



Wessex Cancer Alliance Board – June 2022 updated action tracker

Summary of actions and updates from previous board meeting:

<u>Action</u>	<u>Lead</u>	<u>Update</u>
Confirmation of clinical leadership role for HIOW ICS	DS	Complete, DS confirmed as cancer alliance representative
Update on screening contract versus 28-day FDS	SB	Complete, national screening contract under review to reconcile with FDS
Review if oncology part of international recruitment strategy for HEE	SO	Complete, oncology focused programme led by SE Region now underway
Workforce strategy on agenda	SR	Complete – workforce strategy approved and now on WCA website
AHSN to build early diagnosis programme in partnership with ICS	BG	Ongoing – follow up at future board meeting?
Discussion of future of SAFEFIT commissioning plan for both ICSs	SW AW	Update due
Emily Shaw to connect with SE HEE genomics lead	ES	Complete
Genomics information space to be created on the WCA website	SR	In development
IoW AOS report shared with WCA board	SR	Complete
Resolution of capacity issues in IT delaying information on CWT for HIOW	AW, SR	Resolved other than PHU
Finalise SSG proposal and share information on local training and development	MH/RS	In development

**Wessex Cancer Alliance Board Meeting
Wednesday 8th December 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
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- CSF Cindy Shaw-Fletcher, Head of Programme, Dorset Cancer Partnership
- DFr David French, Executive Chair, Wessex Cancer Alliance (Chair)
- DH Deborah Haworth, Regional Relationship Manager, Cancer Research UK
- JW Jane Winter, Macmillan Nursing/AHP Lead, Wessex Cancer Alliance
- 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
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council



- 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

- ES Emily Shaw, Consultant Histopathologist, University Hospital Southampton NHS Foundation Trust (for agenda item 3)
 JB Joe Bagley, Head of Primary Care, Solent NHS Trust (Observer)
 KL Kate Lippiett, Programme Manager (Treatment), Wessex Cancer Alliance (for agenda item 4)
 LH Louise Hooker, Clinical Advisor (Children and Young People) Wessex Cancer Alliance (for agenda item 3)
 SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

Apologies

- DFI Debbie Fleming, SRO for Cancer, Dorset Integrated Care System
 DS Derek Sandeman, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care System
 MH Matt Hayes, Medical Director, Wessex Cancer Alliance
 NW Nigel Watson, Primary Care Clinical Lead, Hampshire and Isle of Wight

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<u>1.</u>	<p>Welcome and introductions</p> <p>Dfr opened the meeting. Introductions were made and apologies noted.</p> <p><u>Minutes and matters arising</u></p> <p>The minutes from the last meeting held on 22nd September 2021 were agreed as an accurate record of the meeting.</p> <p><u>Update on actions from last meeting</u></p> <p><u>2020/21 End of year report</u> One-page poster summary has been finalised and distributed to all providers.</p> <p><u>Future ICS improvement capacity planning in the Alliance</u> Action ongoing - DS to provide an update on who will take up the HIOW clinical lead for cancer role to MH</p> <p><u>System performance and pressures</u> Screening diagnosis times – national contract sits outside of the 28 day Faster Diagnosis Standard. Action: SB to feedback to SR following Directors of Public Health meeting on Friday</p> <p><u>Inequalities dashboard</u> It has been agreed that a number of 5 or greater will be used to protect patient identification when presenting small numbers.</p> <p><u>Personalised Care – current & future planning</u></p>	<p>DS</p> <p>SB</p>

