# 2024-25 Annual report

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WM Radiotherapy Network Manager

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NETWORK

# Context

- The 2024-25 workplan was approved by the Radiotherapy Network Oversight Group at its March 2024 meeting
- This annual report focuses on the activities delivered between April 2024 and March 2025 and their impact
- The Radiotherapy Network Manager was off sick between October – December 2024, which has affected delivery of the workplan

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# West Midlands Radiotherapy Network 2024-25 'workplan on a page'

## Improve access

- SABR study day
- Brachy workforce and activity mapping/specification compliance

## Improve experience of care + undertake workforce planning

- Breast digital patient information
- Workforce strategy & implementation
- Ongoing delivery of 23-24 workforce priorities

## Increased participation to clinical trials

- Maintain learning and systems and processes from 23-24
- Continue to learn from others
- Promote and evaluate impact of patient facing videos

## Reduce variation in quality + Support RT waiting times

- Protocol reviews
- Improving quality and performance:
  - * data quality
  - * pathway transformation (17, 31 and 62 days) – bladder, gynae
  - *Head and Neck 17 days audit
  - *Rad 18 single # bone
- Peer Review

## Review service provision, incl. capital equipment + Reduce variation in equipment utilisation

- Oversight of capital equipment replacement programme and influencing ICBs/supporting trusts
- Exploration of WM top-slice for capital

## Roll-out new and innovative technologies e.g. AI and ProKnow

- Support ProKnow adoption
- Support AI auto-contouring roll-out

Network comms and engagement strengthened; communities of practice established; shared learning events

ICB stakeholder influencing and increasing visibility of radiotherapy

# Improve access, improve patient experience, deliver a sustainable workforce strategy; and increase clinical trials participation

RAG Rating: RED – At significant risk, AMBER – At risk, GREEN – On track, BLUE - COMPLETE

| | Milestones | Due | Status |
|---|---|---|---|
| SABR study day | • Study day held 16th May | Q1 | Q1 |
| | • Educational videos available on RT Network website | Q1 | Q1 |
| | • Lessons learnt and evaluation report disseminated | Q1 | Q1 |
| Brachy workforce and activity mapping/specification compliance | • Prospective capacity sharing tool developed | Q2 | Q2 |
| | • Clinical audit programme agreed | Q2 | Q2 |
| | • Brachy workforce deep dive completed | Q3 | Q3 |
| Breast digital patient information | • Video produced and disseminated | Q1 | Q1 |
| | • Good practice regarding embedding into pathway disseminated | Q1 | Q1 |
| | • Evaluation at 6 months | Q3 | Q3 |
| Workforce strategy & implementation | • 3 –year strategy published & agreed of system-wide roles and responsibilities | Q1 | Q1 |
| | •Year 1 action plan agreed & funding secured to take forward implementation | Q2 | Q2 |
| | •RT included on METIP plans | Q2 | Q2 |
| | •End of year review/evaluation | Q4 | Q4 |
| Promote and evaluate impact of clinical trials patient facing videos | • Video produced and disseminated | Q1 | Q1 |
| | • Good practice regarding embedding into pathway disseminated | Q1 | Q1 |
| | • Evaluation at 6 months | Q3 | Q3 |

# Reduce variation in quality, improve RT waiting times, plan for capital equipment replacement; and roll-out innovation

RAG Rating: RED – At significant risk, AMBER – At risk, GREEN – On track, BLUE - COMPLETE

| | Milestones | Due | Status |
|---|---|---|---|
| Protocol review | • Skin protocol developed | Q2 | Q2 |
| | • Prostate protocol reviewed | Q2 | Q2 |
| Data quality | • Identify any data quality issues between RTDS and CWT | Q2 | Q2 |
| | • Agree actions to take to address | Q3 | Q3 |
| Pathway transformation | • Understand opportunities for bladder/gynae | Q3 | Q3 |
| | • Head and Neck 17 days audit findings shared | Q1 | Q1 |
| Rad 18 single # bone | • Communicate audit window | Q1 | Q1 |
| | • Re-audit | Q3 | Q3 |
| Peer review | • Secure SDF funding | Q1 | Q1 |
| | • Baseline mapping completed & consensus re priority areas for 24-25 | Q3 | Q3 |
| | • Review completed | Q4 | Q4 |
| Capital equipment replacement | • WMCA Board briefing & updated position from H&W, C&W and BSol | Q1 | Q1 |
| | • Regional funding approach discussed and way forward agreed | Q2 | Q2 |
| ProKnow adoption | • SDF funding secured and analyst role recruited to | Q1 | Q1 |
| | • Audit programme agreed | Q2 | Q2 |
| | • Review/evaluation | Q4 | Q4 |
| AI auto-contouring | • Completion of gold standard head and neck dataset project | Q1 | Q1 |
| | • Ongoing support and collation of impact data | Q1-4 | Q1-4 |

