



**Wessex Cancer Alliance Board Meeting**  
**Wednesday 24<sup>th</sup> June 2020, 3.00pm to 5.00pm**  
**Via Microsoft Teams**

**Minutes**

**Board Members Present**

AW	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust
BG	Bill Gillespie, Chief Executive, Wessex Academic Health Science Network
CT	Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
CSF	Cindy Shaw-Fletcher, Programme Lead, Dorset Cancer Partnership
CY	Constantinos Yiangou, Associate Medical Director, Portsmouth Hospitals NHS Trust
DF	Debbie Fleming, Joint Chief Executive, Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
DH	Deborah Haworth, Regional Manager (Facilitator Programme), Cancer Research UK
JW	Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance
MH	Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
NW	Nigel Watson, CEO of Wessex Local Medical Committees, LMC
PH	Paula Head, Executive Chair, Wessex Cancer Alliance
RS	Richard Sim, Consultant ENT Surgeon, Dorset County Hospital NHS Foundation Trust
SR	Sally Rickard, Managing Director, Wessex Cancer Alliance
SW	Sarnia Ward, Primary Care Lead, Dorset Cancer Partnership
SO	Siobhan O'Donnell, Workforce Transformation Lead, Health Education England (Wessex)
SN	Sue Newell, Project Manager, Wessex Voices

**In Attendance**

AM	Alex Mirnezami, Consultant surgeon, University Hospital Southampton NHS Foundation Trust
EW	Edwin Woo, Consultant thoracic surgeon, University Hospital Southampton NHS Foundation Trust
JJ	Jemma Jones, Communications Director, Wessex Cancer Alliance
KO	Kanwulia (Keke) Osigho, Quality Improvement Lead (Colorectal cancer pathway), Wessex Cancer Alliance (Observer)
RSa	Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight Sustainability & Transformation Partnership attended on behalf of Maggie Maclsaac, Chief Executive, Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG
SWi	Suzanne Wills, Cancer Strategy Director, University Hospital Southampton NHS Foundation Trust (Observer)
SWt	Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Notes)

**Apologies**

AL	Amanda Lyons, Director of Strategic Transformation (Hampshire, IOW, Thames Valley), NHS England & NHS Improvement – South East
CS	Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
SB	Simon Bryant, Consultant In Public Health, Hampshire County Council

Item	Subject	Action
<p><b>1.</b></p>	<p><b>Welcome and introductions</b></p> <p>MH opened the meeting.</p> <p>The notes from the last meeting held on the 18<sup>th</sup> December 2019 were agreed as an accurate record of the meeting.</p> <p><b><u>Update on ovarian cancer outcomes action from last meeting</u></b></p> <p>A formal response is awaited from the Wessex gynae SSGs regarding Peter Johnson’s concern about poor ovarian cancer outcomes in the region; they are meeting jointly to discuss this and their own outcomes audit on 24th July.</p>	
<p><b>2.</b></p>	<p><b>Communications strategy</b> <i>(Slides attached for reference)</i></p> <p><b><u>Strategy</u></b></p> <p>JJ summarised the strategic approach the Alliance had taken to communications both internally and externally since the last Board meeting. Close relationships have been strengthened with the Dorset Cancer Partnership and regional/national teams.</p> <p>JJ asked Board members to use their respective communication networks to ensure the messages and activity of the alliance are shared across the stakeholders they represent.</p> <p>SO informed the Board that the new Health Education England (Wessex) website had been launched today which has a specific page for cancer.</p> <p>NW commented that the messaging to general practice needed to be considered further.</p> <p><b>Action: NW and JJ to discuss messaging to general practice</b></p> <p>AW referenced the Hampshire Hospitals Cancer Services Partnership, which brings together local cancer charities and has excellent communication networks.</p> <p>The Board approved the Alliance’s communications strategy, and MH thanked JJ for her work noting the significant increase in demand on effective communications during the last three months.</p> <p><b><u>Website development</u></b></p> <p>CSF explained the Cancer Matters Wessex website is now live with a COVID-19 page and additional content is under development to support patients undergoing cancer treatment across Wessex, live from 13th July. WCA Board</p>	<p>NW/JJ</p>

