



Wessex Cancer Alliance Board Meeting
Thursday 10th September 2020, 9.30am to 12.00pm
Via Microsoft Teams

Minutes

Board Members Present

AW	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust
CS	Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
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
MH	Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
NW	Nigel Watson, CEO of Wessex Local Medical Committees, LMC
PH	Paula Head, 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
SB	Simon Bryant, Director of Public Health, Hampshire County Council
SO	Siobhan O’Donnell, Workforce Transformation Lead, Health Education England (Wessex)
SN	Sue Newell, Patient and Public Involvement Programme Manager, Wessex Cancer Alliance

In Attendance

AM	Abby Mabil, Transformation Delivery Manager, Specialised Commissioning (South East) attended on behalf of Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
EC	Elisabeth Chen, Programme Director – Wessex Cancer Hub Implementation, Wessex Cancer Alliance (for agenda item 5 only)
FR	Frank Ratcliff, Associate Director, Industry & Innovation, Wessex Academic Health Science Network attended on behalf of Bill Gillespie, Chief Executive, Wessex Academic Health Science Network
KO	Kanwulia (Keke) Osigho, Quality Improvement Lead (Colorectal cancer pathway), Wessex Cancer Alliance (Observer)
KT	Kate Taylor, Senior Associate, Boston Consulting Group (for agenda item 5 only)
RSa	Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight Sustainability & Transformation Partnership attended on behalf of Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG
SM	Sarah Macklin, Associate Director, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (for agenda item 5 only)
SWt	Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Notes)
SS	Stephen Sutherland, Partner, Boston Consulting Group (for agenda item 5 only)

Apologies

AL	Amanda Lyons, Director of Strategic Transformation (Hampshire, IOW, Thames Valley), NHS England & NHS Improvement – South East
JW	Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance

Item	Subject	Action
<p><u>1.</u></p>	<p>Welcome and introductions</p> <p>MH opened the meeting. Introductions were made and apologies noted.</p> <p>The notes from the last meeting held on the 24th June 2020 were agreed as an accurate record of the meeting.</p> <p>Update on messaging to general practice action from previous meeting</p> <p>NW to take communication to general practice through the newly formed Wessex Prevention and Early Diagnosis Board; the inaugural meeting is taking place on the 18th September.</p> <p>MH shared the exciting news that the Alliance, in conjunction with the WesFIT team at UHS, had won the HSJ Cancer Care Initiative of the Year award.</p> <p>The Alliance has been shortlisted for two further national awards (winners are yet to be announced):</p> <ul style="list-style-type: none"> • Patient Experience Network National Award for the Improving Access to Cancer Nurse Specialists and Key Workers project • Nursing Times Award for Cancer nursing across boundaries project 	
<p><u>2.</u></p>	<p>Delivery plan and resource</p> <p><i>Slides attached for reference</i></p> <p>SR summarised the work being undertaken within each of the Alliance’s four work pillars this year, both in relation to COVID-19 recovery and the long-term aim of delivering the NHS Long Term Plan ambitions.</p> <p>The five-year funding previously published by the national team has now changed and the Alliance is awaiting confirmation of the allocation for this year. Funding has been confirmed for Q1 and Q2 and it is hoped that the funding for Q3 and Q4 will be confirmed by the end of September.</p> <p>SR presented the Alliance’s budget for 2020/21 and explained that it has been written on the assumption that this year’s funding will be the same as last year; the budget will need to be adjusted if the available funding this year is different than last year.</p> <p>SO informed the Board that Health Education England were providing £200,000 of funding to the Alliance this year, which is in addition to existing funding for specific targeted areas e.g. chemotherapy nursing. There may be further funding available for workforce development.</p> <p>SB commented on the need to embed the prevention workstreams into those of the local authorities and the HIOW STP/Dorset ICS and make sure they are aligned; SR confirmed governance would connect the Alliance work to the existing prevention boards in Dorset and HIOW. PH iterated the need for co-ordinating the prevention work across the area.</p>	