# Key successes

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Midlands-wide SABR study day

Workforce strategy and implementation plan incl. Engineers engagement

New RT Network website

Protocols

# Midlands-wide SABR study day, 16th May 2024

- 150 delegates attended, including 45 SpRs in clinical and medical oncology
- There was certainly quite a buzz and we've had some positive feedback from delegates
- 'On demand- educational videos filmed for radiotherapy colleagues who couldn't attend in person

**85% agreed or strongly agreed** they felt more confident considering/referring for SABR as a result of the study day

**87% agreed or strongly agreed** they were more aware of implementation good practice as a result of the study day

**98% agreed or strongly agreed** it was a good opportunity to network with others from across the Midlands

**87% agreed or strongly agreed** the study day covered the key issues they were interested in

**83% agreed or strongly agreed** they were more confident in their clinical practice as a result of the study day

**87% agreed or strongly agreed** they could use some of the learning to improve their SABR service delivery locally

**90% agreed or strongly agreed** the programme offered good interactive and diverse sessions

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# Midlands-wide SABR study day, 16th May 2024

The spine session by the folks from Clatterbridge was one of the highlights

People really seemed to engage in the group discussions

I think overall the success of the day is best described by how departments can learn from each other's service, what works, what doesn't, what equipment and imaging people use

One clinical lead described it as a "**roaring success**" and one of our sponsors said "**It was absolutely incredible**"

Insights into each department's pathway seems to be the thing that engaged most people. It's both reassuring if they do similar and inspiring if there's differences

It was nice that the focus is shifting to motion management and oligoprogression so looking more at sort of advanced SABR and pushing the limits of what we can do

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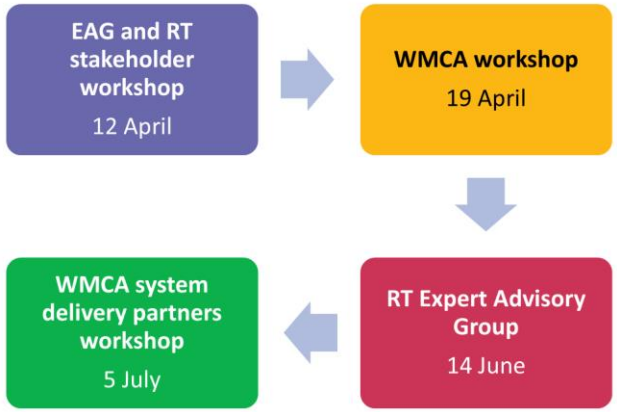
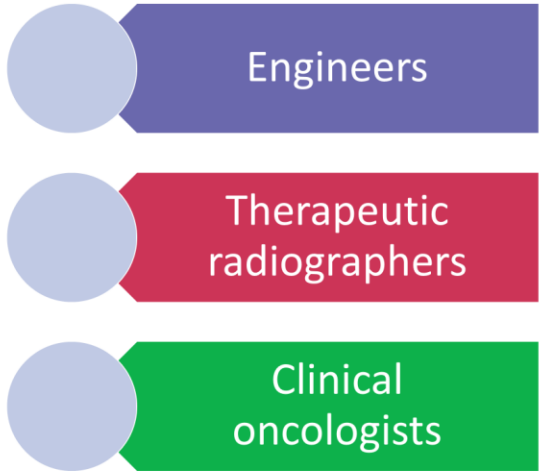
# Workforce strategy and implementation

## Process followed




## Agreed priority workforce groups




## Vision for a sustainable RT workforce

**Working together towards 'world class' by investing in a motivated, valued and stable workforce who deliver high quality care and experience for patients**

# £70,000

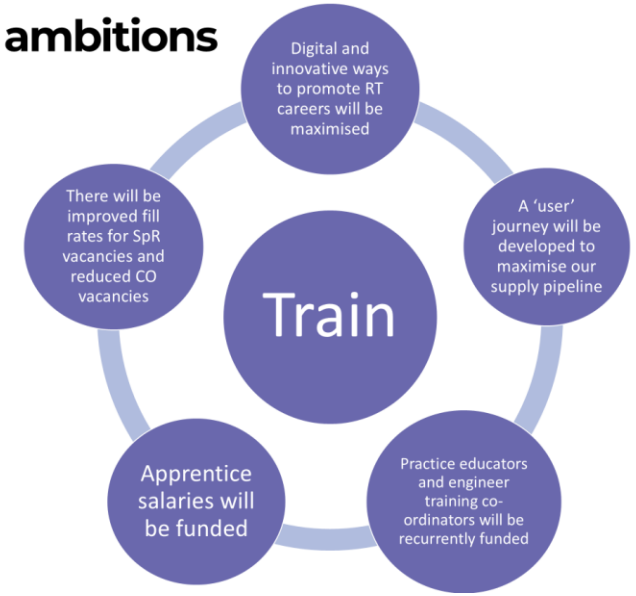
**Secured to deliver two workforce projects jointly with the East Midlands RT Network focusing on: engineers' engagement and digital careers promotion for therapeutic radiographers**

"This is fantastic. Well done!"