Item	Subject	Action
	<p>UHD PSFU implementation delay – DFI has followed this up and plans are in place for this to go live by the end of March 2022.</p> <p><u>Health Education England – workforce challenges</u> International recruitment – HEE focus has been on radiology and radiography, but it is being explored as to whether oncology is part of the future plan. Action: SO to follow this up internally</p> <p>Workforce – good engagement from both systems in terms of workforce. The objective is for the planning work of the Alliance to form a part of the wider ICS workforce plan. Action: Workforce strategy to be an agenda item at the next meeting</p> <p><u>Innovation in the early detection of cancer</u> ICS engagement – Alliance and AHSN collaboration ongoing. Action: MH, SR and BG to discuss how to build on the existing programme</p> <p>All other actions closed.</p>	<p>SO</p> <p>SR</p> <p>MH/SR/ BG</p>
<p><u>2.</u></p>	<p>System performance and pressures <i>Slides attached for reference</i></p> <p>SR summarised the current pressures across Wessex; both systems are at their worst point since the start of the pandemic.</p> <p>The latest ICS level performance data was presented. Wessex are close to the England average or better, however nearly all key performance metrics are failed for the first time in the Alliance history.</p> <p>Despite the Faster Diagnosis Standard (FDS) being a pressure particularly for Dorset, Wessex remain a top performing Alliance nationally and was one of two Alliances to achieve the FDS standard in September. Initial indications are that we will also meet this for October as an Alliance.</p> <p>SR described the key pressure points for cancer and the Alliance’s response to the current crisis and gave an update on Targeted Lung Health Checks and the GRAIL study.</p> <p>There was a discussion about virtual health and wellbeing clinics and the information available on the Cancer Matters Wessex website. CS commented that support grants are available from Macmillan to support content creation e.g. generic video content.</p> <p>CT commended the Alliance for its performance and thanked SR for her work.</p> <p>The Board had an in-depth discussion about the cancellation of P2 surgeries, the pressures with ITU, and potential within-system and between-system solutions.</p>	

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	<p>JW commented on the need for a consistent approach to prehab and optimising people’s health before they come into hospital.</p> <p>Action: SR, AW, and SW to discuss standing up SafeFit again with both systems and promoting preventative measures to the Wessex population with public health</p>	<p>SR/AW/SW</p>
<p><u>3.</u></p>	<p>Overview of Treatment work programme</p> <p><u>Children’s and TYA Cancer Services</u> <i>Slides attached for reference</i></p> <p>LH gave an overview of the work of the Children, Teenage and Young Adult (CTYA) cancer services programme to date.</p> <p>The programme has:</p> <ul style="list-style-type: none"> • Established a joint childhood cancer Operational Delivery Network (ODN) and a TYA cancer ODN for Wessex and Thames Valley • Engaged with Wessex Children’s services in an ODN-led gap analysis of Paediatric Oncology Shared Care Units (POSCUs) • Re-established a Children’s Cancer Lead Nurse for Wessex – to start in January • Started to offer whole genome sequencing to children at diagnosis • Embarked upon a whole system co-produced improvement project – ‘Our Cancer Our Way’ <p>LH described the next steps for this work programme.</p> <p><u>Radiotherapy</u></p> <p>Dfr gave an update on the Wessex and Thames Valley radiotherapy network, which is hosted by Oxford University Hospitals NHS Foundation Trust and is chaired by UHS.</p> <p>There is excellent engagement across the patch – typically all Trusts are represented at each meeting.</p> <p>The key areas of work of the network are:</p> <ol style="list-style-type: none"> 1) Data sharing - staffing comparisons, productivity measures, assets 2) Aligning protocols, in particular clinical protocols 3) IT systems 4) Planning - future service provision <p>CT commented on the recurrent theme of radiotherapy provision in Chichester; this will be raised at the radiotherapy network meeting on Friday.</p> <p><u>Genomics</u> <i>Slides attached for reference</i></p>	

