



**Wessex Cancer Alliance Board Meeting  
Tuesday 14<sup>th</sup> March 2023, 9.30am to 12.00pm  
Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AG Alex Geen, Head of Service, Dorset Cancer Partnership
- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- CS Chris Scally, Strategic Partnership Manager – South West England, Macmillan Cancer Support
- CT Christopher Tibbs, Medical Director, Specialised Commissioning (South East)
- DF David French, Executive Chair, Wessex Cancer Alliance
- JHo Jane Horne, Consultant in Public Health, Public Health Dorset
- JM Jane McLeod, Primary Care Clinical Lead for Hampshire and Isle of Wight
- LD Lyn Darby, Deputy Director Acute Services, Hampshire and Isle of Wight Integrated Care Board
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- MW Mike Wood, Cancer Patient and Public Involvement Head of Programme, Help and Care
- 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)

**In Attendance**

- LH Louise Hooker, Clinical Advisor - Children and Young People, Wessex Cancer Alliance attended on behalf of Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- ND Nicola Duffield, Programme Manager (Prevention and Earlier Diagnosis), Wessex Cancer Alliance (for agenda item 4)
- PW Peter Wilson, Medical Director (Commissioning), NHS England & Improvement, South West Region
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance (for agenda item 3)
- SWt Stephanie Witts, Business Support Assistant, Wessex Cancer Alliance (Minutes)

**Apologies**

- BG Bill Gillespie, Chief Executive, Wessex Academic Health Science Network (AHSN)
- JH Jane Hayward, Planned Care and Networks Programme Director, Hampshire and Isle of Wight Integrated Care System
- JHB Julia Hugason-Briem, Regional Relationship Manager, Cancer Research UK
- LA Lara Alloway, Deputy Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board
- SB Simon Bryant, Director of Public Health, Hampshire County Council and Isle of Wight Council
- SH Siobhan Harrington, SRO for Cancer, NHS Dorset

| <u>Item</u>      | <u>Subject</u>   | <u>Action</u> |
|------------------|--|---------------|
| <b><u>1.</u></b> | <p><b>Welcome and introductions</b></p> <p>MH opened the meeting and informed the Board that the agenda had been adjusted due to the impact of the industrial action by junior doctors on the availability of Board members.</p> <p>Introductions were made and apologies noted.</p> |               |

| Item | Subject   | Action  |
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|      | <p><b><u>Minutes and matters arising</u></b><br/>The minutes from the last meeting held on 7<sup>th</sup> December 2022 were agreed as an accurate record of the meeting.</p> <p><b><u>Update on actions from last meeting</u></b><br/>The following updates were provided on actions not covered under the main agenda:</p> <p><b><u>Staging data</u></b><br/>Early detection update postponed to next meeting to enable staging data completeness.</p> <p><b>Action:</b><br/><b>Early detection, including staging data, to be the focus of June’s Board meeting</b></p> <p><b><u>Upper and lower GI combined pathway</u></b><br/>Discussions are taking place in Dorset around a combined upper and lower GI pathway, similar to the Northern Cancer Alliance model.</p> <p><b><u>Robotic Assisted Radical Prostatectomy (RARP) mutual aid discussions</u></b><br/>There is not sufficient flexibility for mutual aid between the three RARP providers in Wessex currently, but mitigations are in place in each of the three Trusts.</p> <p><b><u>Shortage of seeds for brachytherapy</u></b><br/>Seed shortage due to a manufacturing limitation in America.</p> <p><b>Action:</b><br/><b>PW to find out if the Cancer Alliances in the South West have similar supply issues</b></p> <p><b><u>Funding for Paediatric Oncology Lead Nurse role</u></b><br/>DF has raised with the team, and it has gone into budget setting – outcome will be known in the next month.</p> <p><b>Action ongoing:</b><br/><b>Funding for Paediatric Oncology Lead Nurse role to be secured</b></p> <p><b><u>Increase uptake of FIT</u></b><br/>It was agreed that the evaluation of the FIT&lt;10 pathway should take place after the pathway has been live for six months.</p> <p><b>Action:</b><br/><b>Interim evaluation of FIT&lt;10 pathway to be an agenda item for the June meeting</b></p> <p>All other actions closed.</p> | <p>MH/SR</p> <p>PW</p> <p>DF</p> <p>SW/JM</p> |