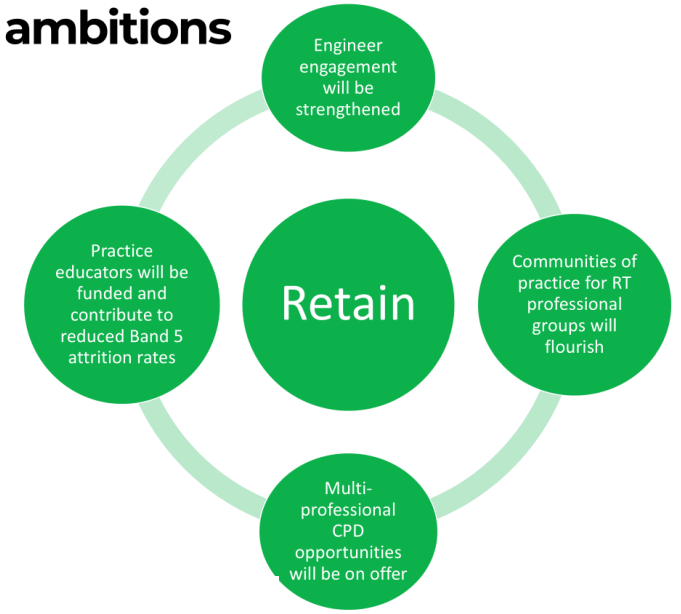
"A work of passion for everyone"

