the amount of funding that reaches the frontline.

NHS Cancer Programme: Roles & Responsibilities
Regional Offices (NHS England and NHS Improvement)

Regional offices provide an **important link between the National Cancer Team and Cancer Alliances**, and will use their knowledge and expertise to support Alliances to deliver national priorities in a way which reflects local circumstances. They have three particular responsibilities in relation to cancer:

- work collaboratively with the Cancer Alliances to **oversee the operational performance of the local cancer system** (including for the 62 day performance standard). Where appropriate, they will use their resources and formal intervention powers to hold providers and CCGs to account in a way that complements Alliance efforts to improve performance;

- work with the National Cancer Team to **monitor on a quarterly basis** and hold Cancer Alliances to account for delivery of activities set out in their 2018/19 funding agreement;

- **work with Cancer Alliances to undertake a moderated self-assessment** of their organisational development, and support the Alliances to take practical steps to address any areas that require attention.

In delivering their role, the regional offices will:

- act as the eyes and ears of the National Cancer Team across the country – ensuring that there is a **collective focus in their area on the national priorities** in the NHS Cancer programme;

- do all they can to **promote and support the leadership role of the Cancer Alliances** in their area and, while working collaboratively with them, give the Alliances the space to fulfil this role; and,

- ensure that any interventions they make to improve local delivery – including the deployment of Intensive Support Team staff – happen in a way that is **agreed and co-ordinated with the Cancer Alliance**.

NHS Cancer Programme: Roles & Responsibilities
Cancer Alliances

The role of the Cancer Alliances is to:

- **use their expertise to foster a new way of collaborative working** across their constituent STPs, commissioners and providers aimed at transforming cancer services and improving outcomes for patients across their area;

- deploy **transformation funding** in a way that is focused on the whole population across its area, and which complements baseline investment, helping to maximise the impact in improving cancer outcomes; and,

- **provide leadership, system oversight and co-ordination for cancer services** across its area to support the delivery of a consistently high level of operational performance to patients that meets the 62 day and other NHS performance standards.

In delivering their role, Cancer Alliances will:

- **foster productive partnerships** with and between STPs, commissioners (including specialised commissioners), specialised service networks (for example radiotherapy networks), service providers in their area (including GPs, other primary and social care providers and NHS Trusts) and patient groups, and **establish robust governance** to bind these partnerships together;

- set data at the heart of its work to **analyse and improve operational performance**, drawing on support from the Cancer Alliance Data, Evidence and Analysis Service; and,

- **work closely** and **collaboratively** with the regional offices of NHS England and NHS Improvement to **maintain a system-wide overview of cancer services**, and broker interventions to improve performance.
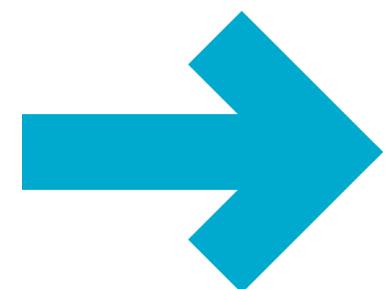
18/19 Reporting and Assurance

The National Cancer Team, regional offices and Cancer Alliances all play an important role in reporting and assurance. The following slides set out the purpose and method of Cancer Alliance reporting in 18/19.

Transformation funding and Alliance funding agreements

Cancer Alliances will submit a quarterly report, including a financial report, to their regional office and the national team. The national team will look to the regional office for assurance that the activities set out in the Alliance's funding agreement have been delivered.

Operational performance

The regional offices will work closely with Cancer Alliances to develop a single view of the cancer system in their area, and use data to monitor performance and identify areas of concern. The Alliance will use its resources and influence to broker actions to improve performance where required, and regional offices may use their formal intervention powers in a way that complements the Alliance's activity.

18/19 Reporting and Assurance

Activity area	Need to understand	Who will use it and what for	Methods of collection (formal)	Methods of collection (informal)
Finance	1. Actual spend against agreed spend profile, including core funding AND capital and revenue for transformation programmes. 2. Actual and potential underspend, including reasons for it and actions in place to address. 3. Financial risks or issues that require escalation.	Regional and national teams: • To monitor spend and ensure funding is being used as agreed. • To identify support required by Alliances to address risks and issues. • To make recommendations to PDG regarding release of funding and actions to address risks and issues, including underspend. PDG: • To inform decisions about release of further funding. • To monitor national spend profile and ensure funding is being spent as agreed, to best possible value, and early action is taken where there are risks or issues. • To report to FYFV Board.	Quarterly template.	Any potential spend issues should be raised as early as possible, e.g. through monthly catch ups.
Outputs and outcomes – delivery against agreed transformation programmes (as set out in Alliance funding agreement)	1. Actual performance against agreed improvement trajectories for all transformation projects. 2. Benefits realised (narrative to support performance against metrics/trajectories) 3. Outputs or capabilities delivered. 4. Risks and issues that require escalation. 5. Delivery against specific 18/19 Planning Guidance deliverables.	Regional and national teams: • To monitor delivery against agreed improvement trajectories. • To identify support required by Alliances to address risks and issues. • To make recommendations to PDG regarding release of funding and actions to address risks and issues, including Alliance capability, maturity and leadership. • To identify good practice examples and case studies that can be worked up with Alliance to demonstrate progress, share learning with others and celebrate success. PDG: • To identify and decide any additional support required by an Alliance to address issues and/or improve delivery performance. • To inform decisions about further release of funding. • To monitor performance against national improvement trajectories and ensure programme is on track to deliver 2020 ambitions. • To monitor and act on variation in outcomes. • To report to Transformation Board and FYFV Board on cancer programme delivery.	Quarterly template. FYFV dashboard.	Monthly catch ups between national and regional teams.

18/19 Reporting and Assurance

Outputs and outcomes – delivery against Cancer Alliance Delivery Plan	1. Benefits realised. 2. Outputs or capabilities delivered. 3. Risks and issues that require escalation.	Regional and national teams: • To monitor delivery and identify any risks and issues. • To identify good practice examples and case studies that can be worked up with Alliance to demonstrate progress, share learning with others and celebrate success. PDG: • To monitor delivery and progress against all locally-led Cancer Taskforce recommendations. • To identify good practice to be shared and replicated by others. • To report to Transformation Board and FYFV Board.	Quarterly template.	Monthly catch ups between national and regional teams.
Operational performance	1. Monthly performance against 62 day standard. 2. Monthly performance against all waiting times standards.	Regional and national teams: • To monitor delivery and identify any risks and issues. Regional team: • To use resources and formal intervention powers to complement Alliance efforts to improve performance where appropriate. PDG: • To monitor national performance trends and target support to Alliances where performance is poor or is declining. • To inform review of funding agreements in September.	FYFV Dashboard. Monthly report from National Ops Team.	
Case studies and good practice examples	1. Case studies that demonstrate the impact of the Alliance's work and funding. 2. Support tools and other outputs from projects that could be useful to other Alliances. 3. Potential media stories.	Regional and national teams: • To work with Alliances to develop examples into case studies and/or stories to be used in programme communications to demonstrate impact and engage stakeholders (at both a national and regional level). • To facilitate sharing among Alliances through Share and Learn Groups, Kahootz, etc.	Quarterly template.	Alliances to share examples as and when ready. Monthly comms leads catch up. Monthly catch ups between national and regional teams.
National pilots	Alliances that are part of national pilot projects will report directly to the national team.			8