

## Peninsula Cancer Alliance Board

### Notes

### 04<sup>th</sup> October 2021 v1

#### 1. Welcome, Introductions and Apologies

See Appendix 2 for attendance

#### 2. Minutes of the last meeting

**AGREED**

**Minutes were approved by board.**

See Action Log at Appendix 1 for update on actions

#### 3. Harm Reviews by each Provider

KS asked for each provider to update on what their current process was for harm reviews.

##### Comments

- RD&E have conducted some data cleansing, through this they are happy the waiting lists are articulated correctly and all reviews have confirmed that no harm. At the moment MDT's leads are reviewing weekly in order to flag at 85 days, rather than waiting for them to reach 104 days. Linking into the new PTL process.
- TSD have 20 active pathways with 104 days, split between urology and lower GI. Process in two halves, those on active pathways and those treated in the previous month. Active pathways- Cancer waiting time manager reviews list daily to ensure good data quality and validated. List is circulated weekly to clinical leads, operational lead and practise managers in each speciality. This is to ensure any blocks can be dealt with. Weekly RTT meetings attending by head of performance and anything over 104 day raised at meeting. When patient breaches 104 days each patient has a route cause analysis document that is circulated to clinician and they then conduct a investigation into harm. This is also uploaded to datex.
- No attendance from University Hospitals Plymouth NHS Trust , Royal Cornwall Hospitals NHS Trust and Torbay & South Devon NHS Foundation Trust .
- Process is in place and currently nil harms coming out for those in place.

**AGREED**

**Will ask outstanding trusts for their harm review process and will make this a regular update and conversation at each board.**

#### 4. Cancer Performance

SB presented on cancer performance and metrics around the alliance.

##### Comments

- Lower GI and Urology are main sites with breaches, this is down to diagnostics issues. There is a South West Endoscopy group who are working on additional radiography capacity. Mobile service is also being brought in to cover LATP issues.
- There are concerns that figures are going to get worse over bed capacity from non elective work.
- MD wanted to flag that the H2 planning was going to be focused on waiting times so warned that this may be focused upon over the next few months.



- PW raised that they need to ensure not double counting resource, as endoscopy screening is being phased out in favour of FIT. The workforce being used previously can be used for the symptomatic pathway. Need to have a focus on staff and how they are being used.

#### ACTIONS

35. SB and MD to work together and ask providers about 62 day and 104-day breaches, what the plan is to recovery. Particularly if this is tumour specific.
36. PW and SB to provide some clarity to providers with a clear ask around how latent capacity can be used as part of endoscopy diagnostic recovery.

## 4. Report from Clinical Chair

JM gave a quick update from the weekly CPG calls, he has been chairing in John absence.

The board had no comments and accepted the update.

## 6. Cancer Surgical Hub

Conversation was due to be led by Susan Bracefield who was unable to attend. KS led the discussion in her absence.

#### Comments

- Issue of patient travel was raised; KS confirmed the national experience on getting patients to travel further seems to indicate that they will travel if it is made easy, patient is given confidence and follow up is agreed. This is not what has been felt locally but shouldn't rule anything out.
- To use private hospitals this would mean taking down other work that is being conducted, including orthopaedics.
- KS raised if there should be a team looking at slot allocation by prioritisation in the South West. This could focus on two ends of the spectrum, diagnostic part of the pathway and the psychological effect on the patient. There needs to be commitment by the host organisation that the bed for the patient will be there regardless of what happens in the hospital.
- Operational discussions need to be had so that prioritisation is equal across providers.
- Need to start planning immediately particularly if there are specialties that will not be available in the South West.
- Talk of centralised service for PTL's in the South West JG happy to support planning for this.
- JG raised that there already is a currently a weekly prioritisation group running for Devon.
- JM raised that there is currently no agreement across all trusts over what constitutes as P1 and P2, RCHT have just done a lot of work on their system and have found a system which works across specialties. MD need to commit to a peninsula wide approach to categorisation.
- There was a discussion of risk tightening and discussions around cancer to ensure that not too many resources are being used.
- Before elective recovery plans are submitted need to have a section on cancer and be clear on what can be done to protect services.
- NH suggested combining a bid for a system wide wait list for cancer and if there was support. SB agreed she would support this approach.

#### ACTIONS

37. Get a small group of people together to look at protecting both ends of the cancer pathway this winter and what will be needed to make this operate.
38. NH to look at North West London bid to align a system wide wait list.



## 5. Focus on Primary Care DES

SJ presented an update on the Primary Care DES work.

### Comments

- DES up and running and hoping to start seeing outcomes from November onwards, funding in place for a year.
- Been very clear that metrics are based on population need rather than performance.

## 6. Update on Targeted Lung Health Checks

SB updated on progress of TLHC and that Cornwall will be piloting this.

### Comments

- Currently no overarching roll out plan for other areas, hoping that this project will be picked up as a screening programme and rolled out by the national screening committee, but this depends on what outcomes emerge from this.
- Initial results are looking positive.
- KS enquired if a cost benefit analysis could be derived from the Welsh work but SB confirmed that there is already a large evaluation piece taking place behind this.
- JM argued that the issues can increase work downstream and SJ confirmed that more money is being placed into the lung pathway next year so that this activity can be absorbed.

## 7. Elective Recovery Fund for Cancer

SJ gave a presentation to the board about the two models that have been picked up in the Peninsula for skin/spot clinics and lumps and bumps.