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	<p>ES, Pathology Lead for the NHS Central and South Genomic Laboratory Hub, described the National Genomic Medicine Service and gave an overview of the progress of genomics services across Wessex:</p> <ul style="list-style-type: none"> - Mainstreaming cancer genomics - Whole genome sequencing - Workforce and strategy - Training and education <p>ES described the next steps for this work.</p> <p>Action: SO to link ES with Donna Poole, HEE (South East) genomics lead</p> <p>RS queried panel markers for thyroid cancers – how will local pathways change? ES confirmed the new pathways and summarised details.</p> <p>There was a discussion around communication and how to make sure clinicians are aware of the tests available. CSF suggested that the WCA website could house information for professionals.</p> <p>Action: SR to create genomics information space on the WCA website</p>	<p>SO</p> <p>SR</p>
<p>4.</p>	<p>Isle of Wight – Oncology Services Review</p> <p>KL provided an overview of the Oncology Services Review on the Isle of Wight, which had been requested by Maggie Oldham (previous Chief Executive of the IOW NHS Trust).</p> <p>The work has been led by Philippa Jones, National Clinical Advisor for Acute Oncology, and has specifically focused on the challenges of a consultant oncologist presence on the island, that was exacerbated by COVID, and a lack of a 7-day acute oncology service (both nursing and medical).</p> <p>The aim of the review is to seek agreement from the IOW, UHS and PHU as to what an acute oncology service on the IOW should look like and to agree short, medium, and long term actions.</p> <p>The findings are being presented at a meeting with the IOW executive team on the 15th December; the standards for service delivery on the IOW will also be agreed at this meeting.</p> <p>Action: Report and action plan to be shared with Board members following IOW confirmation</p> <p>JW described the broader work being undertaken by the Alliance around acute oncology.</p>	<p>KL</p>

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	<p>Discussions are taking place with PHU and UHS around the lead acute in supporting oncology on the IOW, but this is a separate piece of work.</p> <p>SB referenced an inequalities piece of work being undertaken with the IOW NHS Trust and commented on the need to link all the pieces of work together.</p>	
<p><u>5.</u></p>	<p>Primary Care – operationalisation of strategy <i>Slides attached for reference</i></p> <p>SW provided an overview of the Wessex Primary Care Implementation Plan, which details how the Primary Care Strategy will be delivered, and described the progress to date of some of the targets within the strategy:</p> <ul style="list-style-type: none"> • Local Improvement Scheme (LIS) for Primary Care Networks (PCNs) • Primary Care Toolkit • Primary Care Newsletter • Fast track referrals • PSA testing • Dashboard in Dorset <p>SW updated the Board on the work being undertaken in Wessex around emergency presentations.</p> <p>The main challenges faced by the primary care group have been around data (particularly HIOW) and FIT testing, in addition to the extreme pressure primary care is under currently.</p> <p>There was a discussion about the two pieces of work being undertaken currently around emergency departments:</p> <ul style="list-style-type: none"> • RIS pilot taking place at UHS - patients who attend A&E with vague symptoms are referred to the RIS • Patients attending A&E with clear red flag cancer symptoms – scoping work to establish current referral processes in Trusts <p>The Board discussed the staging data challenges and the need for this data to be completed by clinicians on the Somerset Care Record at diagnosis.</p> <p>JW suggested looking at the Merseyside data around cancer patients diagnosed/admitted from A&E.</p> <p>SW asked the Board for their support with the HIOW data.</p> <p>Action: SR to work with AW to resolve capacity issues in HIOW Trusts around data extraction</p>	<p>SR/AW</p>
<p><u>6.</u></p>	<p>Tumour Site Specific Groups</p>	

Item	Subject	Action
	<p>RS summarised the draft proposal for tumour Site Specific Groups (SSGs), which aims to establish a more standard approach for these groups across Wessex.</p> <p>The Board discussed membership of the SSGs, meeting structures, training for chairs and funding.</p> <p>The Alliance plan to allocate funding to support SSGs from next year.</p> <p>CT commented on the need for ICS approval as they sit across two systems.</p> <p>JW commented on her experience as a co-chair of the HIOW colorectal group and how having a co-chair works very well as a model.</p> <p>Actions: CSF to share details of provider used for training Dorset chairs with SR RS and SN to discuss how patients/carers can link into meetings RS, SR and MH to finalise proposal document and next steps</p>	<p>CSF RS/SN RS/SR/ MH</p>
<p><u>7.</u></p>	<p>Any other business</p> <p>Dfr thanked SN on behalf of the Board for her contribution and wished her all the best for her new national role.</p> <p>Dfr thanked Board members for all their hard work during this challenging time.</p>	

Next meeting: Tuesday 15th March 2022, 9.30am to 12.00pm