# Workforce strategy and implementation plan

## Strategic ambitions




## Strategic ambitions

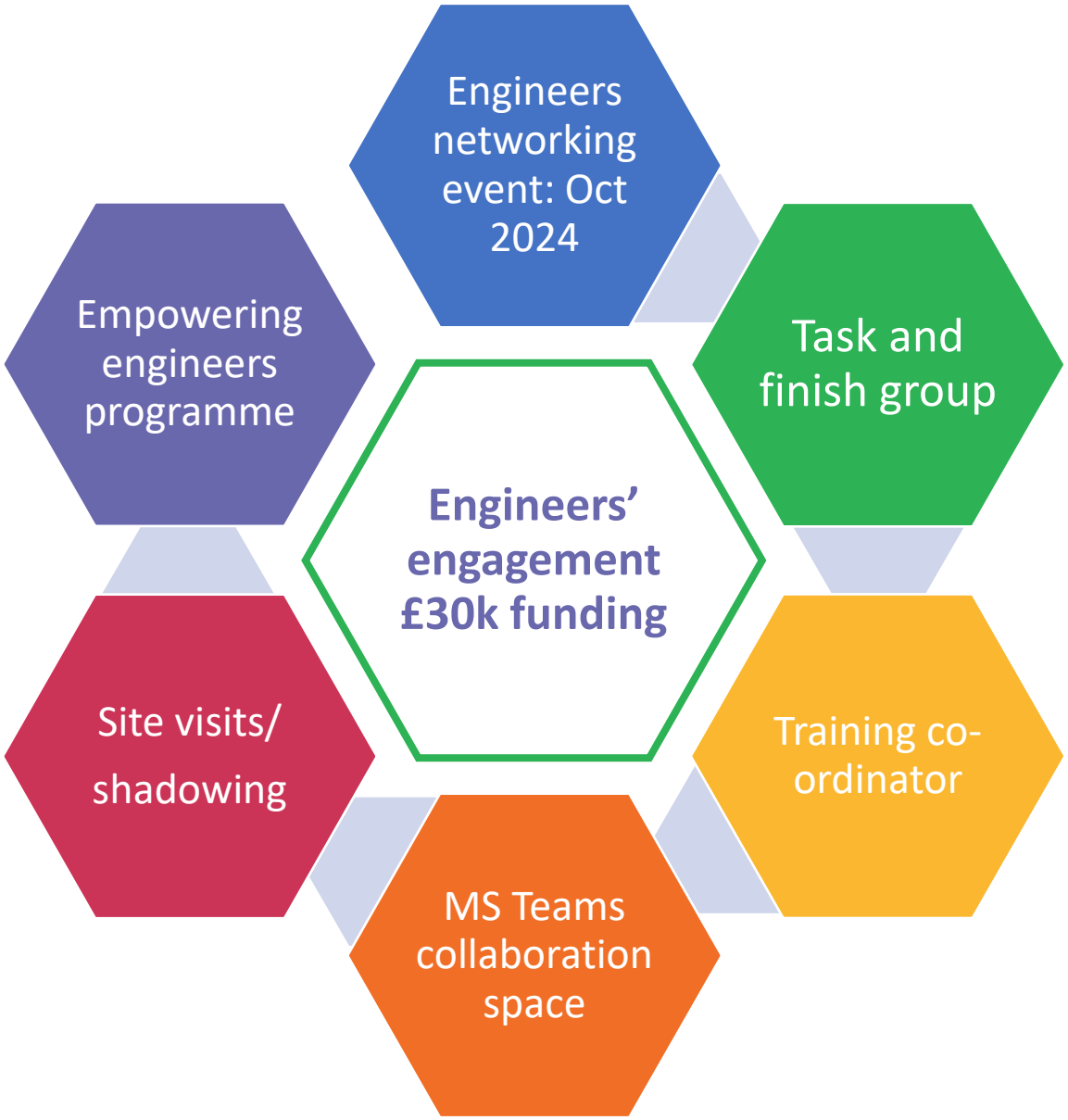



## Strategic ambitions

**With stakeholders, we prioritised the RT staffing groups and agreed our strategic ambitions. With these in mind, we developed a 3-year implementation plan.**

**We launched our strategy in Oct 2024.**

# Workforce strategy and implementation: engineers' engagement




On Friday 18th October 2024, we welcomed **19 representatives from 8 trusts** across the Midlands to a face-to-face **networking event** and covered the following topics

- CPD learning
- What's on the horizon?
- Sharing of E-Shields Project
- Introduction of the new Engineer training co-ordinator & specialist advisor role

Having secured **£35k** from NHS England, we set up a Midlands-wide task and finish group across to act as an **advisory group,** and to support the **delivery of our engineers' engagement project.** This included representatives from different trusts, for engineers working at different levels

We recruited a **training co-ordinator and specialist advisor** to work with trusts to undertake a **training needs assessment** and propose a **CPD programme** for engineers

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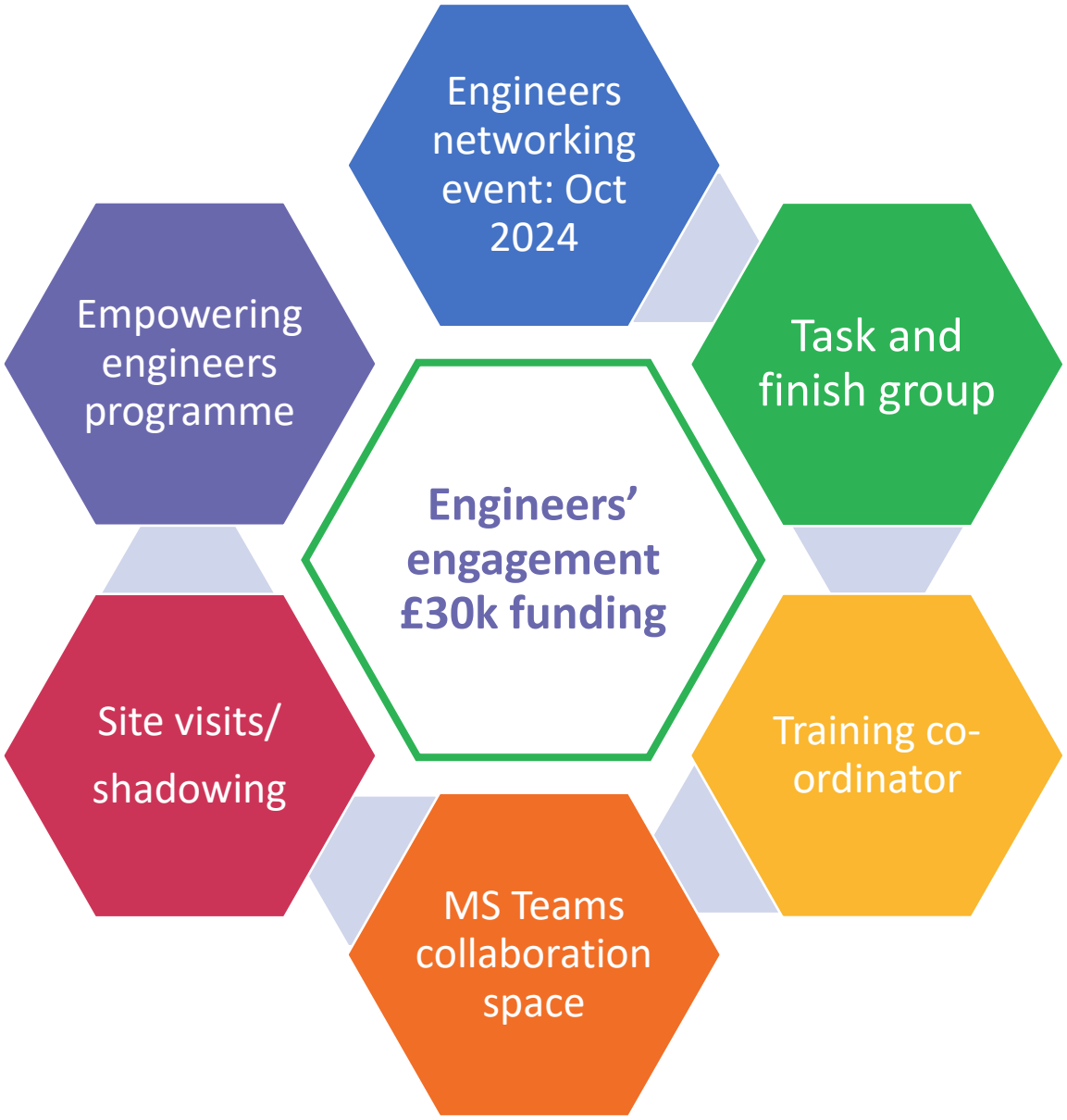
# Workforce strategy and implementation: engineers' engagement




