



Wessex Cancer Alliance Board Meeting
Wednesday 22nd September 2021, 9.30am to 12.00pm
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
DFI	Debbie Fleming, SRO for Cancer, Dorset Integrated Care System
DH	Deborah Haworth, Regional Relationship Manager, 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, 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
SW	Sarnia Ward, Primary Care Clinical Lead, Dorset Cancer Partnership
SO	Siobhan O'Donnell, Programme Lead for Cancer and Diagnostics, Health Education England (South East Region)
SN	Sue Newell, Patient and Public Involvement Programme Manager, Wessex Cancer Alliance

In Attendance

AWy	Anna Wykes, Programme Manager for Cancer Innovation, Wessex Academic Health Science Network and Wessex Cancer Alliance (for agenda item 7)
AD	Anu Dhir, Clinical Advisor for Cancer Innovation, Wessex Academic Health Science Network and Wessex Cancer Alliance (for agenda item 7)
DHi	Debbie Hilder, Applied Workforce Planning Lead, Health Education England (South East) (for agenda item 6)
DS	Derek Sandeman, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care System attended on behalf of Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Integrated Care System
HC	Heather Case, Head of Dorset Intelligence & Insight Service (DiiS) (for agenda item 3)
HJ	Hugh Janes, Specialised Commissioning (South East) attended on behalf of Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
JH	Jane Horne, Consultant in Public Health, Public Health Dorset attended on behalf of Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
JP	Joanna Phillips, Senior Manager - System Performance and Delivery (South East) (Observer)
MN	Maria Noblet, Consultant Nurse, Portsmouth Hospitals University NHS Trust (for agenda item 5)
RC	Robert Chambers, Head of Programmes, Wessex Cancer Alliance (Observer)
SH	Stephanie Heath, Programme Manager for Personalised Care, Wessex Cancer Alliance (for agenda item 4)
SWt	Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)
VJ	Vanessa Jeffery, Contract and Performance Lead, Specialised Commissioning (South East) (Observer)
VHD	Vicki Havercroft-Dixon, Lead Cancer Nurse, Hampshire Hospitals NHS Foundation Trust (Observer)

Apologies

CSF	Cindy Shaw-Fletcher, Head of Programme, Dorset Cancer Partnership
DFr	David French, Executive Chair, Wessex Cancer Alliance

Item	Subject	Action
1.	<p>Welcome and introductions</p> <p>MH opened the meeting. Introductions were made and apologies noted.</p> <p><u>Minutes and matters arising</u></p> <p>MH informed the Board that a request for clarity had been made following the circulation of the minutes from the last meeting on the 16th June 2021 and item 6 of the minutes had been amended accordingly. The updated version of the minutes had been circulated with the agenda.</p> <p>The minutes from the last meeting were agreed as an accurate record of the meeting.</p> <p><u>Update on actions from last meeting</u></p> <p><u>Innovations Fund – access for primary care bids</u> Primary Care Implementation Plan is currently being finalised.</p> <p>Action: Primary Care Implementation Plan to be presented at December Board meeting</p> <p><u>2020/21 End of year report</u> One-page poster summary has been created.</p> <p>Action: Poster summary to be circulated for comments</p> <p><u>Emergency presentations</u> This will be covered at the December Board meeting under the primary care agenda item.</p> <p>Action: Emergency presentations to be discussed as part of primary care item at December Board meeting</p> <p><u>Breast screening literature review</u> This has now been published: 1. Full report with recommendations 2. Summary with recommendations 3. Webinar, covering some of the key findings with signposting to the reports, and the accompanying slides</p> <p><u>Future ICS improvement capacity planning in the Alliance</u> Action ongoing - SR and CS to discuss potential additional support from Macmillan</p>	<p>NW</p> <p>SR</p> <p>SW</p> <p>SR/CS</p>

