



**Wessex Cancer Alliance Board Meeting  
Wednesday 9<sup>th</sup> December 2020, 2.00pm to 4.30pm  
Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AW Alex Whitfield, Executive lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- BG Bill Gillespie, Chief Executive, Wessex Academic Health Science Network
- CS Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- CSF Cindy Shaw-Fletcher, Head of Programme, Dorset Cancer Partnership
- CY Constantinos Yiangou, Cancer Acute Clinical Lead, Hampshire and Isle of Wight
- DFr David French, Interim Executive Chair, Wessex Cancer Alliance
- DFI Debbie Fleming, SRO for Cancer, Dorset Integrated Care System
- JW Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- NW Nigel Watson, Primary Care Clinical Lead, Hampshire and Isle of Wight
- RS Richard Sim, Cancer Acute Clinical Lead, Dorset
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- SO Siobhan O’Donnell, Programme Lead for Cancer and Diagnostics, South East Region
- SN Sue Newell, Patient and Public Involvement Programme Manager, Wessex Cancer Alliance

**In Attendance**

- AG Alex Geen, Deputy Head of Programmes, Dorset Cancer Partnership, item 2 only
- EC Elisabeth Chen, Programme Director – Wessex Cancer Hub Implementation, Wessex Cancer Alliance (for agenda item 5 only)
- JJ Jemma Jones, Communications Lead, Wessex Cancer Alliance (for agenda item 7 only)
- RF Rebecca Furlong, South East Cancer Programme Manager, NHS England and NHS Improvement (Observer)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)
- VW Victoria Wright, Facilitator (Wessex), Cancer Research UK attended on behalf of Deborah Haworth, Regional Manager (Facilitator Programme), Cancer Research UK

**Apologies**

- MM Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG
- SW Sarnia Ward, Primary Care Clinical Lead, Dorset Cancer Partnership
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1.</b>	<p><b>Welcome and introductions</b></p> <p>MH opened the meeting. Introductions were made and apologies noted.</p> <p>The minutes from the last meeting held on the 10<sup>th</sup> September 2020 were agreed as an accurate record of the meeting.</p> <p><b><u>Update on actions from last meeting</u></b></p>	

Item	Subject	Action
	<p><b>National Cancer Patient Experience Survey – BAME figures:</b> The Alliance is working with the Dorset ICS and HIOW STP to establish a way forward. ICS leadership for equality identified and work in train.</p> <p><b>Cancer Adopt and Adapt:</b> A local action plan was deemed unnecessary as this work is being driven at a regional level. As Wessex sits across two regions, the Alliance has been involved with both the South East and South West Adopt and Adapt programmes.</p> <p>All other actions closed.</p>	
<p><b>2.</b></p>	<p><b>Primary care strategy</b></p> <p>NW described how the Wessex Cancer Alliance Primary Care Strategy was developed.</p> <p>The strategy sets out the priority areas for cancer in Primary Care across the Alliance and describes how these will be achieved between now and 2024. Progress will be monitored by the WCA Prevention and Early Diagnosis Board and highlights and exceptions reported to this board.</p> <p>An additional aim of the strategy is to align the work of all the Alliance GPs. The contract for the Macmillan GPs in Wessex will end at the end of December, but it has been possible for Macmillan to utilise underspend and continue to fund four of the six Macmillan GP posts in 2021. The funding for each post ends at varying points during the year; the Alliance will pick up the rest of the funding.</p> <p>The Board had discussions around primary care education, communication with communities, screening, site-specific groups and end of life.</p> <p>The Board were supportive of the approach and approved the strategy.</p>	
<p><b>3.</b></p>	<p><b>Performance and Recovery planning</b> <i>Slides attached for reference</i></p> <p>MH presented the current Patient Tracking List (PTL) data for Wessex:</p> <ul style="list-style-type: none"> <li>• 9228 patients – this is three times the number of patients on the PTL in April.</li> <li>• In-target = 95.63%</li> <li>• Backlog = 3.62%</li> <li>• Backstop = 0.75%</li> </ul> <p>DFI presented the current performance data for Dorset. Key points to note:</p> <ul style="list-style-type: none"> <li>• Suspected cancer referrals are back to pre-COVID levels in November 2020 with some tumour sites exceeding previous numbers</li> <li>• Breast 2WW is very challenged – a task and finish group is being set up to look at this in detail</li> <li>• 62 Day performance remains significantly challenged in November 2020</li> <li>• In November there were 145 backlog patients (largely due to endoscopy and skin) and 23 backstop patients.</li> </ul>	