Engineers wanted a **virtual collaboration space** to share good practice, discuss challenges, and avoid duplication. We worked with an engineer apprentice to set up a **MS Teams collaboration space** and encouraged everyone to use it. This was a **new way of working** for many, so we have been taking 'baby steps'.

We met with lead engineers to discuss how best to set up **site visits and shadowing** between trusts. We wanted to make sure this would benefit individual engineers (in terms of their personal development) as well as have some benefit for the host trust. This took longer than expected, so the roll out is planned for 2025-26.

We worked with **Talent for Care** to develop a **bespoke programme for engineers**, to help personal development and address concerns about not feeling valued. This is to be delivered in 2025-6 with 19 engineers signed up.

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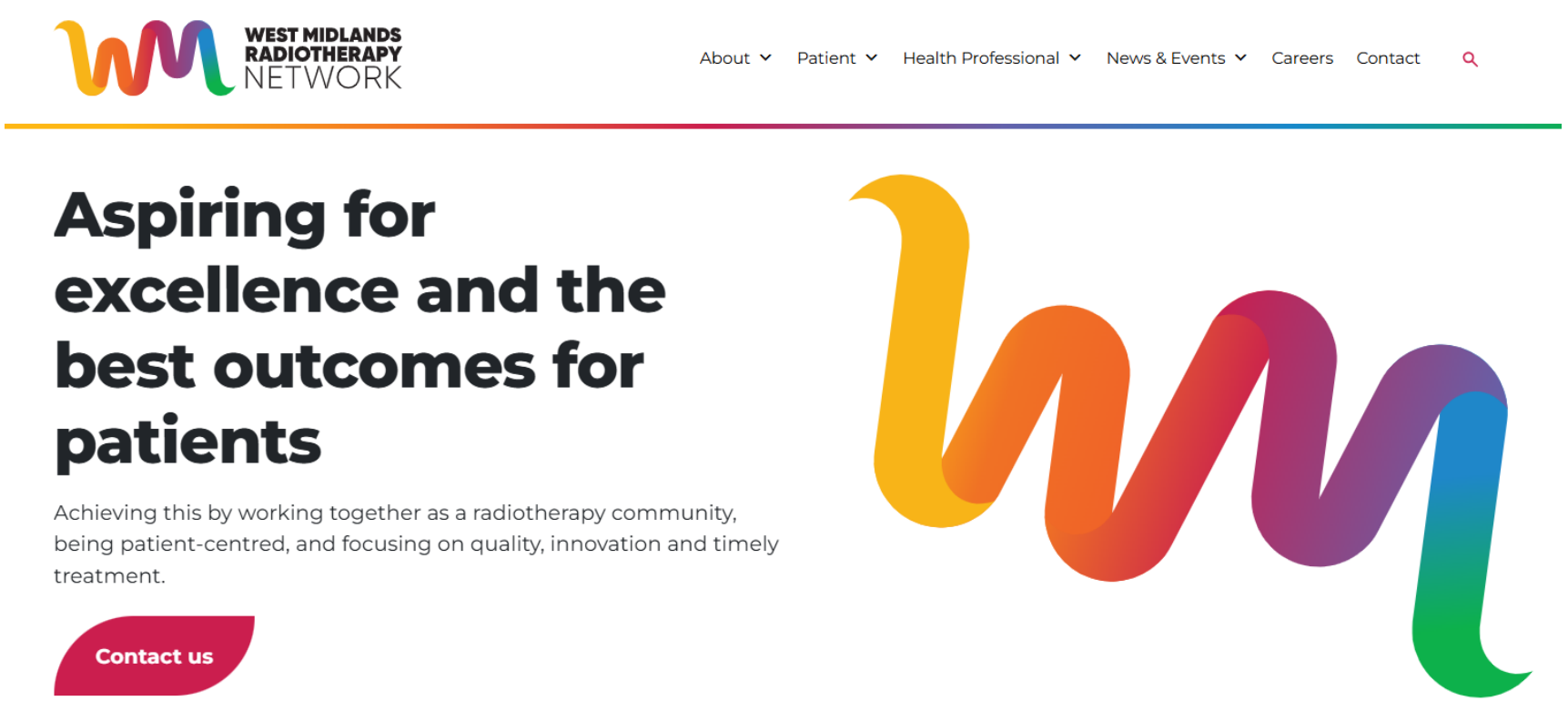
# New Radiotherapy Network website




