

Paper Title							
Operational Panning 2021/22							
Sponsor and Author/s							
Author: Tariq White, Managing Director Sponsor: Deb Lee, Executive Lead							
Action/Decision Required							
For decision		For assurance		For approval		For information	x
Executive Summary							
<p>Purpose This paper presents the operational planning priorities and process across SWAG for 2021/22</p> <p>Background On Thursday 25th March 2021/2022 Priorities and Operational Planning Guidance was published and recovery of cancer services continues to be a priority.</p> <p>The section on cancer in the Planning Guidance states that local systems, drawing on advice and analysis from their Cancer Alliance, should ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer. Specifically, systems should plan to:</p> <ul style="list-style-type: none"> • Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower); and, • Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022. <p>There are three over-arching aims for cancer in 2021/22:</p> <ul style="list-style-type: none"> • To ensure cancer services are fully recovered following the COVID-19 pandemic – specifically: to address the reduction in the number of people who should have started treatment during the pandemic; • To use recovery as a springboard to renew our drive to improve operational performance against the Cancer Waiting Times standards; and • To continue to drive delivery of the Long Term Plan ambitions for cancer. 							
Recommendations							
<p>The Planning Guidance makes it clear that the £1bn Elective Recovery Fund will support delivery of the priorities for cancer and that systems should not view funding as a constraint in delivering as much activity as possible next year, including for cancer. The guidance also asks Cancer Alliances to draw up a single delivery plan on behalf of its systems, including on improving operational</p>							

performance.

To support systems to develop their plans, the national team has shared:

- A 21/22 Planning Pack which expands on the actions outlined in the Planning Guidance
- Data to provide an estimate of the additional activity that each system will need to deliver to meet the above requirements (reducing the level of 62 day waiters and meeting increased referrals and treatments) – received by systems
- Funding available to SWAG and systems to support recovery of cancer services, LTP commitments for cancer and activity to improve operational performance

Cancer Alliances in all aspects of their cancer planning are to focus on the following delivery principles:

- ensuring a data-driven approach to transforming cancer performance and outcomes across local systems;
- fostering a system first approach to delivery which builds on the development of cancer surgical hubs during the pandemic;
- identifying, monitoring and reducing health inequalities, with a particular focus on tackling any inequalities exacerbated as a result of the pandemic; and,
- understanding and improving experience of care, by ensuring patient, carer and public voice is central to co-designed policy development and delivery.

Alliances should set out in their plans the specific actions they will take to deliver the metrics set out in the table below:

Cancer services recovery National aim: to address the reduction in the number of first treatments seen since the start of the pandemic by end March 2022	Operational performance National aim: to deliver improvement against the 2ww, 31d and 62d standards by end March 2022, and to deliver the new Faster Diagnosis Standard	LTP delivery National aim: to continue to make progress in delivering improvements in early diagnosis and survival to support delivery of the LTP ambitions
<p>Systems to set trajectories on:</p> <ul style="list-style-type: none"> •Number of urgent referrals •Number of first treatments •Number of people waiting +62d <p>These trajectories will need to show the levels of activity needed to enable delivery of the national aim.</p>	<p>Metrics:</p> <ul style="list-style-type: none"> •2 week wait 1stseen (Urgent & Breast Symptomatic) •31 day treatment (First Treatment, Subsequent Surgery, Subsequent Drugs & Subsequent Radiotherapy) •62 day referral to treatment (Urgent GP, Urgent Screening and Consultant Upgrade) •Faster Diagnosis 	<p>Metrics:</p> <ul style="list-style-type: none"> •Stage at diagnosis •One year survival •Quarterly reporting monitoring metrics to be confirmed for individual programmes in Q1, to measure progress against the other LTP deliverables set out in this pack <p>(Note: these are longer term success measures</p>

	Standard	which will be monitored throughout the duration of the LTP)
--	----------	---

The Alliance is working through ICS Cancer commissioners to develop the plans and agree the overarching Alliance narrative

Next steps

- Each system to complete planning template describing local plans with funding allocations and return to SWAG by 30th April
- SWAG to complete 1st draft single delivery plan for behalf of systems and submit 6 May
- In parallel systems to submit trajectories with narrative as part of system planning submission 6 May and share with SWAG
- Following regional feedback final delivery plan submitted 3rd June

DRAFT

DRAFT