### Comments

- Discussion around how this aligns with current elective recovery. KS would like to see if this can be joined up.

### ACTIONS

- **39. JG agreed to take this away and look into if this can be joined up.**

## 8. Trials and Metrics Outcomes

DW updated the Board on trial recruitment and its benefits. Currently 09<sup>th</sup> out of 15 networks over trial recruitment.

### Comments

- There are some funding issues with the RT nurse support in trials, this was raised at the RTN board. JF will be looking into where the funding is currently sitting, momentum seems to have stalled but if agreement and leadership can be agreed JF happy to support.
- KS recommended aligning this with the core elective work to ensure provider engagement.

## 9. AOB

### ACTIONS

- **40. Group to ensure that both commissioners and providers attend next call to ensure the cancer alliance work is being aligned with elective recovery work.**



Date of next meetings

- 07<sup>th</sup> January 2022 @ 09:30, MS Teams



Appendix 1

Action Log

Meeting Date	Action No.	Action	Action Owner	Due Date	Status	Update/outcome
29-Jan-20	2	JR/JM Sarcoma project plan recommendations to be developed within 3 months by PCSS.	John Renninson & Jon Miller	29.4.20	open	6.5.20 Sarcoma plan delayed due to Covid-19 emergency, b/fwd 22.7.20 Action remains paused 06.01.21 meetings organised to talk about scanners 18.01.21 UPDATE The work I had from the PCSS project for Sarcoma is open and we are recruiting to the post that will move it forward. 01/07/21 Post recruited to. 04.10.21 Devon CCG now leading on work will get an update and bring a proper report to meeting.
07-Jul-21	34	SB to pass along Caught in the Maze paper to partnership board and question what considerations are needed around the paper.	SB	05-Oct-21	open	
04-Oct-21	35	SB and MD to work together and ask providers about 62 day and 104 day breaches, what the plan is to recovery. Particular if this is tumour specific.	SB and MD	08-Nov-21	Open	
04-Oct-21	36	PW and SB to provide some clarity to providers with a clear ask around how latent capacity can be used as part of endoscopy diagnostic recovery.	SB and PW	08-Nov-21	Open	



04-Oct-21	37	Get a small group of people together to look at protecting both ends of the cancer pathway this winter and what will be needed to make this operate.	SB,JF and JG	08-Nov-21	Open
04-Oct-21	38	NH to look at North West London bid to align a system wide wait list and feed back how this was achieved and its success.	NH	08-Nov-21	Open
04-Oct-21	39	JG agreed to take this away and look into if work with the ERF funding can be joined up to the elective recovery work	JG	08-Nov-21	Open
04-Oct-21	40	Group to ensure that both commissioners and providers attend next call to ensure the cancer alliance work is being aligned with elective recovery work.	ALL	07-Jan-22	Open



**Appendix 2 - PCA Board Attendance**

Name	Organisation	Initials	Job title	Present
Kate Shields	Royal Cornwall Hospitals NHS Trust	KS	PCA Board Chair, Chief Executive RCHT	Yes
John Renninson	Royal Devon & Exeter NHS Foundation Trust	JR	Medical Director Cancer Alliance	Apologies
Sunita Berry	NHS England & NHS Improvement	SB	Managing Director	Yes
Deborah Haworth	Cancer Research UK	DH	Regional Manager	Apologies Michelle Weston attending
Debi Reilly	Health Education England	DR	Regional Director South West	Apologies
Christopher Scally	Macmillan Cancer Support	CS	Strategic Partnership Manager (SW)	Yes
John Finn	NHS Devon Clinical Commissioning Group	JF	Interim executive director of commissioning	Yes
Michelle Dixon	NHS England & NHS Improvement	MD	South West Regional Head of Cancer	Yes
Sarah-Jane Davies	NHS England & NHS Improvement	SJD	Alliance Manager	Yes
Duncan Wheatley	Royal Cornwall Hospitals NHS Trust	DW	Cancer Research Lead	Yes
John Groom	NHS Kernow Clinical Commissioning Group	JG	Executive Director of Commissioning	Yes
John Palmer	Royal Devon & Exeter NHS Foundation Trust & Northern Devon Healthcare NHS Trust	JP	Chief Operating Officer	Yes
Joe Mays	Claremont Medical Practice	JoeM	Primary Care Clinical	Yes
Kevin Baber	University Hospitals Plymouth NHS Trust	KB	Chief Operating Officer	No
Susan Bracefield	Royal Cornwall Hospitals NHS Trust	SBr	Chief Operating Officer	No
John Harrison	Torbay & South Devon NHS Foundation Trust	JHa	Chief Operating Officer	No
Alex Atkins	Torbay & South Devon NHS Foundation Trust	AA	Cancer Services Manager	Yes
Michele Machin	Torbay & South Devon NHS Foundation Trust	MM	System Director	Yes
Nicola Hughes	NHS KERNOW CCG	NH	RMS General Manager & Elective Care Lead	Yes



Tina	Grose	Royal Devon & Exeter NHS Foundation Trust	TG	Lead Cancer Nurse	Yes
Ruth	Goldstein	Cornwall Council	PG	Public Health Consultant	Yes
Peter	Wilson	NHS England & NHS Improvement	PW	Medical Director for Commissioning	Yes