Following the creation of our West Midlands logo and brand guidelines, we commissioned our own website – as a key platform for engaging with radiotherapy stakeholders and patients.

Our launch webinar in October 2024 was attended by 54 colleagues

As at 11.3.25, 330 active users
Most popular page: download protocols page (433 views)
Average engagement time: 2m 06 secs

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# Protocols

## Protocols

One of the key functions of the Radiotherapy Network is to **reduce variation in quality** by **adopting standardised best practice protocols.** Protocols are an agreed framework outlining the care that will be provided to patients in designated areas of practice.

### Current protocols

Protocols on this website have been ratified by the West Midlands Cancer Alliance Radiotherapy Expert Advisory Group.

Please note: The date of the last review is the date of ratification by the Radiotherapy Expert Advisory Group and due dates for the next review are found in the footer of each page, as well as on the front page.

Download current protocols here

### Review schedule

The Radiotherapy Network maintains a planned schedule for the review of protocols, where protocols are reviewed no later than 2-3 years after the previous ratification.

Download the review schedule

If the RCR publishes new guidance on dose and fractionation, this will also trigger a review.

### Change requests

In addition, to the scheduled review of documents, it is possible for any radiotherapy stakeholder in the West Midlands to request a review at any time prior to the planned review, by completing a change request proforma where they believe this is warranted e.g. change in national commissioning policy or the outcomes of clinical trials.

However, a change request should follow also on from where clinicians have used three or more concessions.

A copy of the current change request can be found here:

Download the change request form

### Protocol development, review and implementation monitoring: Standard Operating Procedure (SOP)

The SOP can be found here:

Download the SOP

If you are unsure about the status of a protocol, please ask the West Midlands Radiotherapy Network team at WestMidlandsRadiotherapyNetwork@uhcw.nhs.uk

- Responding to the **large number of change requests** was challenging
- When consulting on one set of changes, stakeholders raised more issues, which **increased the workload for trusts** as we had to re-consult

- We **reviewed 7 protocols** during the year, mostly in response to change requests
- We **developed 1 protocol** from scratch (skin)
- We **strengthened processes** for reviewing protocol and consulting upon them
- These were ratified by the EAG
- We produced **change logs** for each reviewed protocol
- We developed a **protocol hub** on our new website, as the single ‘go to’ place for all radiotherapy stakeholders in the West Midland. This received positive feedback
- We kept up to date information about the **status of each protocol** on the protocol hub

The tracker is helpful

Brilliant! It’s useful to have in one place

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# 2024-25 in numbers

**1** radiotherapy workforce strategy launch

**3** Breast radiotherapy patient information videos produced

**5** Expert Advisory Group meetings

**23** responses for our brachytherapy patient Experience Survey

**£90,000** SDF funding secured for projects

**4,270** ProKnow plans uploaded by end March 24

**1** website launched - with **330** active users

**70.4%** Compliance for Rad 18 quality metric - based on Q2 audit (standard = 70%)

**150** delegates at our Midlands SABR study; **98%** said it was a good opportunity to network with others from across the Midlands

**7** clinical protocols reviewed

**1** new protocol developed

**5** Network Oversight Group meetings

**3** ODN newsletters

# Delivery against our 2024-25 workplan

- Achievements
- Challenges
- Next steps

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# Improve access: brachytherapy workforce and activity mapping/specification compliance

## Achievements

- We developed a **prospective capacity tool** for teams to use – in order to see who could potentially offer mutual aid to each other
- We facilitated support between the East and West Midlands when required
- We completed a **service specification compliance exercise** which enabled teams to comment on there future capacity and workforce needs
- We ran a **patient experience survey,** although this didn't attract many responses. Looking at the patient feedback, there were high levels of satisfaction and no obvious actions required in terms of improvement