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	<p>members support and sign off is requested prior to the full launch, which is planned for early Autumn.</p> <p>RSa commented that very strong editorial version control would be needed and emphasised the importance of not confusing content sign off with design approval.</p> <p>SN offered her support to collect patient and user feedback, and DH said she was also keen to support and could provide a national third sector perspective.</p> <p>NW recommended looking at the Healthier Together website (<a href="https://what0-18.nhs.uk/">https://what0-18.nhs.uk/</a>) as a positive example.</p> <p><b><u>Communities against cancer</u></b></p> <p>SN summarised the work of the project in 2019/20, to raise awareness of cancer symptoms and increase access to cancer screening programmes, particularly in harder to reach communities.</p> <p>Next steps would include reflecting and building on the work done last year, looking at the current geographical areas (be more targeted based on health outcomes data), and using an independent source to evaluate impact.</p> <p>RSa queried whether any increase in access to screening in communities engaged could be evidenced, and if it could be ensured that this work is connected to the HIOW and Dorset BAME action plans if approved. SR agreed and gave the example of the team working with the Dorset Race Equality Group who are well connected and already linked into the ICS team.</p> <p>AW referenced an inequalities seminar being planned in September in Hampshire; SN to connect AW with Action Hampshire.</p> <p>SN asked the Board to continue to support this piece of work and requested £300,000 of funding for the project for this year.</p> <p>AW queried whether there were any competing priorities for the funding. SR explained each programme of work was allocated an overall budget, and the funding for this project comes under the early diagnosis allocation; there were no competing proposals for the funding.</p> <p>The Board agreed to continue to endorse the project this year.</p>	
<p><b>3.</b></p>	<p><b>2019/20 Alliance Funding Summary</b></p> <p>SR provided a summary of last year’s budget spend by area of work. For geographically specific projects, 34.9% had been allocated to Dorset (via the Dorset Cancer Partnership) and 65.1% to Hampshire and the Isle of Wight (via acute Trusts).</p>	

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	<p>SR summarised the Alliance’s achievements for 2019/20.</p> <p>The Alliance’s funding for the next three years has been set out by the National Team; some of the funding is ringfenced e.g. for the Rapid Diagnosis Service and Targeted Lung Health Checks, the remainder is for transformation improvement to cancer care for people across Wessex.</p> <p><b>Action: Final draft of financial plan to be shared in July</b></p> <p>The actual release of funding for 2020/21 has been delayed due to COVID-19 new block contractual arrangements. The National team ask us to continue to plan spend in year in anticipation funding issues will be resolved.</p> <p><b>Action: SR to keep board members briefed if the funding issue is not resolved by end of July</b></p>	<p>SR</p> <p>SR</p>
<p><b>4.</b></p>	<p><b>Performance and Recovery planning</b> <i>(Slides attached for reference)</i></p> <p><b><u>Performance</u></b></p> <p>MH presented the current performance data to the Board and described the impact of COVID-19 on the performance of cancer services.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> <li>- New 2WW referrals dipped 75% below normal rate, but recovery plan active and position currently 28% below expected and improving</li> <li>- 62 day performance is ahead of trajectory but below standard</li> <li>- Currently at peak of 162 patients waiting &gt;104 days across Wessex and this is rising</li> <li>- PTL greatest pressure in colorectal pathway with other (screening and upper / lower GI) pressures as a consequence of Endoscopy capacity constraints</li> <li>- Consistent achievement of 28 day Faster Diagnosis Standard since March 2019, to date missed only January (73.9 versus 75%)</li> </ul> <p>AW commented that delays are not all due to capacity pressure – some are due to patient choice and clinical decision making e.g. not wanting to bring patients out of shielding for surgery.</p> <p><b><u>Programme Planning</u></b></p> <p>SR described the Alliance’s recovery plans for diagnostic capacity and treatment.</p> <p>The Board were asked to support:</p> <ul style="list-style-type: none"> <li>- the Alliance’s approach to work with ICS/STP teams to undertake dynamic modelling to understand the potential impact of the loss of the Independent Sector capacity, both in the immediate term and in the future, and to determine the additional capacity that may be required.</li> </ul>	

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	<p>- a focus on lower and upper GI pathway development</p> <p>- an application for capital investment for more centralised diagnostic facilities for both Dorset and HIOW respectively</p> <p>- collaborative working across systems to support local population based mutual aid and consistency of service access and centralised diagnostics provision where capacity constraints are driven by workforce.</p> <p>The Board discussed the above and approved the Alliance’s approach.</p> <p>BG queried whether the 48% virtual consultation rate referred to a COVID high water mark or if it was anticipated that this be sustained and/or grow. Whilst this is an unusually high level of virtual consultation, Wessex as an alliance has the highest level of virtual consultations nationally.</p> <p>DF commented that the endoscopy workforce shortage needed to be addressed; SO said HEE were holding a stakeholder meeting, which included endoscopy Trust leads, to explore workforce issues/challenges/potential solutions in early July.</p> <p>CT commented that endoscopy capacity is a nationally recognised issue and Simon Stevens is due to discuss the subject with the Health Select Committee next week.</p> <p>SR presented the Alliance’s ‘plan on a page’, which had been updated to reflect the learning from transformations through COVID.</p> <p><b>Action: ‘Plan on a page’ to be shared as a separate document.</b></p>	<p><b>SWt</b></p>
<p><b>5.</b></p>	<p><b>Project updates</b> <i>(Slides attached for reference)</i></p> <p><b><u>Wessex Cancer Hub (WCH)</u></b></p> <p>AM described the set-up and model of the WCH.</p> <p>The hub had been set up in line with national requirements to maintain delivery of cancer surgery across Wessex. The development of the model was clinically led, and involved huge collaboration including cancer leads at Trusts; every MDT was also contacted with the opportunity to help shape the process. Where possible, surgery will be performed locally but if local demand exceeds capacity, and where current mutual aid arrangements are insufficient, patients will be referred to the WCH.</p> <p>The hub went live two weeks ago, and no referrals had been received to date.</p> <p>CY queried whether AM was surprised about the lack of referrals as the performance data presented earlier showed that there are quite a few patients waiting in Wessex. AM said that the 104 day numbers had been looked at in detail and most of these were due to diagnostics or shielding, not those waiting</p>	

