# **GM Cancer Board –**

# **19 May 2025**

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| **Title of paper:** | Faster Diagnosis (FDS), Operational Performance (OP) and Treatment Variation (TV) Programme update |
| **Purpose of the paper:** | To inform the GM Cancer Board of the current performance against key planning metrics and the constitutional Cancer Waiting Times Standards. |
| **Summary outline of main points / highlights / issues:** | * Performance against key planning metrics * Cancer Waiting Times performance * Underpinning Pathway Data * Work Programme Update * CWT guidance change (V12.1) * Risks |
| **Consulted:** | N/A (pathway updates to Programme Assurance, Programme Board etc) |
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# Contents

|  |  |
| --- | --- |
| 1.0 | Background and context |
| 2.0 | Key discussion points     * Performance against key planning metrics * Cancer Waiting Times performance * Underpinning Pathway Data * Work Programme Update * Forthcoming guidance changes (CWT) * Risks |
| 3.0 | Recommendation, requests /support required of the Board |
|  | Appendix 1 – CWT performance  Appendix 2 – FDS and operational performance highlight report  Appendix 3 – Cancer Waiting Times Briefing Note  Appendix 4 – GM Cancer Access Policy - Draft |

# Background and Context

This paper seeks to inform the GM Cancer Board of progress in relation to performance against the national Cancer Waiting Times standards, and position against the 24/25 planning requirements.

Furthermore, this paper provides an update of the work programme designed to support improvement in the delivery of the Faster Diagnosis Standards, Operational Performance and Treatment Variation and the 25/26 delivery requirements.

# 2.0 Key Discussion Points

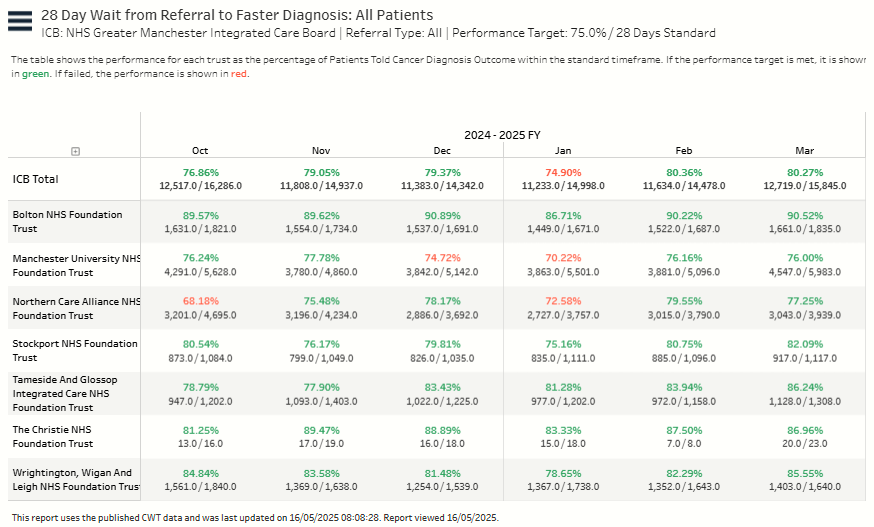
2.1 Performance against the key ICB planning requirements (24/25 and 25/26)

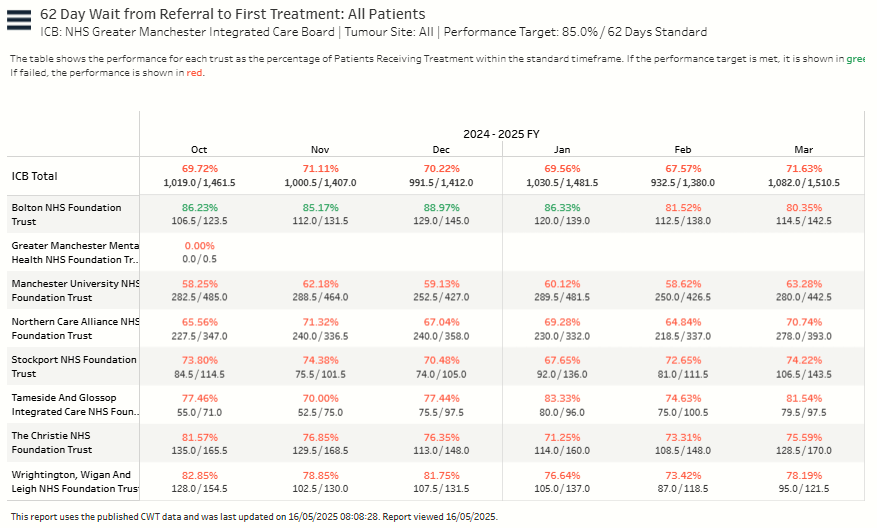
In 24/25 there were two requirements for Cancer within the main system planning requirements related to operational performance.