## Challenges

- For much of 2024, there seems to be **insufficient capacity** across the whole of the West Midlands
- Due to **low patient numbers,** it was hard to get sufficient responses to draw conclusions
- We **weren't really able to identify next steps** having completed the compliance exercise

# Breast digital information

## Achievements

- We develop **3 short videos** for patients, based on insight gathered around their information needs and preferences
- We had some amazing staff who volunteered to take part in this project, in the planning and during the filming. We enjoyed ourselves during the **film production**

## Challenges

- Our learning was that trusts would probably have preferred to have a bespoke video for their own site, but we needed to compromise with generic content at times
- Not all trusts were able to commit to the planning stage and/or there were changes in staff reps, which then led to challenges during the filming/sign off phases
- This project took a lot of time for the RT
- Review and sign off by the trusts caused delays

## Next steps

- Due to sickness absence, the project didn't complete in 2024-25
- We will launch the videos in 2025-26

# Clinical trials: patient videos

## Achievements

- We worked with the Northern Radiotherapy Network who led on this project, but allowed the West Midlands to benefit from their outputs
- We funded some patient participation in focus groups organised by the Northern RT Network
- We now have 3 short videos on our website which will help raise awareness amongst patients

## Challenges

- We were beholden to the Northern RT Network's timescales

## Next Steps

- We will promote these videos during 2025-26

"I think this video would be VERY useful to future patients"

*Alan Savage, patient*

# Pathway transformation: head and neck audit

## Achievements

- We held a meting involving multiple stakeholders across the head and neck pathway to share the **audit result findings**
- Over 25 people attended and **agreed priorities for action**

## Challenges

- Many of the priorities identified from the audit meeting needed to be taken forward by other **partner organisations**
- **Insufficient capacity** to see through the next steps/follow up

> *"My colleagues found the head and neck meeting really useful. It's acted as a catalyst for us. We took some really useful ideas from the meeting: UHNM's 5 days standard is incredible We'd never considered WAH's CT scanning and mould room on the same day as extractions.*
>
> *We've now set up a meeting with ENT and dental colleagues to look to look at our pathway, as our performance is challenged. We're now setting up a project to look at this issue in 24-25."*
> Mel Cowell, Head of radiotherapy services, Wolverhampton

# Rad 18 quality metric

(proportion of metastatic bone episodes treated with a single fraction)

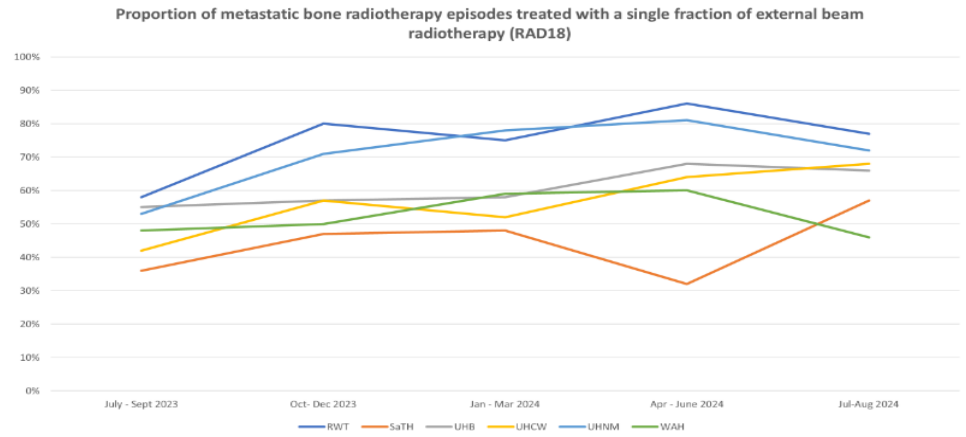
## Achievements

- We asked clinical leads, RT managers and reps on our QI group to **raise awareness of the RCR guidance**
- We agreed to **audit compliance** with this standard during the period July – Sept 2024
- The network average compliance was **70.4%** based on audit returns with an **improvement over time**
- The **main reasons for not having a single fraction** were due to a soft tissue component or impending chord compression.
- We felt **reassured** at the progress and agreed **no further action required**

## Challenges

- The **time-lag** with the RTDS quality reports is significant, so we cannot attribute improvement solely to this audit
- Not all trusts completed the audit in the **required format**

