East Midlands Cancer Alliance

East Midlands Cancer Alliance (EMCA) Board Briefing Note
Meeting held 8th July 2024

For the attention of EMCA Board members, Accountable Officers, CEOs, Cancer Senior Responsible Officers (SROs), Cancer Managers and Cancer Leads in ICSs and Trusts:

The East Midlands Cancer Alliance (EMCA) Board met on 8th July 2024 via MS Teams to review the work and progress of partner organisations across EMCA. Richard Mitchell chaired the meeting. The Board has representation from the five East Midlands ICBs across both commissioning and provider organisations. It also has representatives from the Integrated Care Board (ICB) - Leads and CEOs, Specialised Commissioning, Primary care, public health, Workforce Training and Education (WTE), Macmillan, and Cancer Research UK (CRUK). The Chair opened the meeting and welcomed contributions from all colleagues.

Managing Director's Introduction

Richard Mitchell, EMCA Board Chair welcomed Vicky Millward, Managing Director to the meeting and thanked Mike Ryan, Head of Service for all his hard work with the alliance and stated that he is and continues to be a valued member of the senior team across EMCA.

Vicky Millward, Managing Director introduced herself to the Board. She has worked within the cancer arena for number of years and brings this experience with her. Vicky explained that she would like to bring some changes to the board meeting and highlighted some of the changes and discussion points she would like to bring to the next board meeting. For example, how we utilise the board meeting, the board will be developed into a decision-making group with a refreshed Terms of Reference (ToR). A draft governance structure will also be brought to the next meeting along with a proposal for the development of ECAG's running as part of the alliance. There will also be a finance committee that will run along side the board meeting. Vicky is currently meeting with all the cancer leads, chief operating officers and local authority leads. As an alliance we will strive to ensure that all the workplans align with partner organisations.

Developing a Cancer Clinical Strategy for the East Midlands – update from event held 15th May 2024

Alastair Simpson, EMCA Clinical Director provided an update from the Clinical Strategy event held in May 24. The alliance is planning to work on a formal strategy and as part of this will review the infrastructure of the alliance which may bring about some changes to staffing noting that it covers a large population, but currently a small alliance. The East Midlands Cancer Alliance is currently in the bottom quartile nationally for cancer performance and part of the clinical strategy will focus on the changes needed to allow, initiate, and improve this performance. The away day formed the start of a collaborative process to develop the strategy and further events will be held in the future to continue with this development. NHSE are aware of the strategy development and have been invited to the strategy events. It was noted that the clinical strategy will be on the agenda for future board meetings and at the next board meeting a timeline for the development of the strategy will be presented. The EMCA board endorsed the development of the clinical strategy. Formal timeline yet to be agreed, hopefully by the end of the year.

EMCA Cancer Performance Pack

Haydn Williams updated on detailed performance across the Alliance.

National expectation for (Faster Diagnosis Service) FDS performance is 77% and 62 day is 70%. In summary for April the alliance achieved 76.4% FDS and 5 of the 8 Trusts achieved 77%.

31-day performance for EMCA was 86.5% day and the standard is 90%

62-day performance for EMCA was 62.1% and 2 of the EMCA Trusts achieved this. The standard is 70%.

EMCA has 41% of the midlands backlog (16th June data). Urology, Lower GI and colorectal make up much of this backlog.

COPI group has launched and will focus on performance in particular 62-day performance. For 62-day performance it was noted that nationally there was a drop in performance due to Easter and Bank Holidays being included within these figures.

Haydn explained that there had been a reduction in backlogs nationally, but performance is yet to improve, which is the key reason there is more of a national focus on 62-day performance. The East Midlands Cancer Alliance is the only alliance that has seen an increase in performance of the 62-day standard.

National focus will now be on prostate, lower GI, breast, and Lung.

The focus on FDS has shown improvements in performance. When reviewing the backlog for some tumour sites including Lower GI, Gynae, Head and Neck and skin referrals have increased by 5.5% (Q4) compared with the year before.

It was reported that pathway analyser tools are being utilised to identify individual blockers and help people to investigate these in more detail to allow solutions to be found.

LINAC capacity flagged and number of machines that may need to be replaced. Data analysts' team is currently working with the ODN on demand and capacity to review the requirements.

Good data being collected, need to work on how the transformation programmes can help improve performance. Alastair informed the group about the COPI (Cancer Operational Performance Improvement) group that used to be called the FDS group and acknowledged the good attendance and this group focuses on solution finding.

ICS and Trust Cancer Updates

Derbyshire

Capacity issues within the cancer team, currently going through the recruitment process. FDS allocations received and looking at how this can be used to support further transformation programmes. Teledermatology is an area of focus and working with Staffordshire for the flow of patients across the borders. Currently reviewing areas of priority. Will be recruiting to a TLHC programme manager to support with the roll out of the programme. Peer review system has been launched and this will be shared for others to utilise if they wish.