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| <p><b><u>2.</u></b></p> | <p><b>Alliance performance, risks and mitigations</b><br/> <i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex and summarised the operational plans for both Dorset and Hampshire and the Isle of Wight (IoW).</p> <p>Key points highlighted:</p> <ul style="list-style-type: none"> <li>• Nationally no single Integrated Care System (ICS) is achieving the 62 day standard of 85% but Dorset has significantly improved its position.</li> <li>• All trusts are committed to Faster Diagnosis Standard (FDS) recovery despite not meeting the target across the patch.</li> <li>• National focus has shifted to achievement of 6.4% Patient Tracking List (PTL) or less over 62 days. Ambitious plans for all trusts to achieve recovery by March 2024, with exception of IoW where target is unrealistic.</li> <li>• Alliance is continuing to maximise opportunity of resources to clear backlogs whilst building sustainable plans for future.</li> </ul> <p>DF commented on the overall capacity issue and the challenge this is going to present over the next 12 months.</p> <p>The Board agreed with the following action recommendations:</p> <ul style="list-style-type: none"> <li>• To agree a system wide approach to recovery with realistic and achievable trajectories.</li> <li>• To review system wide mutual aid mechanisms for diagnostic and treatment modalities (balance the load).</li> <li>• To commit IT resource, or enable support to mitigate IT system driving rate of recovery.</li> <li>• To be open to wider service review where existing services are unsustainable.</li> </ul> <p><b>Action:</b><br/> <b>SR, LD and AG to take forward</b></p> | <p><b>SR/LD/AG</b></p> |
| <p><b><u>3.</u></b></p> | <p><b>Planning</b><br/> <i>Slides attached for reference</i></p> <p>RC summarised the planning process and the Alliance’s draft work plans for 2023/24.</p> <p>Draft delivery plans were submitted to the national team on 7<sup>th</sup> March in line with the National Cancer Programme Schedule – currently awaiting feedback. Final delivery plans are required by 18<sup>th</sup> April 2023.</p> <p>The budget for the Alliance for 2023/24 has increased from £6.8M to £11.1M and funding will be focused on:</p>   |                        |

| Item             | Subject   | Action                               |
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|                  | <ul style="list-style-type: none"> <li>• Reducing over 62 day backlog</li> <li>• Achieving Faster Diagnosis Standard</li> <li>• Achieving 75% early stage ambition by 2028</li> </ul> <p>Planning workshops with both the Dorset and HIOW Integrated Care Boards (ICB) will ensure the Alliance’s plans align with the ICBs’ ambitions. The Dorset workshop is taking place on the 5<sup>th</sup> April 2023; the date of the HIOW workshop is still to be finalised.</p> <p>MW commented that there wasn’t any real mention of Patient and Public Involvement (PPI) in the draft work plans and it was important not to lose sight of PPI in light of performance pressures. MH agreed it was an important point and PPI should be explicitly stated in the plans. RC commented that representatives from the PPI Steering Group were actively involved in developing the draft plans and the final plans will be taken back to the steering group.</p> <p><b>Action:</b><br/> <b>PPI to be explicitly stated in Alliance’s work plans for 2023/24</b></p> <p>CS endorsed MW’s point and queried whether the personalised care (PC) ambitions will be included in the planning workshops and whether tangible outputs e.g., data evidence will be determined. SR confirmed the PC ambitions will be discussed; RC added that Steph Heath (Programme Manager for PC) is working with the Dorset Intelligence and Insight Service (DiiS) to develop a PC dashboard.</p> <p><b>Actions:</b><br/> <b>SR to share PC programme Steph H is pulling together</b><br/> <b>SR and CS to have further discussions around PC ambitions</b><br/> <b>Final plans to be brought back to next Board meeting</b></p> | <p>RC</p> <p>SR<br/>SR/CS<br/>RC</p> |
| <p><b>4.</b></p> | <p><b>Earlier Detection – Core 20+5</b><br/> <i>Slides attached for reference</i></p> <p>ND presented the business case for continuing the funding for Communities Against Cancer (CAC).</p> <p>The Board were asked to support the continuation of CAC for another 2 years (2023/25) and agree funding of £130,194 per annum.</p> <p>MH referenced the successful joint WCA and Silk Route engagement event that took place in Romsey on the 12<sup>th</sup> March around healthy lifestyles and cancer signs and symptoms.</p> <p>There were discussions around the cost-based value of the project, the network of enthusiasm and trust being built due to the project, and the other work taking place in Wessex around inequalities and community</p>  |                                      |

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|                         | <p>engagement – some of which would need to link in to CAC and others that could be alternative options to CAC.</p> <p>The Board approved the principal of working with CAC and Action Hampshire in support of the earlier detection agenda, with final approval of the budgetary allocation to follow once ICB sign-off has been secured.</p> <p><b>Action:</b><br/> <b>Final approval of budgetary allocation for CAC to be sought following Dorset and HIOW ICB sign-off</b></p>  | <p><b>MH/SR</b></p>               |
| <p><b><u>5.</u></b></p> | <p><b>Role of the Cancer Alliance alongside Operational Delivery Networks</b></p> <p>MH led a discussion around how the Alliance works alongside Operational Delivery Networks (ODN) and the challenges of the existing governance mechanisms of these networks.</p> <p>CT commented on the different geographical footprints of the ODNs not being ideal, and the need for a coherent cancer strategy at ICB level.</p> <p>DF agreed with CT’s assessment of the different footprints, and commented on the need for a number of factors to be in place for the networks to be effective e.g. engagement from clinical teams, administrative and project management support, and senior leadership and the importance of the networks to link effectively with each other.</p> <p>LH commented on the Teenage and Young Adult Cancer ODN which is the most recent ODN to be initiated within Wessex.</p> <p>PW commented on the networks in the South West and shared the proposed future governance structure for these networks.</p> <p>MH proposed a piece of work to undertake a stocktake of what the networks are doing and to put in place some clinical leadership to sit across the networks.</p> <p><b>Action:</b><br/> <b>MH, SR, DF, LA and RS to discuss MH proposal further</b></p> | <p><b>MH/SR/<br/>DF/LA/RS</b></p> |
| <p><b><u>6.</u></b></p> | <p><b>Any other business</b></p> <p>No other business was raised.</p>  |                                   |

**Next meeting: Wednesday 21<sup>st</sup> June 2023, 11.00am – 1.30pm**