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	<p>DS confirmed the HIOW Clinical Executive Group is looking to appoint a clinical lead for cancer to replace Constantinos Yiangou to work alongside the Alliance.</p> <p>Action: DS to provide an update on who will take up this role to MH</p> <p>All other actions closed.</p> <p>MH informed the Board that the order of agenda items had been amended due to alterations in availability. These minutes reflect the order of the discussion.</p>	DS
2.	<p>System performance and pressures <i>Slides attached for reference</i></p> <p>SR presented the latest performance data for Wessex. Key points include:</p> <ul style="list-style-type: none"> • Missing 2WW referrals – Wessex has recovered 46.2% of gap versus national recovery of 23.3% • 62 day standard - Steady size backlog in spite of rising 2ww referrals • Waiting lists – demand is rising across the South East • Wessex have been the top performing Alliance nationally for FDS since reporting began. Formal reporting begins on the 1st October 2021. <p>SR highlighted there is a threat to the sustainability of current services due to an exhausted workforce and the capacity of existing services nearing their limit and described the short term and longer term actions required to mitigate this and meet future demand for care.</p> <p>The Board discussed the current pressures from both a primary care perspective and a system perspective. Access to diagnostics was highlighted as an important issue.</p> <p>BG commented on the opportunity for innovation projects to drive early diagnosis and congratulated Wessex for the performance over the last 18 months.</p> <p>There was a discussion about screening pathways and that the current KPIs for the screening pathway do not match the requirements of the Faster Diagnosis Standard. This needs to be confirmed, and potentially escalated for resolution.</p> <p>Action: JH to pick up screening diagnosis times with Simon Bryant</p> <p>The Board agreed with the actions recommended in the presentation.</p>	JH/SB
3.	<p>Inequalities dashboard</p> <p>HC gave an overview of the work of the Dorset Intelligence & Insight Service (DiiS) and summarised the cancer reports generated for Dorset currently; these will be developed to include HIOW data.</p>	

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	<p>HC provided a demonstration of the Inequalities dashboard.</p> <p>As with the cancer reports, the dashboard is Dorset-focused currently - all practices in Dorset have now signed up to contribute their data.</p> <p>In H1OW, all Information Governance has now been signed off. The next step is to discuss the quality of the Somerset Cancer Register (SCR) extract - need to make sure everyone is comfortable with sharing this and agrees it is of a certain standard.</p> <p>SW expressed concern about the level of detail available and protecting the confidentiality of patients when there are very small numbers. HC explained there are ongoing discussions regarding this; a suggestion has been made to wrap around to the number 5.</p> <p>Action: HC to link with SR regarding obtaining a clinician’s view as to how best to protect patient identification when presenting small numbers</p> <p>CS queried whether there were any plans for care planning information to be added. HC said this was already being done for other areas e.g. frailty and diabetes and could be added for cancer if this would be useful.</p> <p>The Board discussed the current use of the dashboard in secondary care and the link to the Population Health Management programme.</p> <p>HC asked Board members to provide feedback to assist with the development of the dashboard.</p>	<p>HC/SR</p>
<p>4.</p>	<p>Personalised Care – current & future planning <i>Slides attached for reference</i></p> <p>SH described the key priorities of the Personalised Care work programme and the progress of each of them to date:</p> <ul style="list-style-type: none"> • Personalised Interventions • Supported Self-Management • Personalised Stratified Follow Up • Quality, experience, and performance • Workforce Culture <p>SH gave an overview of the Right by You project which aims to support the delivery of personalised integrated care. The service model is being co-designed with people with lived experience of cancer.</p> <p>SW commented that there is clinical buy-in from clinicians in Dorset for risk-stratified follow up now but there is frustration that this is not up and running yet. SW also commented that cancer care reviews are part of the Quality and</p>	