Item	Subject	Action
	<p>Action: SW/NW/SB to provide prevention update at the next Board meeting</p> <p>PH raised the need for a co-ordinated approach to screening, and for the Board to have sight of this, as this is a risk in terms of recovery for Wessex. SR acknowledged there are significant issues with breast screening service access at present; detailed plans for the recovery of all the screening programmes post COVID-19 have been received from Dorset and HIOW teams and a summary of these is included in the slides. CSF reminded the Board of the need to be mindful of links between the South West and South East as Dorset sits in the South West.</p> <p>Action: SR to circulate LTP response and Alliance’s recovery plan to the Board for comments</p>	<p>SW/NW/SB</p> <p>SR</p>
<p>3.</p>	<p>Performance and Recovery planning <i>Slides attached for reference</i></p> <p>MH described the current performance position in Wessex.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> - 2WW referrals dropped dramatically at the start of COVID-19 in late March, to around 30% of pre pandemic levels; they have since recovered and are now at 94% pre-COVID levels, against a national position of around 74%. - The number of patients waiting over 62 days for diagnostics or treatment is 389 with 60 people waiting over 104 days currently. The majority of the delay remains in diagnostics particularly endoscopy. - The reduction in referrals and treatment means there is pent up demand. National scenario modelling predicts a peak in urgent referrals in September, followed by a peak in hospital appointments in October. <p>The most recently published data for 62 day performance is June, for which Wessex was the top Alliance nationally at 82.7%.</p> <p>MH summarised the three overall aims of the cancer recovery phase, and the work the Alliance has done towards these to date. MH then described the Alliance’s recovery plan actions going forward and the risks to delivery of the phase 3 recovery.</p> <p>The Board discussed patient harm for those waiting over 104 days and how this is reviewed in each Trust. PH commented that patient harm should be looked at in a broader sense, not just for patients waiting over 104 days. It was agreed that a Wessex-wide strategy should be developed.</p> <p>Action: Wessex-wide strategy for patient harm to be developed</p>	<p>MH</p>

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	<p><u>Cancer Matters Wessex (CMW) website</u></p> <p>MH provided a walkthrough of the website for the Board.</p> <p>CSF explained that a soft version of the website had been launched in July. Since then, user testing has taken place with positive feedback being received regarding content and usability.</p> <p>The next step is to put the priority pathways (breast, colorectal, lung, prostate) with COVID-19 changes onto the website; this is due to take place in November.</p> <p>SR requested an update on the public's views of the CMW website at the next meeting, along with an update on the new Alliance website which is due to launch at the end of this month.</p> <p>Action: Update on CMW website and new Alliance website to be provided at the December Board meeting.</p> <p>MH expressed his gratitude to CSF and the website team for the hard work that has gone into creating the CMW website.</p>	<p>CSF/Jemma Jones</p>
<p><u>4.</u></p>	<p>National Cancer Patient Experience Survey</p> <p>SN summarised the results from the 2019 National Cancer Patient Experience Survey (NCPES). SN highlighted that response rates in Wessex (66%) were higher than the national average (61%), but the results showed that nationally and locally Black, Asian and minority ethnic (BAME) people have a poorer experience than white people. The Board discussed the BAME figures and supported the recommendation that it needs to be addressed locally.</p> <p>Action: AW and DF to seek assurance from individual Trusts regarding BAME figures (that each Trust is taking responsibility for them) and then identify how Alliance team can work directly with HIOW and Dorset STP/ICS to address the issues.</p> <p>The Board supported the recommendation of setting up a Wessex NCPES Task and Finish Group to devise and implement a collective improvement plan. PH suggested this group should also include members of the community.</p> <p>Action: SN to establish a Wessex NCPES Task and Finish Group to address identified inequality issues, in partnership with STP/ICS equality planning</p>	<p>AW/DF</p> <p>SN</p>