Lincolnshire

There has been an increase in backlogs since the industrial action. Good FDS performance reported this applies to the work that they have done on the lung pathway. Some issues with surgical division, colorectal, head, neck, and urology remain areas of concern. Skin is an area of concern in terms of capacity, this is being covered however there would be a drop in performance if there was sickness in the team. Breast is running a cost risk and EMCA aware of this. The team are currently looking at the 62-day standard and the delays between the cancer diagnosis and treatment. Acknowledged that we are good at telling patients that they do or do not have cancer but the delays in between this are of concern. Oncology has delays in the pathway which are being reviewed and the team are keen to learn from others with regards to this. Overall, a positive outlook for Lincolnshire but there are concerns regarding the backlog increasing and the financial pressures in colorectal and breast, reported the SDF spend is running well, working with the Trust to ensure that funding is utilised within a timely way and recruitment is going well. Lincolnshire were congratulated on being shortlisted for the HSJ Digital finalist award.

LLR

FDS performance is good overall. 62-day performance is a challenge, particularly with the backlog and are behind on trajectory. LLR are reporting being ahead of the trajectory for 104 day waits. 31 day is an area of concern. Radiotherapy was highlighted as a concern and mutual aid being sought from Lincolnshire and Northampton. Investment to the 5th LINAC has been made but this will not be operational until the end of March so is reliant on mutual aid. FIT pathway is working well and no concerns. It was noted that LLR would value EMCA's support for TLHC as it would be beneficial to work collaboratively on this rather than in silo. It was confirmed that this is the approach of the alliance and regular collaborative meetings taking place. Mike Ryan thanked LLR in leading the way in the early diagnosis initiatives that we are all learning from.

Northamptonshire

Northampton highlighted that they have seen 14% more patients than they did this time last year in May. They are currently seeing 47% of patients within 7 days but this is lower than usual performance. FDS performance is currently at 84.8% for May and 88.1% for June. There has been an increase in 62-day performance which is positive. Biggest improvement in performance is in Urology which is positive. The focus now is on colorectal and head and neck. 31-day performance is currently at 82% with 122 patients on the backlog. 44 patients have been waiting over 104 days, 12 of which are from other hospitals. LLR have been supporting with Upper GI oncology support and thanks was given to them for this. 3 LINAC machines will need to be replaced each year for the next 3 years which is a current area of concern as there is no funding for this at the present time. The next priority and area of focus will be on how we can improve the diagnosing of cancer in a timelier manner.

Nottinghamshire and Nottingham City

TLHC entering 3rd phase in Notts. Will roll out to Newark and Sherwood. In Notts City some free access slots have been running for the homeless and collaborative working with Framework on this project. Several cancers have been diagnosed within this piece of work. Continue to work with NUH on FIT thresholds for primary care and this is due to be implemented in the next month to safely downgrade patients with FIT off the cancer pathway but continue to track them and revise protocols into primary care. Timely progress on bringing down the backlog, this has gone from 400-277. There is a focus on urology now and the backlog is in a much-improved position of 99. Breast is an area of

concern due to challenges in workforce and this is impacting on the backlog. 62-day performance is a struggle, however now that the backlog is reducing, we hope that this will improve performance. A new nursing post is in place which has focused on complex and vulnerable patients and working with them to attend appointments, this post also interlinks with primary care and supports the patients along their pathway. This has seen improved results in patients attending appointments and was shared as an area of best practice.

Finance Report

Mike Ryan, Head of Service provided the Finance update with summary allocations.

Letters and MOU's will be sent to ICB's week commencing 29th July.

In June 45% available SDF has been transacted into ICB's.

Transformation Programme Status

Mike Ryan, Head of Service presented the transformation programme update.

Highlight reports shared with the presentation showing the impact of investment.

Summary grid benchmarking all the programmes against other alliances is highlighted as part of the presentation.

Risk Register

Mike Ryan, Head of Service referred to EMCA risk registers and highlighted that we will be working with systems to ensure that all risks and work is captured collectively to mitigate these in timely manner.

Mike Ryan highlighted that TLHC incidental finding is not on this risk register as this is on another risk register due to the difference in the programme. It was noted that eventually this programme will be handed over to public health as screening service.

Any Other Business

Vicky Millward, Managing Director commented that there are lots of opportunities with the board and she would like to look at finance in more detail and some of the other items on the agenda. It was also highlighted that future meetings would bring more structure to the work programmes.

Date of next Board Meeting:

23rd September 2024 @ 1.00pm – 4.00pm – face to face, County Hall, Framland room
(12.30pm – 1pm working lunch)

EMCA ICS Leads contact details:

Midlands ICSs	EMCA Board Representative/s ICS Lead
Leicester, Leicestershire, and Rutland	Adam Andrews, Adam.andrews@nhs.net
Nottingham and Nottinghamshire	Simon Castle, simon.castle1@nhs.net
Joined up Care Derbyshire	Monica McAlindon, Monica.mcalindon1@nhs.net Jo Rhodes, jo.rhodes@nhs.net
Better Lives Lincolnshire	Louise Jeanes, louise.jeanes@nhs.net
Northamptonshire	Sarah Barnes, sarah.barnes8@nhs.net