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	<p>AW presented the current performance data for HIOW. Key points to note:</p> <ul style="list-style-type: none"> <li>• 2WW referrals currently 95% of pre-COVID activity</li> <li>• Currently there are 185 backlog patients and 39 backstop patients.</li> <li>• Deep dives into head and neck and colorectal due to high numbers of patients waiting &gt; 62 days and &gt;104 days on these pathways</li> </ul> <p>There are no patients waiting for prioritised cancer surgery across Wessex.</p> <p>There was a discussion about the difference in the number of lung referrals in HIOW compared to Dorset.</p> <p>AW commented that there were discussions taking place across HIOW regarding mutual aid for the symptomatic breast 2WW pathway. This may be looked at if a Trust's pathway gets to 4 weeks.</p> <p><b><u>Pathway delay review (&gt;104 day)</u></b></p> <p>MH updated the Board on the development of a draft Clinical Harm and Pathway Delay Policy by the South East cancer alliances. The policy covers the South East but has a Dorset interface.</p> <p><b>Action:</b> <b>Draft policy to be shared with Board members</b></p> <p><b><u>Breast screening recovery</u></b></p> <p>CSF summarised the key points from the South West breast screening seminar that took place on the 25<sup>th</sup> November.</p> <p>There is a backlog of over 53,000 people in the SW - of these around 22,000 are in Dorset.</p> <p>CSF described the recovery plans for the SW; these will move the recovery from July 2024 to December 2022. The definition of recovery is no backlog (invitations up to date) and diagnosis timely.</p> <p>The Board discussed the need for more radiology staff as they work for both the symptomatic and screening systems. Breast self-referrals were also discussed.</p>	<p>MH</p>
<p><b><u>4.</u></b></p>	<p><b>Programme Highlight and Exception reports</b> <i>Slides attached for reference</i></p> <p>SR provided an update on the Alliance work programmes, including actions already achieved and deliverables for next quarter.</p> <p>SR provided an update on the Alliance budget. The biggest area of investment is in prevention, screening and earlier diagnosis, followed by faster diagnosis and timed pathways.</p>	

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	<p>The two Trusts receiving funding for the colon capsule are University Hospitals Dorset NHS Foundation Trust and Portsmouth Hospitals University NHS Trust (PHU).</p> <p>The Alliance has been awarded some funding from Healthwatch to do some engagement work with children, young adults and their families.</p> <p>SO explained the different funding pots allocated to the Alliance this year from Health Education England.</p>	
<p><b>5.</b></p>	<p><b>Endoscopy</b> <i>Slides attached for reference</i></p> <p>EC provided an overview of the endoscopy deep dive at PHU, which is looking at the long-term sustainability of endoscopy services.</p> <p>As part of this review, the Alliance is supporting PHU to:</p> <ul style="list-style-type: none"> <li>- Identify and implement operational process improvements</li> <li>- Develop a business case around future capacity and resource requirements</li> </ul> <p>EC summarised the findings of the review, along with the next steps at both a local and regional level.</p> <p><b>Action:</b> <b>Full report to be circulated</b></p> <p>EC presented the latest weekly endoscopy data - Wessex trusts are generally back to, or near, pre-COVID activity for endoscopy. EC highlighted that Trusts in HIOW (except for IOW) are showing large discrepancies between Trust data and the data from the national returns; this is being investigated.</p> <p>EC summarised the successful funding bids being actively progressed.</p> <p>MH and CY thanked EC for her hard work on the review.</p>	<p>EC</p>
<p><b>6.</b></p>	<p><b>Innovation fund</b> <i>Slides attached for reference</i></p> <p>JW updated the Board on the Post COVID Innovation Fund 2020/21 which aims to support the development and sustainability of cancer specific patient care and services that were developed as a direct response to COVID.</p> <p>18 bids were received, and these were reviewed by a panel of WCA team members; specialist knowledge was sought if required. 10 bids were successful and the funding for these ranges from £6,000 to £22,336.</p> <p>JW summarised the successful bids, which cover both HIOW and Dorset. Details of these will be added to WCA website in due course.</p>	

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	<p><b>Action:</b> <b>Bid summary to be circulated</b></p>	<p><b>JW</b></p>
<p><b>7.</b></p>	<p><b>Communications and engagement strategy</b></p> <p>SN summarised the Wessex Cancer Alliance Communications and Patient, Carer and Public Involvement Strategy, which is currently in draft format.</p> <p>The three-year strategy will provide a clear aim, vision and set of outcomes around communications and involvement for the Alliance.</p> <p>The Board discussed the strategy and gave approval for the draft version to be shared with Alliance stakeholders. A final Strategy will be brought to the next Board meeting for approval.</p> <p><b><u>WCA website</u></b></p> <p>JJ presented the new WCA website which is now live: <a href="https://wessexcanceralliance.nhs.uk/">https://wessexcanceralliance.nhs.uk/</a></p> <p>This website is stakeholder focused, whereas the Cancer Matters Wessex website is patient focused.</p> <p>The Board were asked to review the website and send feedback to JJ.</p>	
<p><b>8.</b></p>	<p><b>Any Other Business</b></p> <p>MH informed that Board that following the stepping down of Paula Head from her role as Executive Chair last month, the Alliance has been in the process of appointing a new Chair. DFr has put himself forward to cover the role in the interim; the Board were supportive of this.</p> <p>MH raised community diagnostic hubs and asked AW and DFI how the Alliance can get involved with the discussions taking place at a system level. AW referenced a Diagnostic Group in HIOW.</p> <p><b>Action:</b> <b>Dorset to feedback to MH and SR</b></p> <p>CS referenced Macmillan's 'The Forgotten C' report.</p> <p><b>Action:</b> <b>The Forgotten C report to be circulated</b></p>	<p><b>DFI / CSF</b></p> <p><b>CS</b></p>

**Next meeting: Wednesday 10<sup>th</sup> March, 11.00am to 1.30pm, via Microsoft Teams**