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5.	<p>Endoscopy</p> <p>EC provided an overview of the three key activities the Alliance is undertaking to support Trusts in addressing the issue with endoscopy, as the Wessex region has historically struggled to keep up with endoscopy demand:</p> <ol style="list-style-type: none"> 1. Participating in the national Adopt & Adapt (A&A) programme, in order to return to pre COVID-19 activity levels 2. Investigating new avenues to increase endoscopy workforce 3. Modelling a system level view on endoscopy demand & capacity, to look for a medium to long-term solution <p><u>Adopt and Adapt</u></p> <p>Dorset and HIOW A&A programmes are run separately as the programme is being run through the regions.</p> <p>SM presented an update on the Dorset endoscopy A&A response and explained that of the eight A&A initiatives considered, the largest impact is expected to be from Infection Prevention and Control (IPC) interventions and modular endoscopy units.</p> <p>The Board discussed the use of FIT testing as a way of re-prioritising of lists but not to discharge patients. Discussions were also had around same day swabbing so that patients do not have to self-isolate as this was an issue for some patients.</p> <p>EC provided an update on the HIOW response; the three initiatives likely to have a substantial impact are IPC standardisation, extended hours and modular endoscopy units.</p> <p><u>Workforce</u></p> <p>SO provided an HEE endoscopy workforce update:</p> <ul style="list-style-type: none"> - Clinical Endoscopy 30-week programme and Progression to colonoscopy 40-week programme currently in place - Immersion model endoscopy training being explored - Future possibility (TBC) - Virtual Endoscopy Training Academy - South West pilot <p><u>Demand and capacity modelling</u></p> <p>The Alliance are working with Boston Consulting Group to undertake a review of diagnostic demand and capacity across Wessex, starting with endoscopy.</p> <p>SS described the objectives for the endoscopy modelling and the work that has been done in HIOW to date. Dorset have not been included in the</p>	

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	<p>modelling, as the South West region elected to focus on A&A, but will be added when they are ready.</p> <p>SS demonstrated the Power BI dashboard model and the data options available on this. The Board were positive about the dashboard as a visualisation tool.</p> <p>SR confirmed that the Alliance were able to offer more support to Dorset where needed.</p>	
<p>6.</p>	<p>Project updates</p> <p><u>Wessex Cancer Hub (WCH)</u></p> <p>MH informed the Board that have been no referrals to the Wessex Cancer Hub to date, but there have been levels of activation of mutual aid across both HIOW and Dorset.</p> <p>The WCH will remain in place until March 2021 in case it is needed over the autumn/winter period.</p> <p><u>Rapid Diagnosis Service (RDS)</u></p> <p>SW updated the Board on the roll out of the RDS for patients with non-specific symptoms; the service is now live across 5 primary care networks and 9 patients have been referred to date.</p> <p>AW queried the low number of referrals; SW explained that the numbers were in line with predicted modelling and were also possibly due, in part, to the extensive mandatory filter tests directing patients onto other pathways.</p> <p>Next steps include:</p> <ul style="list-style-type: none"> - reviewing the potential for self-referral pathways and unscheduled care pathways to be incorporated into the RDS - exploring the possibility of rolling out the rapid diagnostic principles to other tumour sites <p>All partners have been keen to support clinicians to take forward the RDS pilot for Wessex. For phase 1, Poole have fully supported the Non Specific Symptom pathway for RDS patients and are keen to continue to support discussions to review options for other tumour site pathways to follow RDS principles via Clinically led Task and Finish groups. The Board agreed future decisions around further pathways being added to the RDS programme shall be presented and discussed at Board prior to implementation.</p> <p><u>Targeted Lung Health Checks (TLHC)</u></p>	

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	<p>RC provided an update on Targeted Lung Health Checks in Southampton since the last Board meeting.</p> <p>The programme resumed on the 24th August and 55 participants have been seen so far; 33 of these have gone on to have a CT scan and 2 participants have gone onto a 2WW pathway. The aim is to see 175 participants by the beginning of October.</p> <p>Further work is to be done in terms of communications, including a virtual launch this month which Professor Peter Johnson is participating in.</p> <p>The national programme has been extended by one year to 2024.</p> <p>NW informed the Board that BBC South Today are running a two-part series, starting on the 24th September, on COVID-19 and smoking, which then links to the early detection of lung cancer and the TLHC in Southampton.</p>	
<p><u>7.</u></p>	<p>Cancer Adopt and Adapt <i>Slides attached for reference</i></p> <p>This item was not discussed but the prepared presentation will be circulated for information.</p> <p>Action: Local action plan to be an agenda item for December meeting</p>	<p>SR/MH</p>
<p><u>8.</u></p>	<p>Any Other Business</p> <p>MH informed the Board that the Alliance had received a Freedom of Information request for name/role/organisation details of the members of the Alliance Board. This information is not currently publicly available but will be added to the new WCA website.</p> <p>RS requested Alliance consider top up to existing funding for DCH to support local pressures in delivering Risk Stratification.</p> <p>Action: SR to agree with CSF</p>	<p>SR/CSF</p>

Next meeting: Wednesday 9th December, 2.00pm to 4:30pm, via Microsoft Teams