Deliver FDS 28 day performance – 77%

Deliver Interim 62 Day RTT standard – 70%

The requirement was to deliver both of these targets in March 25. The March 25 performance data was released 15.05.25. GM delivered both of the planning requirements. FDS was 80.27%, against the 77% requirement. This compares favourably with the national average of 78.93% (and in fact delivers the 25/26 requirement). The 62 day performance was 71.63%, on par with the England average of 71.38%. The breakdown by provider follows. All but MFT achieved the requirements at Trust level.





Moving on to 25/26, the requirements are as follows:

Deliver FDS 28 day performance – 80%

Deliver Interim 62 Day RTT standard – 75%

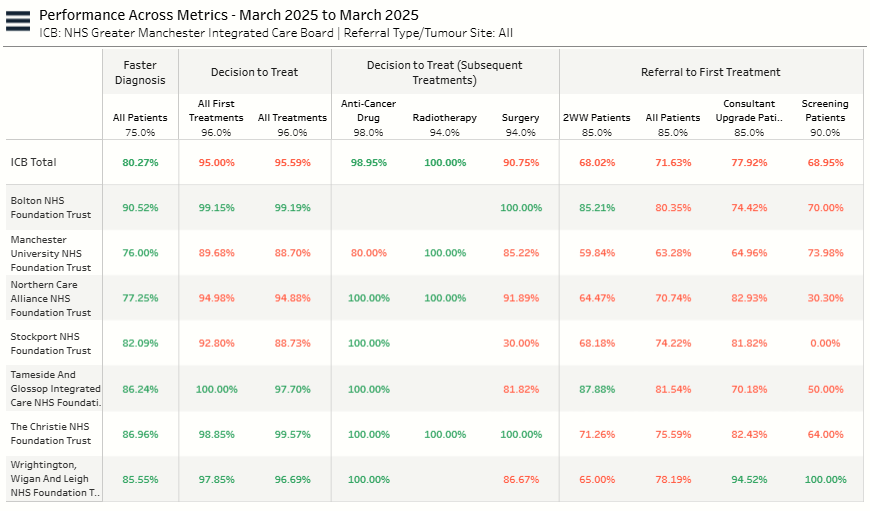
All provider Trusts have submitted compliant plans. There are significant risks to delivery and significant pathway improvements required to deliver the levels required.

The improvement at system level from 24/25 to 25/26 was 2.07%; therefore, a twofold improvement is required in year at aggregate level. Delivery levels of MFT were mitigated at system level by over performance in other Trusts, which is not forecasted this year.

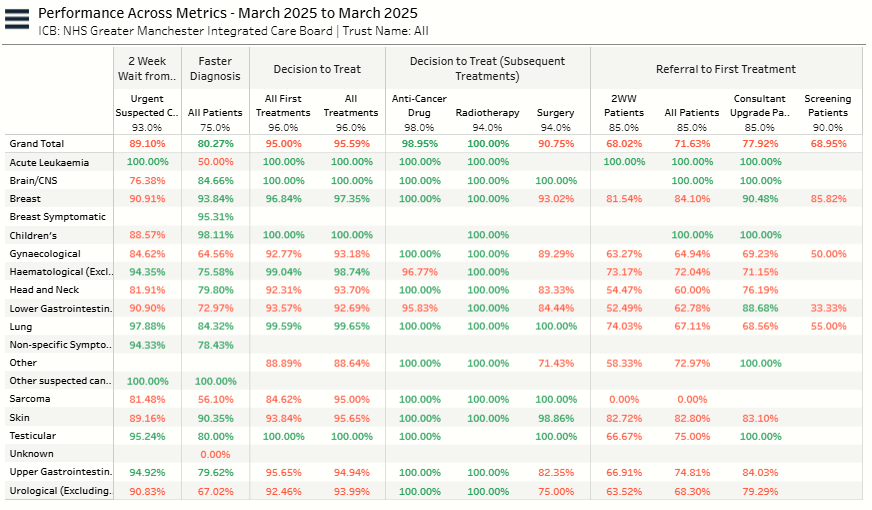
* 1. Performance Against the National Cancer Waiting Times Standards