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	<p>for surgery; of those that were waiting for surgery, most had been re-prioritised.</p> <p>AM added that it was anticipated that referrals would be minimal initially as feedback from Trusts was that they are coping with the numbers of patients needing cancer surgery at the moment. However, this could change due to several factors including the loss of the independent sector.</p> <p>RSa suggested that Wessex may want to look at this model for other areas of treatment. He also emphasised the importance of not losing sight of safety and the reduction of harm and thought the model seemed to be a very prudent and sensible approach to dealing with long waits.</p> <p>There was a discussion around the potential for specialist services for surgery at different Trusts.</p> <p>CT commented that efficiency of scale should to be looked at.</p> <p>The Board supported the Alliance’s approach for the Hub. MH apologised that it had not been possible to bring the proposal to the Board prior to launching but the need to deliver had been time-critical.</p> <p><b><u>Rapid Diagnosis Service (RDS)</u></b></p> <p>SW informed the Board that the RDS went live on the 22<sup>nd</sup> June and is currently open to referrals from one Primary Care Network (PCN) in Poole; one referral had been received so far. The launch had originally been planned for April but had to be delayed due to COVID-19.</p> <p>In four to six weeks, the service will open to referrals from two further PCNs in Poole, followed by the Isle of Wight and parts of Hampshire in August.</p> <p>Recruitment for the hub team was ongoing. JW and Paul Nichols (colorectal surgeon at UHS) were providing an interim clinical solution. Resource had been assigned for project management in Poole to help to drive the early patients through the diagnostic process/onward referral process.</p> <p>SW explained the physical location of the hub had been fluid – it was originally going to be established at South Central Ambulance Service (SCAS) but this had not been possible due to COVID, so the hub is currently at UHS.</p> <p>SW presented the expected trajectory of patient numbers which were based on the national estimate of 10% of overall 2WW referrals. SW’s view was that the figures were potentially conservative as there is a real appetite in primary care and demand for this service.</p> <p>JW added that there a breadth of filter tests and it was estimated that the workload would increase next week once these had been done.</p>	

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	<p>MH congratulated the RDS delivery team for the successful launch of the service.</p> <p><b><u>Targeted Lung Health Checks (TLHC)</u></b></p> <p>MH reminded the Board that Southampton is one of ten pilot sites nationally for the TLHC project, which aims to diagnose cancer at an earlier stage for people aged 55-74 who have been identified as being at an increased risk of lung cancer.</p> <p>EW informed the Board that the project had been launched in January of this year. The model was community-based delivery, with mobile units set up in the more deprived areas of Southampton for both health check assessment and CT scan, with existing facilities at UHS had been used initially to manage participants.</p> <p>The programme had been going well but had to be suspended due to COVID-19. Subsequently, the protocol has been amended, and the direction of travel is to perform the health check virtually and then follow this with a CT scan if the person requires. There is awareness that some health checks would still need to be performed face to face e.g. for language reasons.</p> <p>The plan is to re-launch the project in August, once both the mobile CT scanner and the support trailer for face to face assessments are in place.</p> <p>The biggest challenge currently is that the previously developed IT package needs to be re-written (due to the protocol change) which requires further resource.</p> <p>PH thanked EW and team for their work on the project.</p>	
<p><b><u>6.</u></b></p>	<p><b>Specialised Commissioning</b> <i>(Slides attached for reference)</i></p> <p>CT described the restoration and recovery work of specialised commissioning (SC) in response to COVID-19 in Wessex, and emphasised the importance of continuing collaborative working between SC and the Alliance.</p> <p>DF informed the Board of the border issues between the South East and South West that Dorset had experienced during COVID-19 and iterated the need for both the South East and South West SC teams and both regional teams to work together so that patients are not disadvantaged in Dorset. CT assured DF that he has regular discussions with his South West counterpart.</p>	
<p><b><u>7.</u></b></p>	<p><b>Any Other Business</b></p> <p>The next meeting will be rescheduled due to diary clashes – date TBC.</p>	