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	<p>Outcomes Framework (QOF) and are included in the Alliance’s primary care strategy.</p> <p>Action: UHD PSFU ongoing delay in implementation of digital solution – DFI offered to take an action to review the planning of PSFU digital system in Dorset and bring an update back to the December Board meeting.</p> <p>MH thanked SH for her hard work.</p>	<p>DFI</p>
<p>5.</p>	<p>Psychological support across Wessex <i>Slides attached for reference</i></p> <p>MN gave an overview of the psychological support scoping work she is leading on for the Alliance.</p> <p>The project has identified the variation of psychological support available for cancer patients across Wessex, and the lack of preparedness of the CNS workforce to provide psychological support and their limited access to robust clinical supervision.</p> <p>MN described the next steps and the recommendations for the project going forward.</p> <p>There was a discussion around psychological support from a system perspective and the variation of support available between different Trusts.</p> <p>JW emphasised the need to educate CNSs to prevent the need for enhanced psychological support further down the line.</p> <p>CS commented that historically Macmillan have provided micro investments related to psychological support, but a more strategic programme of investment is to be launched shortly to support a step change.</p> <p>The Board supported the approach and agreed with the recommendations.</p>	
<p>6.</p>	<p>Health Education England – workforce challenges <i>Slides attached for reference</i></p> <p>DHi described the current cancer workforce challenges both nationally and across the South East, and the HEE support options available to teams/systems within Wessex.</p> <p>NW informed the Board of the national Additional Roles Reimbursement Scheme (ARRS) which will provide funding for 26,000 additional roles to support PCNs - Wessex will be promoting a cancer care co-ordinator in PCNs as a care co-ordinator is one of the ARRS roles.</p>	

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	<p>AW highlighted the pressure on clinical oncology currently and queried if there was any other support available for immediate help e.g. international recruitment. SO explained this was discussed at the last WCA Workforce Board meeting and the two ICS workforce leads are looking into a short term solution.</p> <p>Action: SO to find out about international recruitment from a HEE perspective</p> <p>RS queried how the Alliance might support greater collaboration across organisations to support smaller trusts in particular to fill vacancies, recognising larger trusts can offer greater opportunities, for example, to undertake speciality work.</p> <p>Oncologists across Dorset are a prioritised work group, with a programme led by Chief People Officer Karen Allman.</p> <p>Action: DFI to feed back Alliance comments via DWAB</p> <p>SO described the training offers available from HEE this year and gave an update on the training academies for endoscopy and imaging.</p> <p>SO summarised the other HEE South East cancer workstreams.</p> <p>Discussions are taking place around how the pharmacy workforce can be utilised with regards to cancer services and prevention/early detection.</p> <p>Funding has just been confirmed for the Radiography workforce apprenticeships initiative (£420,000 across the South East including Dorset) – currently open for expressions of interest.</p>	<p>SO</p> <p>DFI</p>
<p><u>7.</u></p>	<p>Innovation in the early detection of cancer <i>Slides attached for reference</i></p> <p>AD and AWy gave an overview of the Wessex Cancer Innovation Programme, which commenced in December 2020 to identify innovations to improve the earlier diagnosis of cancer.</p> <p>The programme is novel: AD and AWy are both co-employed by the Wessex Academic Health Science Network (AHSN) and the Wessex Cancer Alliance - no other Cancer Alliance/AHSN has co-employed anyone to do this work.</p> <p>Two case studies were presented as examples of the successes and the challenges of the programme to date.</p> <p>Board members were asked to:</p> <ul style="list-style-type: none"> - assist with escalation in the event of an immovable internal blocker within their organisation 	



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	<ul style="list-style-type: none">- ensure there are clear decision making pathways in their organisation (or initiate conversations to develop these if they do not currently exist)- assist with ensuring spread and adoption of innovations are part of conversations regarding the governance of the new Integrated Care Systems. <p>BG commented on the need to be mindful of the readiness of systems to adopt new technology and for leadership to be involved in conversations.</p> <p>The Board were supportive of the work of the Innovation Programme.</p> <p>Action: MH and SR to consider how the Alliance can increase collaboration more directly with AHSN in engaging within the two ICS systems</p> <p>Post-meeting note: AD and SW have declared a potential conflict of interest as they are married.</p>	MH/SR
<u>8.</u>	Any other business No other business raised.	

Next meeting: Wednesday 8th December, 9.30am to 12.00pm