There are now 3 main reportable standards – FDS, combined 62 day RTT, and combined 31 day DTT. The ‘new’ performance metrics are shown below, highlighted, along with the ‘old’ metrics to enable visualisation of how the new standards are constructed.

There remains significant variation between performance at organisational level.



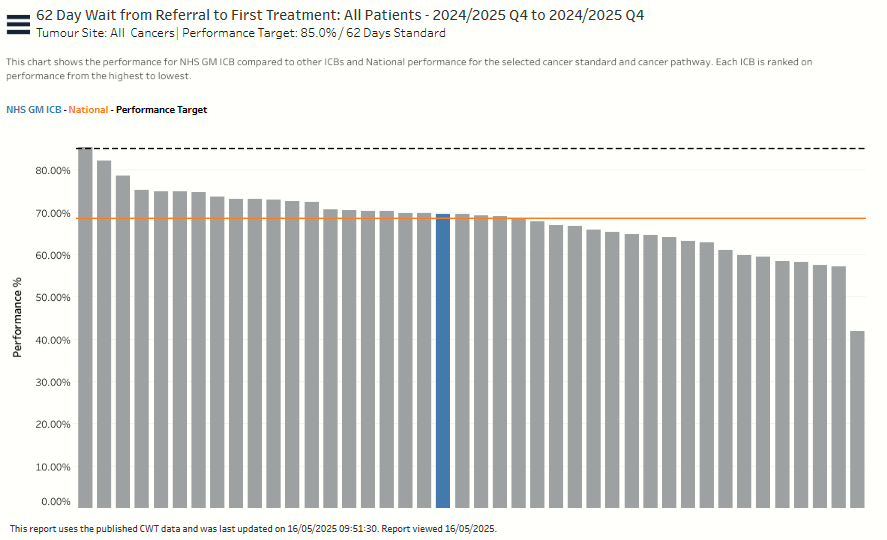
Performance at tumour site level can be visualised below.