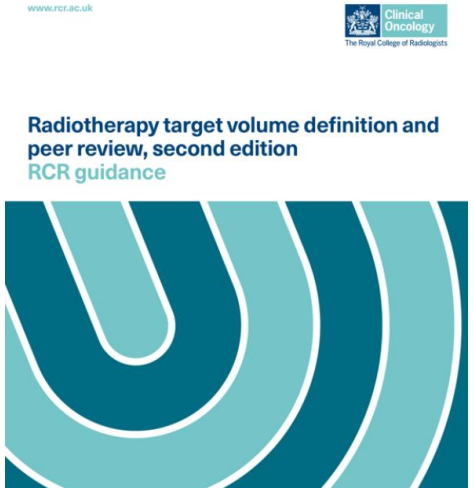
**Trend information – corrected data from SaTH**



# Peer review

## Achievements

- We received £10,000 SDF funding from NHS England to support this work
- UHNM shared their good practice and progress at the EAG meeting in April
- RWT shared their good practice at the NOG meeting in September
- We agreed the importance of peer review and how to take things forward with trust clinical leads at our face-to-face meeting in September
- We engaged with stakeholders over the summer regarding the NHS England data collection exercise and agreed how to improve upon it
- We asked trusts to complete the data collection in the Autumn




## Challenges

- Not all trusts completed the data collection, so we were unable to progress
- Sickness absence also hindered progress

## Next steps

- We will defer this project into 25-26

# Capital equipment

## Achievements

- We wrote to all ICB Chief Executives to make sure they were aware of their responsibilities regarding radiotherapy equipment replacement programmes, and to advise them about the age of linacs in their providers
- We completed an up-to-date position in July 2025
- The RT Network has supported trusts individually in their conversations with ICBs and has supported the WMCA with their queries
- The RT Network has ensured that all providers were aware of the £70m funding announced in Autumn 2024 and WAH secured funding for one linac
- We liaised with the WM regional capital lead regarding ICB returns, to make sure that radiotherapy equipment replacements programmes were featuring in their capital pipelines

## Challenges

- It was hard to ensure everyone is kept in the loop (including the RT Network!) when there are so many stakeholders and communications regarding the £70m were made directly from NHS England to providers

# ProKnow

## Achievements

- We secured **£9,633 SDF funding** from NSH England to support ProKnow implementation in the West Midlands
- We funded a **ProKnow analyst** to support a **programme of audits**
- A **programme of regional audits** was delivered (Breast IMC, Prostate & Nodes, Head & Neck
- We promoted participation on the **national audits**
- We held **quarterly meetings** with ProKnow stakeholders
- We held a **face-to-face event** in March to celebrate our progress, share the learning from audits and learn about good practice in the North West
- As at mid March 2025, we had **4,270 plans uploaded**

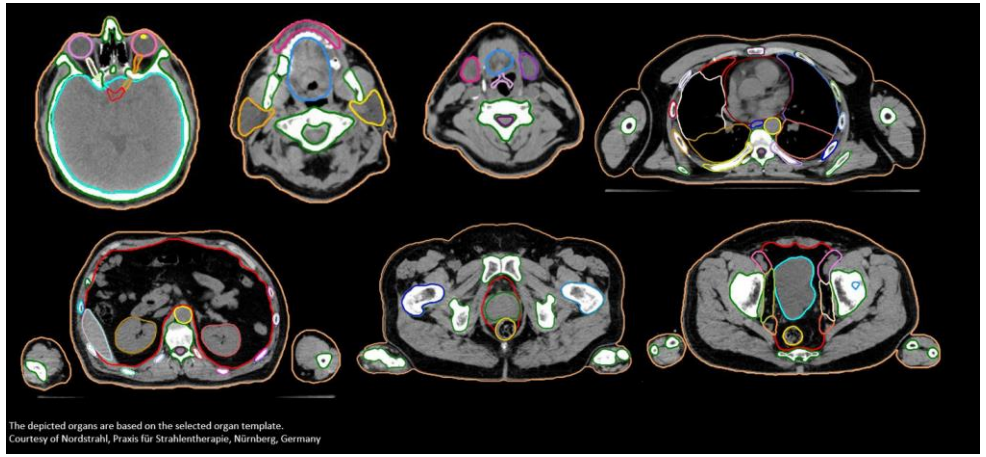
## Challenges

- Not all trusts able to commit to ProKnow due to **capacity challenges**
- Getting **clinical engagement** was tricky

# AI auto-contouring

## Achievements

- We supported trusts completing the national return, which then enabled two trusts to get national funding for their licences in 2024-25
- The **gold standard dataset** was completed by colleagues at UHB and WAH, and a range of comparative metrics generated. This was developed as a flexible tool, able to do the analysis repeatedly - which should be useful to other centres, to inform future procurement decisions

## Challenges

- Unfortunately, at the end of 2024-25, NHS England withdrew its central funding for AI auto-contouring
- The gold standard dataset took longer than anticipated