Peninsula Cancer Alliance Board
Notes
Wednesday 12th June 2024 v1

1. Welcome, Introductions and Apologies

See Appendix 2 for attendance.

Liz Davenport started the meeting as Chair by thanking her predecessor Ann James for her leadership and support in the developments aligned to the Board during her tenure.

2. Minutes of the last meeting

AGREED

Minutes were approved by Board. All outstanding actions had been completed or were on the agenda for the meeting.

See Action Log at Appendix 1 for update on open actions.

3. Radiotherapy Capital Equipment Update

DW and SR presented to the Board an update on capital equipment for the Peninsula providers. This information was sent in the Board packs prior to the meeting.

Comments

- KC commented that he wanted to check the braceotherapy update for UHP offline.
- SR went through the presentation. He raised the issue of a replacement timetable for very expensive items such as LINACs and others that albeit not as expensive, still required capital. SB asked for a side-by-side view of the different modalities for the Peninsula and raised the issues of waiting times for radiotherapy. She asked that this is brought back to the Board. SR noted that standardisation alone would not address the workforce issues that are national. Vacancies for radiotherapy posts are at 8% nationally though no figure was given for the Peninsula. LD agreed that further work need to be done to look at prioritisation of capital and managing the workforce to provide better coverage rather than individual Trust struggling on their own. JH agreed that digital opportunities and standardising across systems makes a difference. SR disagreed about the use of standardisation on the current workforce and concluded that diversity in equipment helps improve how the ODN as a region works and improves quality.
- JH asked about productivity and the hours for machine usage. It was noted that unlike radiology, radiotherapy is an outpatient service. Treatment techniques are based on models of treatment. Usage times can be looked at to improve productivity, but this also reduces the lifecycle of the equipment. Extension to any of the centres' hours will need a workforce redesign.
- SJ queried about the UHP Linac updates and possible down time needing to be planned. SR confirmed there will not be a machine down as bunkers are being built currently so machines can be built and signed off to replace the machines one at a time and there will be no reduction in throughput of patients. He also noted, however, that decant bunkers needed to be factored into replacement programmes or the impact of down time for replacement could be severe.
- JR queried if it would be possible to cross work in future and asked if there was there a workforce plan to deliver this. This would help to deliver sustainable services, allow to be flexible and standardise kit. SR confirmed it would not be a problem for someone to work across different

machines and complete the initial training. The difference comes more in techniques that differ across systems. The usual analysis on workforce needs to become much more solution focussed.
- DW and EW are currently working together on a joined-up approach to workforce.

ACTIONS

Action 86. EW and DW to look at a workforce strategy to utilise capacity for the Peninsula and bring a report with solution-focussed recommendations back to the next meeting. This plan will cover all the required staff groups.
Action 87. ICBS to look at capital planning and prioritisation for radiotherapy and bring this to the next Board. JF and JG to lead on this.

4. Cancer Alliance Plan Sign Off

SB covered the planning priorities for the Cancer Alliance from the slide deck that was sent in Board packs.

Comments:

- DG raised that Histopathology capacity was compromised and significant issues in 2 out of 4 centres, which will affect performance. Improvement work will be required and therefore funding.
- There was a query around GRAIL being postponed and using the phlebotomy improvements that were made in preparation for it for other research projects.
- DG confirmed the work being done to improve testing around liver cancer including access to Fib4 testing and confirmed it was one of the areas of focus for the network this year.
- SB suggested a collective report to Board over some of the issues faced by pathology as a considered approach required by the chief execs.
- JR wanted to raise awareness of the closure of Jo's Cervical Cancer Trust and the importance and reliance on charities by providers to provide support services. Apart from the larger charities, many are fragile and this needs to factored into service planning.

ACTIONS

Action 88. Collaborative report from Pathology and Peninsula Cancer Alliance to determine issues being faced by pathology and the affect this will have on performance. To be brought to the next Board for discussion and agreement on an approach.
Action 89. Each trust to bring an update to next Board on what the planning assumptions around charitable contributions currently are and what can be done if there are changes and the funding is no longer available.

Board agreed with the planning priorities for the Peninsula Cancer Alliance over 24/25.

5. Specialist Commissioning Delegation

JG confirmed this would be a verbal update rather than a paper. There is a senior meeting about the delegation of Specialised Commissioning in October. A paper is being developed in preparation and this can be shared having gone through the appropriate governance.

Comments:

- Single commissioners review around spec comm will give a good opportunity to talk about cancer. Following sign off it will be a good opportunity for ICB's to bring this up as a discussion on the September Board so this can be used to inform the commissioner Boards in October.

ACTIONS

Action 90. JG and JF to bring the Spec Comm paper back to a future Board in September following internal process and sign off so this can aid discussions at the September Board.

6. Board Governance.

SB presented the future governance structure to the Board using the presentation that was sent out via the Board packs.

Comments:

- DG showed support from the pathology network but queried the absence of genomics and suggested a genomics lead should be in the clinical group. SB agreed to this amendment.
- JH agreed with structure and groups feeding into each other but queried the absence of primary care in the groups. SB confirmed JM who sits on the Board currently will be bringing this perspective.
- JT asked how clinical trials and research could help support the new structure. SB confirmed that the research clinical director will sit on the Clinical Advisory Group and that research will continue to be a standing item for the Strategic Cancer Board.
- SJ raised the importance of linking in with NHSE and there are future meetings being set up with regions to establish linkages. LD agreed and confirmed she had been asked to attend these meetings.
- JF agreed with the tone of the structure and its embedding approach.
- SO queried the patient representation on Board and the structures in place behind it to support if there were organisations such as Macmillan down as representatives.
- LD noted the importance of the Strategic Board, thanked the people representing their organisations but affirmed that future Boards will require CEO representatives. She will discuss with her colleagues.