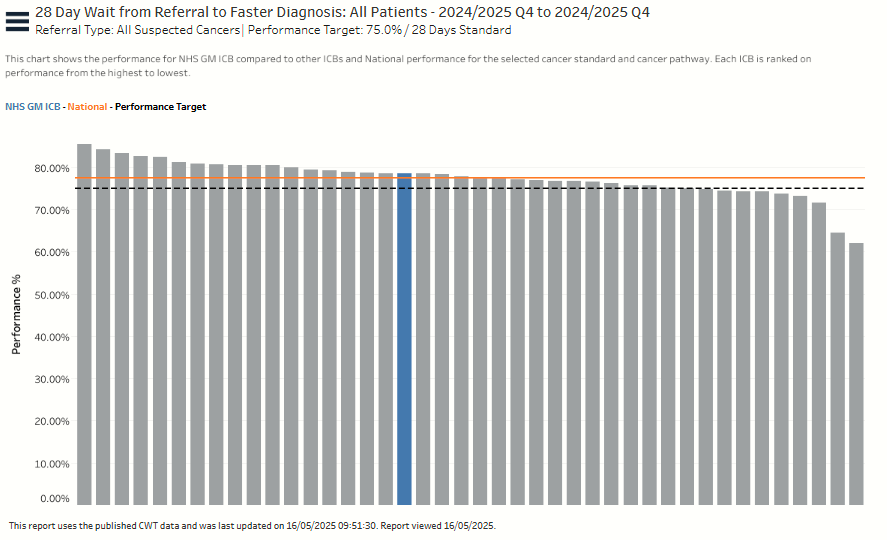


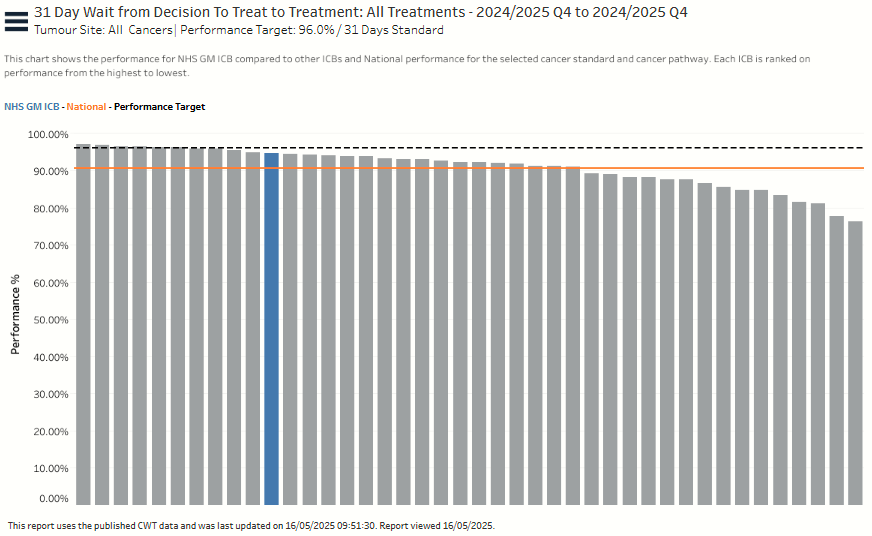
Drawing attention to the treatment aspect of the pathway; it is evident there remains key challenges with the surgical pathway, both for first treatment (62 day pathways) and subsequent surgery. Whilst the challenge is evident in the disaggregated data, overall performance on 31 DTT has improved, and does not look far from the target, but this is heavily compensated given the volume of radiotherapy delivered. Viewing this metric in isolation can therefore be misleading. The main driver to performance remains capacity and the volume of surgery being delivered in comparison to the required volume.

Performance trends by tumour site and provider, along with the variation in metrics can be found in Appendix 1. Again, there remains variation between tumour site; not all of this can be explained through pathway complexity.

Benchmarking against other Cancer Alliances for FDS, 62 day RTT and 31 DTT can be visualised below. This is reported by ICB (and so is marginally different compared to the Trust summaries given) for the latest quarter overall, and also shows the England average.

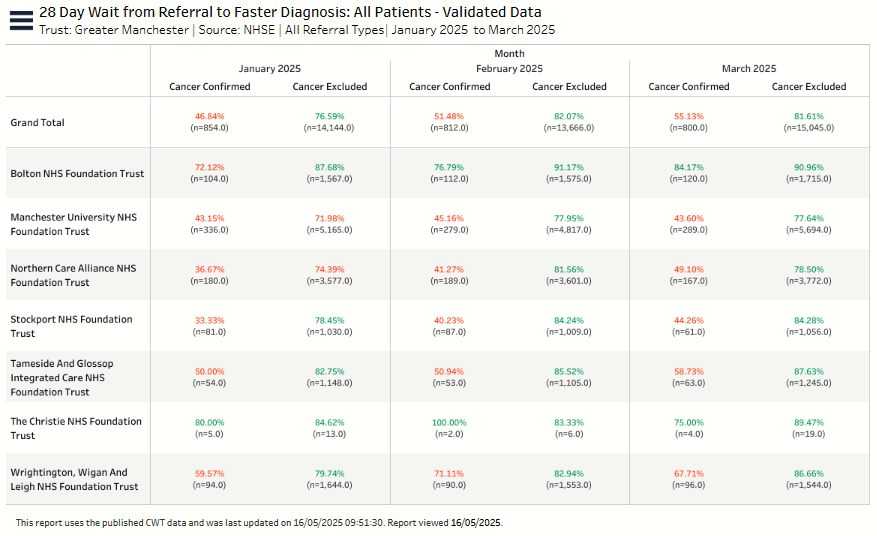






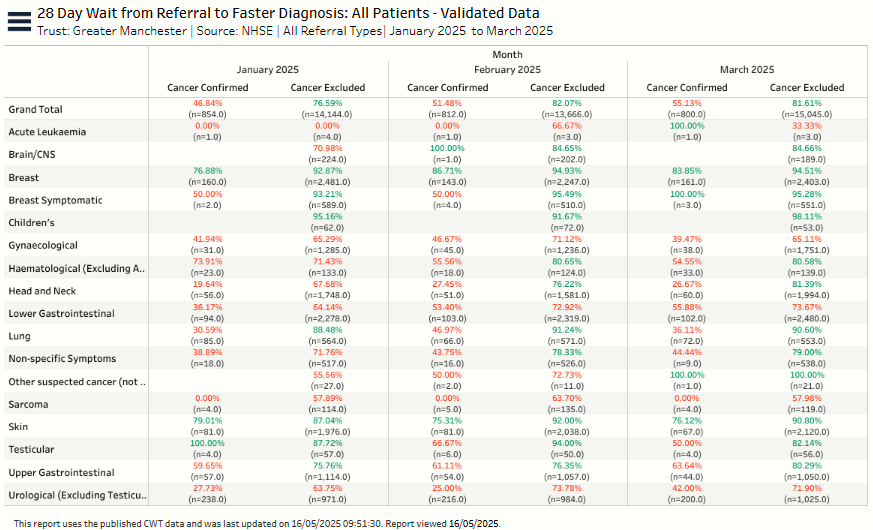
2.3 Underpinning Pathway Data

As previously reported, the current performance targets for FDS do not directly correlate with 62 day performance. The GM target is 83% overall (with small differences at pathway level as per TPC / Undertakings modelling). This will in turn positively impact 62 day performance, given that there will as a result be improvement to the ‘diagnosed with cancer’ cohort which is essential. When disaggregating the data, the latest performance (March 25) performance would be 55.13% for those patients with a positive cancer diagnosis. This is shown below by organisation and by tumour site.



The distribution of FDS performance remains vast. This can be visualised below. This is the cohort of patients with a FDS clock stop with a diagnosis of cancer. Significantly, its not how many breach 28 days but the distribution of patients, and the significant tail.

The chart below is the distribution of the patients with Cancer diagnosed.



2.4 Work Programme Update

Work programme actions are progressing. Updates on all initiatives can be found in Appendix 2.

2.5 CWT Guidance Changes (V12.1)

CWT V12.1 was issued 09 April. It provided clarity to a number of points where they was felt to be ambiguity. These aspects are for immediate implementation. For the ‘changes’ to the guidance, they are applicable from 01 July 25.

A briefing paper regarding the changes has been produced and issued, and three webinars delivered detailing the changes and practical discussion on what this means. The briefing paper and slides are in Appendix 3. A draft access policy, which was delayed pending the new guidance is available for comment in Appendix 4.

2.6 Delivery Risks

There are a number of key risks to delivery:

1. Diagnostic capacity and waiting times
2. Delays to wider work programmes managed externally, but which include cancer
3. Surgical treatment volumes
4. Finance restriction in GM
5. Approval of new treatments / pathway requirements (NICE approvals requiring complete pathway changes / significant increases in reflex testing and treatment capacity)
6. Engagement in system-wide improvement & pathway transformation
7. Pathology waiting times
8. Conflicting priorities across the GM system – finance, elective long waits, DM01

A full risk register is available for the work programme

3.0 Recommendations / Requests of the Board

GM Cancer Board are asked to:

* Acknowledge the work across the whole system in delivering the 24/25 planning requirements
* Forward any comments about the draft access policy to the Lisa Galligan-Dawson by COP 27 May 25.

For the next Board meeting, a review on the improvements and impact of projects will be presented. (The row level data is not available to enable this to be completed for this meeting, due to the late release of ‘super stats Thursday’ data.