ACTIONS

Action 91. SB to work with Macmillan and CRUK to ensure there is a structure in place behind the Boards to ensure patient representation and views make it to the strategic Board.
Action 92. LD to engage with chief executives around strategic Board attendance.

Board agreed to the governance structure presented.

7. Performance Report

SB presented the performance report to Board which was included in the Board packs.

Comments:

- The installation of EPIC has caused severe problems for submission of staging data. KH noted the progress that has been made and it sets up RDUH (E) well to make future submission. However, at present it is not possible to address the historic data.
- AS asked the Board to consider the scope of what is currently reported and what can be added such as diagnostic turnaround times and impact of the work of the Alliance.
- DG commented that the measures where broad and questioned if a deep dive would be more beneficial. JR agreed this work is being started but improvements need to go through networks rather than individual organisations.
- LH agreed with the focus on splitting the 31-day data due to previous discussions on radiotherapy and chemotherapy waiting times which now have a significant lag. Returning to splitting the data would enable the Board to understand the issues better and address them.
- JH commented that variation in staging data and population health management could be linked and help to aid focus on health inequalities. SB confirmed work is being undertaken. However, at present we do not have an avenue into staging and linkage with the primary care data.
- JR asked the Board to note that the delay in oncology appointments means that treatment windows are being missed and patients not getting the treatments such as drugs which can improve their experience and survival. Currently no standard to monitor this. He recommended that the Board inform itself of the impact and that data will be required.

ACTIONS

Action 93. SB suggested taking oncology and reporting issues to the Clinical Advisory Group so that advice can be brought to the September Board.

Action 94. AS to work with Clinical Advisory Group to develop metrics and bring agreed data to Strategic Board for sign off.

8. Clinical Report

JR gave a verbal clinical update to the Board which included an update from gynae paper which was circulated prior to Board.

Comments:

- JR requested support from the Board to move items forward which were highlighted in the recommendations for the report.
- KC Ops and care group will pick up this recommendation at UHP next week and will come to JR with a resolution.
- JH agreed the imaging network are providing support in the discovery for gynae and that resolution through the Imaging Network is useful.
- The gynae paper outlines the specific challenges for UHP and RCHT. The recommendation is that suitable capacity and demand analysis is undertaken to inform the position at the 2 Trusts. KH asked if demand also needs to be conducted at RDUH? JR confirmed this may be required as work develops, but the priority is Cornwall and Plymouth as currently neither fits the national model. The longer-term aim is to review gynae cancer services across the Peninsula.
- LH would like to resolve the issue as this was a short-term solution but is quickly becoming an entrenched pathway and there is enough happening to destabilise the service.
- SB confirmed the PCA were working closely with primary care around the PMB pathway as a priority and this will be rolled out over Devon and Cornwall.

Board fully endorses the recommendations in the paper with some rapid work coordinated through the Alliance on the GP Pathways and some more detailed demand and capacity modelling and redesign

work around RCHT and UHP as a priority. The Board recognises it will need to fit within the wider system as a second order activity.

9. AOB

- No items were raised by the Board.

Next meeting: Tuesday 24th September, 1pm-3pm

Appendix 1
Action Log

Meeting Date	Action No.	Action	Action Owner	Due Date	Status	Update/outcome
12-Jun-24	86	EW and DW to look at a workforce strategy to utilise capacity for the Peninsula and will be a press report back to the next meeting. This plan will cover all the required staff groups.	Emma Wheatfill	01-Sep-24	Open	
12-Jun-24	87	ICBS to look at capital planning and prioritisation for radiotherapy and bring this to the next Board. JF and JG to lead on this.	John Finn and John Groom	01-Sep-24	Open	
12-Jun-24	88	Collaborative report from Pathology and Peninsula Cancer Alliance to determine issues being faced by pathology and the affect this will have on performance. To be brought to the next Board for discussion and agreement on an approach.	Sunita Berry and David Gibbs	01-Sep-24	Open	
12-Jun-24	89	Each trust to bring an update to next Board on what the planning assumptions around charitable contributions currently are and what can be done if there are changes and the funding is no longer available.	CEO from each trust	01-Sep-24	Open	

12-Jun-24	90	JG and JF to bring the Spec Comm paper back to a future Board in September following internal process and sign off so this can aid discussions at the September Board.	John Finn and John Groom	01-Sep-24	Open	
12-Jun-24	91	SB to work with Macmillan and CRUK to ensure there is a structure in place behind the Boards to ensure patient representation and views make it to the strategic Board.	Sunita Berry	01-Sep-24	Open	
12-Jun-24	92	LD to engage with chief executives around strategic Board attendance.	Liz Davenport	01-Sep-24	Open	
12-Jun-24	93	SB suggested taking oncology and reporting issues to the clinical advisory group so that advice can be brought to the September Board.	Sunita Berry	01-Sep-24	Open	
12-Jun-24	94	AS to work with clinical advisory group to develop metrics and bring agreed data to strategic Board for sign off.	Andy Sloper	01-Sep-24	Open	